

THESE ARE THE FORMS I USE – THIS IS NOT LEGAL ADVICE AND INTENDED TO SUPPLEMENT YOUR PARTICULAR FACTUAL SITUATION ONLY – It is crucial you educate yourself on the Social Security Regulations that define and govern impairments prior to preparing this form for review. These forms are used to enhance the provider’s understanding of the purpose of the assessment and the impact of their evaluation. It includes SSA definitions while combining the traditional SSA standard form.

Affective Disorders most often should be viewed in conjunction with other physical and mental impairments.

As an attorney or an individual representing yourself it is important to combine multiple diagnoses in your RFC, if they are present and diagnosed. The Surgeon General estimated that about one half of those who have a primary diagnosis of major depression also have an anxiety disorder. Comorbidities of multiple mental diagnoses and combined physical diagnoses are common. Mental diagnoses include substance abuse, mood disorder and personality disorders, and often combined with physical illnesses. A federal district court has recognized the mental health disease of schizoaffective disorder as a combination of schizophrenia and bipolar disorder, resulting in severe changes in mood and some of the psychotic symptoms of schizophrenia, such as hallucinations, delusions, and disorganized thinking.

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**RESIDUAL FUNCTIONAL CAPACITY –
AFFECTIVE MENTAL DISORDER**

Name:	SSN:	DOB:
Health Care Provider Name:		
Health Care Provider Relationship to Patient:		
When First Treated Patient:		
How Often Sees Patient:		
Primary Diagnosis:	Date of Onset*:	
Secondary Diagnosis:	Date of Onset:	
Other Impairments:	Date of Onset:	

Date of Onset is defined as the first day the claimant meets the definition of disability as defined in the Act and regulations.

Purpose of Medical Evidence and of RFC:

- (1) Establish the presence of a medically determinable mental impairment(s),
- (2) Assess the degree of functional limitation the impairment(s) imposes, and

(3) Project the probable duration of the impairment(s).

RFC is based upon:

1. A comprehensive mental status examination which generally includes a narrative description of appearance, behavior, and speech; thought process (e.g., loosening of associations); thought content (e.g., delusions); perceptual abnormalities (e.g., hallucinations); mood and affect (e.g., depression, mania); sensorium and cognition (e.g., orientation, recall, memory, concentration, fund of information, and intelligence); and judgment and insight. The individual case facts determine the specific areas of mental status that need to be emphasized during the examination.

2. Psychological testing. Reference to a "standardized psychological test" indicates the use of a psychological test measure that has appropriate validity, reliability, and norms, and is individually administered by a qualified specialist. "Qualified" is defined as a specialist currently licensed or certified in the State to administer, score, and interpret psychological tests and have the training and experience to perform the test.

Psychological tests should the specialist's observations regarding the patient's ability to sustain attention and concentration, relate appropriately to the specialist, and perform tasks independently (without prompts or reminders). The test results should include both the objective data and any clinical observations.

Neuropsychological assessments. Comprehensive neuropsychological examinations may be used to establish the existence and extent of compromise of brain function, particularly in cases involving organic mental disorders. Normally, these examinations include assessment of cerebral dominance, basic sensation and perception, motor speed and coordination, attention and concentration, visual-motor function, memory across verbal and visual modalities, receptive and expressive speech, higher-order linguistic operations, problem-solving, abstraction ability, and general intelligence.

In addition, there should be a clinical interview geared toward evaluating pathological features known to occur frequently in neurological disease and trauma; e.g., emotional lability, abnormality of mood, impaired impulse control, passivity and apathy, or inappropriate social behavior. The specialist performing the examination may administer one of the commercially available comprehensive neuropsychological batteries, such as the Luria-Nebraska or the Halstead-Reitan, or a battery of tests selected as relevant to the suspected brain dysfunction. The specialist performing the examination must be properly trained in this area of neuroscience.

Considerations of Mitigating Factors

Chronic mental impairments. Particular problems are often involved in evaluating mental impairments in individuals who have long histories of repeated hospitalizations or prolonged outpatient care with supportive therapy and medication. If the patient's life structured in such a way to minimize stress and reduce symptoms and signs this should be noted. The patient may be more impaired for work symptoms and signs would indicate.

Effects of structured settings. Chronic mental disorders, overt symptomatology may be controlled or attenuated by psychosocial factors such as placement in a hospital, halfway house, board and care facility. Highly structured and supportive settings may also be found at home. Mental demands from these environments may reduce overt symptoms and signs of the underlying mental disorder while the ability to function outside of such a structured or supportive setting may not have changed. The symptomatology may be controlled or attenuated by psychosocial factors.

Effects of medication. The functional limitations in assessing impairment severity and the effects of medication on symptoms, signs, and ability to function are considered. Drugs used to modify psychological functions and mental states may control certain primary manifestations of a mental disorder, e.g., hallucinations, impaired attention, restlessness, or hyperactivity, such treatment may not affect all functional limitations imposed by the mental disorder.

In cases where overt symptomatology is attenuated by the use of such drugs, particular attention must be focused on the functional limitations that may persist.

Affective Disorders – Circle those symptoms present in patient as indicated below:

12.04 Affective disorders: Characterized by a disturbance of mood, accompanied by a full or partial manic or depressive syndrome. Mood refers to a prolonged emotion that colors the whole psychic life; it generally involves either depression or elation.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied, or when the requirements in C are satisfied.

