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SCHIZOPHRENIA / PSYCHOTIC DISORDERS MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — CLINICAL OVERVIEW

Diagnoses (list all applicable): _____

_____

Relevant Diagnostic Categories (check all that apply):

☐ Schizophrenia ☐ Schizoaffective Disorder ☐ Other Psychotic Disorder

☐ Mood Disorder with Psychotic Features ☐ Anxiety Disorder ☐ Neurocognitive Disorder

Age at Onset of Psychotic Symptoms (if known): _____

Treatment History (check all that apply):

☐ Outpatient psychiatric treatment ☐ Inpatient psychiatric hospitalization(s)

☐ Emergency psychiatric evaluations ☐ Long-acting injectable antipsychotic use

☐ Medication nonadherence related to illness

Treatment Frequency / Nature of Contact: _____

_____

Medication Side Effects (e.g., sedation, cognitive slowing, EPS): _____

_____

Are the limitations described below consistent with your clinical observations over time? _____ ☐ Yes ☐ No

SECTION 1A — LISTING 12.03 (A-CRITERIA) SYMPTOM CHECKLIST

(Check all symptoms that have been clinically observed or reliably reported on a longitudinal basis.)

☐ Delusions

☐ Hallucinations (auditory, visual, or other)

☐ Disorganized thinking or speech

☐ Grossly disorganized or catatonic behavior

☐ Negative symptoms (e.g., diminished emotional expression, avolition)

☐ Paranoia or persecutory ideation

☐ Impaired insight or judgment related to psychosis

Duration of psychotic symptoms:

☐ Continuous ☐ Episodic with residual symptoms ☐ Recurrent decompensation

SECTION 2 — ATTENTION, CONCENTRATION, AND TASK EXECUTION

Reality-Based Task Performance: To what extent can the patient remain reality-based and organized while performing simple, routine tasks?

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Sustained Focus: How long can the patient typically remain focused on a simple task before psychotic symptoms, confusion, or internal stimuli interfere?

Off-Task Behavior: Estimate the percentage of a typical workday the patient would be off task due to hallucinations, paranoia, disorganization, or medication effects.

Supporting findings (e.g., thought blocking, internal preoccupation, disorganized behavior):

SECTION 3 — SOCIAL FUNCTIONING AND BEHAVIORAL STABILITY

Interaction with Supervisors or Coworkers: Describe the patient's ability to interact appropriately and safely with others in a work setting.

Response to Supervision or Redirection: How does the patient respond to correction, instruction, or perceived criticism?

Paranoia or Behavioral Dysregulation: Do symptoms result in mistrust, withdrawal, agitation, or inappropriate behavior around others?
If yes, describe frequency and severity.

SECTION 4 — STRESS TOLERANCE, RELIABILITY, AND ADAPTATION

Response to Work Stress: How does the patient respond to ordinary work stress, demands, or changes in routine?

Attendance and Reliability: How often do symptoms result in missed work, inability to complete a full workday, or early departure?

Decompensation: Does the patient experience symptom exacerbation or decompensation under stress? If yes, describe frequency, triggers, and functional impact.

Sustained Employment:
In your opinion, can the patient sustain full-time competitive employment on a consistent basis?
☐ Yes ☐ No ☐ Uncertain

If no or uncertain, please explain: _____

Supporting findings (e.g., hospitalizations, crisis interventions, persistent psychosis): _____

Provider Signature: _____ Date: _____

Address / Phone: _____