



INSTRUCTIONS

To complete this form, read from top to bottom, and then left to right. The questions are numbered and sequential.

Please provide your medical opinion regarding how the individual's psychological, cognitive, and social capabilities are affected by any mental health conditions you have diagnosed. If there is no impairment, please indicate accordingly. Your medical opinion **SHOULD NOT** be based upon the individual's subjective complaints if those complaints are not verified by your treatment, observation, and experience treating the individual. The form should also view the mental condition in light of how well the individual functions while on medications. i.e, if the individual's medications alleviate all limitations caused by the mental condition then "none" should be checked. **Please carefully consider all questions: a form where 'marked' or 'extreme' is checked for all domains is of little evidentiary value because it indicates that little or no thought was put into providing the medical opinion.**

This form will be submitted as evidence of this individual's abilities regarding mental work activities in a regular work setting in the U.S. economy. A regular work setting is one where the individual would be required to work 8 hours a day, 5 days a week, with a work break in the morning for 15 minutes, a work break in the afternoon for 15 minutes, and 30 minutes for lunch. **DO NOT CONSIDER** factors such as the individual's age, education, or past work experience. These factors will be considered at other points in the disability determination process.

We have provided a self-addressed stamped envelope if you do not wish to provide the form to the client directly. Please make a copy of the form for your records in the event something gets lost in the mail. If you have any questions about the form, please contact us directly at 800-800-3332.

MENTAL CAPACITY ASSESSMENT

Patient Name:
Patient Last 4 SSN:

1. Please print the name of the doctor completing this form on the line below:

2. Please list that doctor's specialties:

3. Please provide the mental health conditions for which you are treating the patient.

4. Please provide the current medications prescribed for mental health issues?

5. Do any of these medications have side effects which limit the patient ability to function normally and productively?

Yes No Unknown

If yes, what side effects:

- Drowsiness or fatigue
- Confusion
- Dizziness or faintness
- Nervousness or restlessness
- Nausea, diarrhea or constipation

Please list any other present side effects:

6. While under treatment and on medication does the patient have any limitation in understanding, remembering, or applying information?

Yes No Unknown

If you checked yes, please indicate where limitation occurs by checking the corresponding box(es) below

- Understanding and learning terms, instructions, and procedures;
- Following one or two-steps oral instructions;
- Describing work activity to someone else;
- Asking and answering questions and providing explanations;
- Recognizing a mistake and correcting it;
- Identifying and solving problems;
- Sequencing multi-step instructions;
- Using reason and judgement to make work-related decision.

If you checked yes, please indicate the level of limitation

- No limitation (or none):** Able to function in this area independently, appropriately, effectively, and on a sustained basis.
- Mild limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
- Moderate limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
- Marked limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
- Extreme limitation:** Not able to function in this area independently, appropriately, effectively, and on a sustained basis.

COMMENTS:

1 This area of mental functioning refers to the abilities to learn, recall and use information to perform work activities.

7. While under treatment and on medication, does the patient have any limitation in interacting with others?

- Yes No Unknown

If you checked yes, please indicate where limitation occurs by checking the corresponding box(es) below:

- Cooperating with others;
- Asking for help when needed;
- Handling conflicts with others;
- Stating own point of view;
- Initiating or sustaining conversation;
- Understanding or responding to social cues;
- Responding to requests, suggestions, criticism, correction, and challenges;
- Keeping social interactions free of excessive irritability, sensitivity, argumentativeness, or suspiciousness.

If you checked yes, please indicate the level of limitation:

- No limitation (or none):** Able to function in this area independently, appropriately, effectively, and on a sustained basis.
- Mild limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
- Moderate limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
- Marked limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
- Extreme limitation:** Not able to function in this area independently, appropriately, effectively, and on a sustained basis.

COMMENTS:

²This area of mental functioning refers to the abilities to relate to and work with supervisors, co-workers, and the public.

8. While under treatment and on medication, does the patient have any limitation in concentrating, persisting and pace?

- Yes No Unknown

If you checked yes, please indicate where limitation occurs by checking the corresponding box(es) below:

- Initiating and performing a task that the patient understands and knows how to do;
Working at an appropriate and consistent pace;
- Completing tasks in a timely manner;
- Ignoring or avoiding distractions while working;
- Changing activities or work settings without being disruptive;
- Working close to or with others without interrupting or distracting them;
- Sustaining an ordinary routine and regular attendance at work;
- Working a full day without needing more than the allotted number or length of rest periods during the day.

