LINER LEGAL
DISABILITY LAWYERS

POTS / DYSAUTONOMIA
MEDICAL SOURCE STATEMENT

Patient Name:_____ Date: _____

Provider Name / Specialty:_____

SECTION 1 — DIAGNOSIS, DURATION, AND LONGITUDINAL COURSE

Diagnosis confirmed by appropriate testing (e.g., tilt-table, orthostatic vitals)? ☐ Yes ☐ No

Primary autonomic diagnosis (check all that apply):

☐ POTS ☐ Autonomic dysfunction / dysautonomia ☐ Neurocardiogenic syncope

☐ Other: _____

Date symptoms first became clinically significant: _____

Condition expected to last ≥ 12 months? ☐ Yes ☐ No

Overall course over time:

☐ Stable ☐ Gradually worsening ☐ Fluctuating / episodic

SECTION 2 — ORTHOSTATIC INTOLERANCE AND AUTONOMIC SYMPTOMS

Symptoms triggered or worsened by upright posture (check all that apply):

☐ Dizziness ☐ Lightheadedness ☐ Near-syncope ☐ Syncope

☐ Tachycardia ☐ Palpitations ☐ Shortness of breath ☐ Chest discomfort

☐ Visual dimming ☐ Tremulousness ☐ Weakness ☐ Fatigue

Time able to remain upright (standing or seated upright) before symptoms require position change:

☐ <1 minute ☐ 1–3 minutes ☐ 3–5 minutes ☐ 5–10 minutes ☐ 10+ minutes

SECTION 3 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline fatigue level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do orthostatic symptoms or fatigue unpredictably worsen?

☐ Daily ☐ Several times per week ☐ Weekly ☐ Monthly ☐ Unpredictable

When symptoms worsen, the patient is unable to reliably (check all that apply):

☐ Remain upright ☐ Maintain pace or productivity ☐ Sustain activity for expected durations

☐ Walk safely ☐ Complete tasks on schedule ☐ Leave home

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Due to orthostatic intolerance, fatigue, or autonomic instability, the patient would be away from the work task (off-task and/or on unscheduled breaks) for approximately:

☐ 0% ☐ 10% ☐ 15% ☐ 20%+

Likely absences per month due to symptoms:

☐ None ☐ 1 ☐ 2 ☐ 3+

SECTION 4 — SITTING, STANDING, AND WALKING TOLERANCE

Indicate the total time the patient can perform each activity in an 8-hour workday.

ACTIVITY	0	1	2	3	4	5	6+
SITTING	☐	☐	☐	☐	☐	☐	☐
STANDING	☐	☐	☐	☐	☐	☐	☐
WALKING	☐	☐	☐	☐	☐	☐	☐

Needs to alternate positions at will? ☐ Yes ☐ No

Need for leg elevation or recumbence during the day? ☐ Yes ☐ No

If yes: Typical position required (e.g., legs elevated, lying down): _____

Approximate % of the workday: _____ %

Supporting findings (orthostatic vitals, tachycardia, fatigue-related decline): _____

SECTION 5 — LIFTING, CARRYING, AND PHYSICAL ENDURANCE

WEIGHT	NEVER (0%)	OCCASIONAL (≤1/3)	FREQUENT (1/3–2/3)	CONSTANT (2/3–100%)
<10 LBS	☐	☐	☐	☐
10 LBS	☐	☐	☐	☐
20 LBS	☐	☐	☐	☐
50 LBS	☐	☐	☐	☐

Fatigue or orthostatic symptoms significantly limit sustained exertion even at low levels? ☐ Yes ☐ No

SECTION 6 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____