LINER LEGAL
DISABILITY LAWYERS

RENAL DISORDERS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, STAGE, AND DURATION

Renal diagnosis confirmed by treating provider and laboratory testing? ☐ Yes ☐ No

Primary renal condition (check all that apply):

☐ Chronic kidney disease (non-dialysis)

☐ End-stage renal disease (ESRD)

☐ Dialysis-dependent renal failure

☐ Status post kidney transplant

CKD stage or most recent eGFR (if known): _____

Date condition became clinically significant: _____

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

SECTION 2 — TREATMENT REQUIREMENTS AND MEDICAL SCHEDULING

Current renal treatment (check all that apply):

☐ Hemodialysis ☐ Peritoneal dialysis ☐ Transplant follow-up ☐ Conservative management

Dialysis schedule (if applicable):

☐ 3x per week ☐ Other frequency: _____

Typical recovery time required after dialysis before baseline functioning returns:

☐ None ☐ Several hours ☐ Remainder of the day ☐ Next day

Frequent medical appointments or lab monitoring required? ☐ Yes ☐ No

SECTION 3 — RENAL SYMPTOMS AND FUNCTIONAL EFFECTS

Renal-related symptoms documented longitudinally (check all that apply):

☐ Severe fatigue ☐ Weakness ☐ Nausea/vomiting ☐ Headache

☐ Cognitive slowing / mental fog ☐ Dizziness/lightheadedness ☐ Shortness of breath

☐ Muscle cramping ☐ Pruritus ☐ Edema ☐ Sleep disturbance

SECTION 4 — FATIGUE, VARIABILITY, AND WORK SUSTAINABILITY

Typical baseline stamina or endurance level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Symptom variability:

How often do renal symptoms or post-treatment effects unpredictably worsen?

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

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

☐ Sustain physical activity
☐ Maintain pace or productivity
☐ Remain upright without rest
☐ Complete tasks on schedule
☐ Leave home

Due to renal symptoms, dialysis effects, 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 renal treatment or symptoms:

☐ None ☐1 ☐2 ☐3+ ☐Unable to sustain full-time attendance

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	☐	☐	☐	☐

Fatigue, weakness, or post-dialysis effects 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 laboratory findings and dialysis records?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature:_____ Date: _____

Address / Phone: _____