If you checked yes, please indicate the level of limitation:

- No limitation (or none):** Able to function in this area independently, appropriately, effectively, and on a sustained basis.
- Mild limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
- Moderate limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
- Marked limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
- Extreme limitation:** Not able to function in this area independently, appropriately, effectively, and on a sustained basis.

³This area of mental functioning refers to the abilities to focus attention on work activities and stay on task at a sustained rate.

9. While under treatment and on medication, does the patient have any limitation in adapting or managing themselves?

- Yes No Unknown

If you checked yes, please indicate where limitation occurs by checking the corresponding box(es) below:

- Responding to demands;
- Adapting to changes;
- Managing psychologically based symptoms;
- Distinguishing between acceptable and unacceptable work performance;
- Setting realistic goals;
- Making plans for oneself independently of others;
- Maintaining personal hygiene and attire appropriate for a work setting;
- Being aware of normal hazards and taking appropriate precautions.

If you checked yes, please indicate the level of limitation:

- No limitation (or none):** Able to function in this area independently, appropriately, effectively, and on a sustained basis.
- Mild limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is slightly limited.
- Moderate limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is fair.
- Marked limitation:** Functioning in this area independently, appropriately, effectively, and on a sustained basis is seriously limited.
- Extreme limitation:** Not able to function in this area independently, appropriately, effectively, and on a sustained basis.

COMMENTS:

⁴This area if mental functioning refers to the abilities to regulate emotions, control behavior, and maintain well-being in a work setting.

10. Based on your knowledge of the patient's day-to-day activities do any of the following apply?

- Patient receives help from family members or other people who monitor patient's daily activities to help patient function.
- Others administer patient's medications.
- Others remind patient to eat or shop for patient or pay patient's bills.
- Others change their work hours so patient is never home alone.
- Patient participates or participated in a vocational training program, or a psychological rehabilitation day treatment or community support program where they receive training in daily living and entry-level work skills.
- Patient participated in a sheltered, supported, or transitional work program, or in a competitive employment setting with the help of a job coach or supervisor.
- Patient receives or received comprehensive "24/7 wrap-around" mental health services while living in a group home or transitional housing, while participating in a semi-independent living program, or while living in individual housing. Or, patient lives or has lived in a hospital or other institution with 24-hour care.
- Patient receives assistance from a crisis response team, social workers, or community mental health workers who help patient meet physical needs, or may help in dealing with government or community social services
- Patient lives alone and does not received psychological support(s); however, patient has created a highly structured environment by eliminating all but minimally necessary contact with the world outside that living space.
- None of the above
- Unknown to me
- Other (please explain below)

14. Is there any other information you feel is relevant/important in consideration of the issue of whether or not the patient is capable of engaging in competitive employment on a regular and consistent basis?

15. May a representative from the Social Security Administration contact your office regarding the opinions enclosed herein?

Yes

No

Onset date Questionnaire (FORM MUST BE SIGNED)

I have treated the patient since _____.

It is my opinion that the patient has had the limitations and restrictions outlined in the Mental Capacity Assessment Form since _____.

My opinion is based on:

_____ Direct Observation/Treatment

_____ Historic Medical Records

_____ Clinical Testing

_____ Psychological/Psychiatric Evaluations

_____ Patient Report

_____ Counseling/Therapy Records

_____ Functional Testing

_____ Other: _____

_____ My Own Experience & Background

_____ Other: _____

Date

Name and Title of Individual Completing the Report

***If form was not completed by a doctor, it must, at least, be reviewed by doctor to be given appropriate weight. By signing below, the doctor is acknowledging that the medical opinions contained herein represent their medical opinions to a reasonable degree of medical certainty. That the doctor has thoroughly reviewed and agrees with the medical opinions herein.

Date

Doctor's Printed Name and Signature

Disclaimer: Disability Help Group created this form. A copy of this form is provided to all our clients. The form is laid out in a 'question and answer' format much like the forms Social Security (SSA) utilizes in obtaining medical opinions from physicians who work exclusively for SSA. Disability Help Group does not seek-out or procure these medical opinions in any way. Whether the form is completed is entirely in the domain of doctor and patient.