A. Medically documented persistence, either continuous or intermittent, of one of the following:

1. Depressive syndrome characterized by at least four of the following:

- a. Anhedonia or pervasive loss of interest in almost all activities; or
- b. Appetite disturbance with change in weight; or
- c. Sleep disturbance; or
- d. Psychomotor agitation or retardation; or
- e. Decreased energy; or
- f. Feelings of guilt or worthlessness; or
- g. Difficulty concentrating or thinking; or

- h. Thoughts of suicide; or
- i. Hallucinations, delusions, or paranoid thinking; or

2. Manic syndrome characterized by at least three of the following:

- a. Hyperactivity; or
- b. Pressure of speech; or
- c. Flight of ideas; or
- d. Inflated self-esteem; or
- e. Decreased need for sleep; or
- f. Easy distractibility; or
- g. Involvement in activities that have a high probability of painful consequences which are not recognized; or
- h. Hallucinations, delusions or paranoid thinking; or

3. Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes);

AND

B. Resulting in at least two of the following:

- 1. Marked restriction of activities of daily living; or
- 2. Marked difficulties in maintaining social functioning; or
- 3. Marked difficulties in maintaining concentration, persistence, or pace; or
- 4. Repeated episodes of decompensation, each of extended duration;

OR

C. Medically documented history of a chronic affective disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do basic work activities, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. Repeated episodes of decompensation, each of extended duration; or
2. A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate; or
3. Current history of 1 or more years' inability to function outside a highly supportive living arrangement, with an indication of continued need for such an arrangement.

"Marked" is defined as a standard for measuring the degree of limitation, it means more than moderate but less than extreme. A marked limitation may arise when several activities or functions are impaired, or even when only one is impaired, as long as the degree of limitation is such as to interfere seriously with ability to function independently, appropriately, effectively, and on a sustained basis. See §§ 404.1520a and 416.920a.

Impairment Definitions:

- (1) No impairment
- (2) Mild impairment: No significant interference with the ability to perform basic work-related activities
- (3) Moderate impairment: Significant interference with the ability to perform one or more basic work-related activities
- (4) Marked impairment: Very significant interference with the ability to perform one or more basic work-related activities
- (5) Severe impairment: Inability to perform one or more basic work-related activities.

Mental Abilities of Patient

UNDERSTANDING, CARRYING OUT, AND REMEMBERING SIMPLE INSTRUCTIONS					
	Mild Impairment	Moderate Impairment	Marked Impairment	Severe Impairment	No Impairment
The ability to remember locations and work-like procedures.	<input type="checkbox"/>				
The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>				
The ability to carry out very short and simple instructions.	<input type="checkbox"/>				
The ability to maintain concentration and attention for extended periods (the approximately 2-hour segments between arrival and first break, lunch, second break, and departure).	<input type="checkbox"/>				
The ability to perform activities within a schedule, maintain regular	<input type="checkbox"/>				

attendance, and be punctual within customary tolerances.					
	Mild Impairment	Moderate Impairment	Marked Impairment	Severe Impairment	No Impairment
The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>				
The ability to work in coordination with or proximity to others without being (unduly) distracted by them.	<input type="checkbox"/>				
The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>				
USE OF JUDGMENT					
	Mild Impairment	Moderate Impairment	Marked Impairment	Severe Impairment	No Impairment
The ability to make simple work-related decisions.	<input type="checkbox"/>				
The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>				
RESPONDING APPROPRIATELY TO SUPERVISION, COWORKERS, AND USUAL WORK SITUATIONS					
	Mild Impairment	Moderate Impairment	Marked Impairment	Severe Impairment	No Impairment
The ability to ask simple questions or request assistance.	<input type="checkbox"/>				
The ability to accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>				
The ability to get along with coworkers or peers without (unduly) distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>				
Dealing with changes in a routine work-setting — the ability to respond appropriately to changes in (a routine) work setting.	<input type="checkbox"/>				

MENTAL ABILITIES CRITICAL FOR PERFORMING UNSKILLED WORK

THE CLAIMANT MUST SHOW THE ABILITY TO:

Remember work-like procedures (locations are not critical).	<input type="checkbox"/>				
Understand and remember very short and simple instructions.	<input type="checkbox"/>				
	Mild Impairment	Moderate Impairment	Marked Impairment	Severe Impairment	No Impairment
Carry out very short and simple instructions.	<input type="checkbox"/>				
Maintain attention for extended periods of 2-hour segments (concentration is not critical).	<input type="checkbox"/>				
Maintain regular attendance and be punctual within customary tolerances. (These tolerances are usually strict.) Maintaining a schedule is not critical.	<input type="checkbox"/>				
Sustain an ordinary routine without special supervision.	<input type="checkbox"/>				
Work in coordination with or proximity to others without being (unduly) distracted by them.	<input type="checkbox"/>				
Make simple work-related decisions.	<input type="checkbox"/>				
Complete a normal workday and workweek without interruptions from psychologically based symptoms and perform at a consistent pace without an unreasonable number and length of rest periods. (These requirements are usually strict.)	<input type="checkbox"/>				
Ask simple questions or request assistance.	<input type="checkbox"/>				
Accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>				
Get along with coworkers or peers without (unduly) distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>				
Respond appropriately to changes in a (routine) work setting.	<input type="checkbox"/>				
Be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>				

MENTAL ABILITIES NEEDED TO DO SEMISKILLED AND SKILLED WORK

The basic abilities listed in “DI 25020.010B.” (*i.e.*, the “abilities needed to perform any job”) are necessary.

Often, there is an increasing requirement for understanding and memory and for concentration and persistence, *e.g.*: the ability to perform the following functions:

	Mild Impairment	Moderate Impairment	Marked Impairment	Severe Impairment	No Impairment
Understand and remember detailed instructions,	<input type="checkbox"/>				
Carry out detailed instructions	<input type="checkbox"/>				
Set realistic goals or make plans independently of others.	<input type="checkbox"/>				

Signature of Physician _____ Date _____