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PULMONARY DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND PULMONARY HISTORY

Pulmonary diagnosis confirmed by treating provider and objective testing? ☐ Yes ☐ No

Primary pulmonary condition(s) (check all that apply):

☐ COPD ☐ Chronic bronchitis ☐ Emphysema ☐ Asthma

☐ Interstitial lung disease ☐ Pulmonary hypertension ☐ Status post lung transplant

☐ Other: _____

Date condition became clinically significant: _____

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

Overall pulmonary course:

☐ Stable ☐ Progressive ☐ Fluctuating ☐ Episodic exacerbations

SECTION 2 — OBJECTIVE PULMONARY FINDINGS

Most recent pulmonary function testing (if available):

FEV_1: _____ Date: _____

DLCO: _____ Date: _____

Resting oxygen saturation (room air): _____ %

Requires supplemental oxygen? ☐ Yes ☐ No

If yes: ☐ Continuous ☐ With exertion ☐ At night only

History of pulmonary-related hospitalizations or exacerbations? ☐ Yes ☐ No

If yes, frequency: _____

SECTION 3 — RESPIRATORY SYMPTOMS AND FUNCTIONAL EFFECTS

Pulmonary symptoms documented longitudinally (check all that apply):

☐ Dyspnea on exertion ☐ Dyspnea at rest ☐ Chronic cough

☐ Wheezing ☐ Chest tightness ☐ Fatigue

☐ Lightheadedness ☐ Reduced exercise tolerance

SECTION 4 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline stamina or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

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Symptom variability:

How often do respiratory symptoms unpredictably worsen?

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

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

☐ Sustain physical activity

☐ Maintain pace or productivity

☐ Remain upright without rest

☐ Speak continuously

☐ Complete tasks on schedule

☐ Leave home

Due to respiratory symptoms or fatigue, 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 pulmonary symptoms or exacerbations:

☐ None ☐ 1 ☐ 2 ☐ 3+

SECTION 5 — 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

SECTION 6 — 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	☐	☐	☐	☐

Breathlessness or oxygen needs significantly limit sustained exertion even at low levels? _____ ☐ Yes ☐ No

SECTION 7 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment, including review of pulmonary testing and longitudinal records?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____