LINER LEGAL
DISABILITY LAWYERS

SKIN DISORDERS / DERMATOLOGIC CONDITIONS MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND DISEASE COURSE

Chronic skin disorder diagnosed and treated by a medical provider? ☐ Yes ☐ No

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

☐ Dermatitis / eczema ☐ Hidradenitis suppurativa ☐ Chronic ulcers or wounds

☐ Recurrent skin infections ☐ Other chronic skin disorder: _____

Date condition became clinically significant: _____

Condition expected to last ≥ 12 months? _____

Overall disease course:

☐ Stable ☐ Progressive ☐ Relapsing / remitting ☐ Unpredictable flares

SECTION 2 — OBJECTIVE FINDINGS AND MEDICAL COMPLICATIONS

Objective findings documented longitudinally (check all that apply):

☐ Open or draining lesions ☐ Recurrent abscesses ☐ Chronic non-healing wounds

☐ Scarring or sinus tracts ☐ Secondary infections ☐ Frequent antibiotic use

Body areas commonly affected (check all that apply):

☐ Axillae ☐ Groin ☐ Buttocks ☐ Abdomen

☐ Extremities ☐ Other: _____

SECTION 3 — PAIN, HYGIENE, AND FUNCTIONAL EFFECTS

Symptoms documented longitudinally (check all that apply):

☐ Chronic pain ☐ Burning or stinging pain ☐ Drainage or bleeding

☐ Odor ☐ Pruritus ☐ Skin breakdown with movement

☐ Limited tolerance for clothing or pressure

Hygiene and wound-care needs during a typical day:

☐ Frequent dressing changes ☐ Cleaning or bandaging during the workday

☐ Need to avoid friction or pressure

SECTION 4 — VARIABILITY, TRAINING TOLERANCE, AND WORK SUSTAINABILITY

Symptom variability:

How often do skin symptoms unpredictably worsen?

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

During flares or active lesions, the patient is unable to reliably (check all that apply):

☐ Remain at the workstation ☐ Maintain pace or productivity due to pain or drainage

☐ Sit, stand, or move without aggravating lesions ☐ Focus on tasks due to pain, odor, or infection concerns

☐ Tolerate prolonged close contact with others

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Ability to tolerate training or probationary periods requiring sustained presence, close supervision, or continuous instruction:

☐ Fully able ☐ Limited ☐ Unable

Due to pain, hygiene needs, wound care, or infection risk, 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 flares, infections, or medical treatment:

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

SECTION 5 — SITTING, STANDING, AND POSITIONAL TOLERANCE (IF APPLICABLE)

Indicate the total time the patient can perform each activity in an 8-hour workday, considering lesion location, pain, and skin breakdown.

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

Needs to alternate positions at will? ☐ Yes ☐ No

SECTION 6 — UPPER EXTREMITY USE AND REACHING LIMITATIONS (IF ANATOMICALLY APPLICABLE)

Complete this section only if the skin disorder involves the axillae, shoulders, arms, or hands.

Does pain, drainage, skin breakdown, or scarring limit the use of the arms or hands during a workday? ☐ Yes ☐ No

If yes, indicate the degree of limitation for each activity below.

Frequency definitions:

ACTIVITY	NEVER (0%)	OCCASIONAL (≤1/3)	FREQUENT (1/3–2/3)	CONSTANT (2/3 - 100%)
HANDLING	☐	☐	☐	☐
FINGERING	☐	☐	☐	☐
REACHING	☐	☐	☐	☐

SECTION 7 — ENVIRONMENTAL AND WORKPLACE RESTRICTIONS

Skin condition requires avoidance of (check all that apply):

☐ Heat ☐ Humidity ☐ Friction or tight clothing ☐ Prolonged sitting

☐ Prolonged standing ☐ Exposure to contaminants or infection risk

SECTION 8 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment, including dermatology records and photographs?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____