LINER LEGAL
DISABILITY LAWYERS

VISION IMPAIRMENTS / VISUAL DISORDERS MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND TREATMENT STATUS

Vision impairment diagnosed and treated by an ophthalmologist or optometrist? ☐ Yes ☐ No

Primary visual disorder(s) (check all that apply):

☐ Reduced visual acuity ☐ Visual field loss ☐ Reduced visual efficiency

☐ Glaucoma ☐ Macular degeneration ☐ Diabetic retinopathy

☐ Cataracts (post-treatment deficits) ☐ Other: _____

Date vision impairment became clinically significant: _____

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

Corrective measures used:

☐ Glasses ☐ Contact lenses ☐ Surgery ☐ None

Vision remains significantly impaired despite best correction? ☐ Yes ☐ No

SECTION 2 — OBJECTIVE OPHTHALMOLOGIC FINDINGS

Most recent visual acuity testing (best-corrected):

Right eye: _____ Left eye: _____ Date: _____

Visual field testing performed? ☐ Yes ☐ No

If yes, type (e.g., Humphrey): _____ Date: _____

Documented visual field loss:

☐ Central ☐ Peripheral ☐ Quadrant loss ☐ Generalized constriction

Depth perception impaired? ☐ Yes ☐ No

SECTION 3 — FUNCTIONAL VISUAL LIMITATIONS

Due to visual impairment, the patient has difficulty with (check all that apply):

☐ Reading standard print ☐ Sustained visual focus ☐ Visual scanning or tracking

☐ Depth perception or spatial judgment ☐ Recognizing hazards or obstacles

☐ Navigating unfamiliar environments ☐ Seeing in low-light or high-glare conditions

☐ Color discrimination (if relevant)

isual limitations are present even in controlled or familiar environments? ☐ Yes ☐ No

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SECTION 4 — VARIABILITY, FATIGUE, AND WORK SUSTAINABILITY

Visual symptoms or limitations fluctuate over time? ☐ Yes ☐ No

If yes, frequency of worsening:

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

Does sustained visual activity result in eye strain, headaches, or fatigue that limits productivity?

☐ Yes ☐ No (describe): _____

Due to visual limitations, eye strain, or related 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 related to visual symptoms, treatment, or follow-up:

☐ None ☐ 1 ☐ 2 ☐ 3+

SECTION 5 — SAFETY AND ENVIRONMENTAL RESTRICTIONS

Visual impairment requires restrictions from (check all that apply):

☐ Driving ☐ Operating machinery ☐ Working at unprotected heights

☐ Exposure to moving hazards ☐ Jobs requiring rapid visual processing

☐ Jobs requiring continuous visual monitoring

SECTION 6 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment, including standardized ophthalmologic testing?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____