

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.

*Lee Ann Torrans*

**Residual Functional Capacity  
Childhood Mental Disorders**

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:	

**The “Whole Child Approach” of the Social Security Administration:**

A child who applies for Supplemental Security Income (SSI) is “disabled” if the child is not engaged in substantial gainful activity and has a medically determinable physical or mental impairment or combination of impairments that results in “marked and severe functional limitations.” 20 CFR 416.906. This means that the impairment(s) must meet or medically equal a listing in the Listing of Impairments (the listings), or functionally equal the listings (also referred to as “functional equivalence”). To functionally equal the listings, an impairment(s) must be of listing-level severity; that is, it must result in “marked” limitations in two domains of functioning or an “extreme” limitation in one domain. 20 CFR 416.926 a (a). Domains are broad areas of functioning intended to capture all of what a child can or cannot do.

The six domains considered by the SSA in determining impairments that result in marked and severe functional limitations have been examined and included in this review:

- (1) Acquiring and using information,
- (2) Attending and completing tasks,
- (3) Interacting and relating with others,
- (4) Moving about and manipulating objects,
- (5) Caring for yourself, and

(6) Health and physical well-being.

The SSA Medical Listing which describes **Anxiety Disorders** have been consulted and reviewed in conjunction with the preparation of this RFC form. Specifically:

**112.06 Anxiety Disorders:** In these disorders, anxiety is either the predominant disturbance or is experienced if the individual attempts to master symptoms; *e.g.*, confronting the dreaded object or situation in a phobic disorder, attempting to go to school in a separation anxiety disorder, resisting the obsessions or compulsions in an obsessive compulsive disorder, or confronting strangers or peers in avoidant disorders.

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

Indicate which of these findings is present in your answers below:

A. Medically documented findings of at least one of the following:

1. Excessive anxiety manifested when the child is separated, or separation is threatened, from a parent or parent surrogate; or
2. Excessive and persistent avoidance of strangers; or
3. Persistent unrealistic or excessive anxiety and worry (apprehensive expectation), accompanied by motor tension, autonomic hyperactivity, or vigilance and scanning; or
4. A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation; or
5. Recurrent severe panic attacks, manifested by a sudden unpredictable onset of intense apprehension, fear, or terror, often with a sense of impending doom, occurring on the average of at least once a week; or
6. Recurrent obsessions or compulsions which are a source of marked distress; or
7. Recurrent and intrusive recollections of a traumatic experience, including dreams, which are a source of marked distress;

AND

B. For older infants and toddlers (age 1 to attainment of age 3), resulting in at least one of the appropriate age-group criteria in paragraph B1 of 112.02; or, for children (age 3 to attainment of age 18), resulting in at least two of the appropriate age-group criteria in paragraph B2 of 112.02.

**MEDICAL AND FUNCTIONAL CAPACITY ASSESSMENT (CHILD)**  
**SSI/SSD Review of Child's Medical Impairments**

How long have you treated the child and how often do you see him/her?

What is/are your diagnoses, and provide your estimated date of onset?

Please identify the clinical findings and objective signs supporting the diagnoses.

**Please list your patient's symptoms.**  
**For an Anxiety Disorder Diagnosis:**

How is the Anxiety Disorder diagnosis manifested in one or more of the following behaviors:

1. Excessive anxiety manifested when the child is separated, or separation is threatened, from a parent or parent surrogate; or
2. Excessive and persistent avoidance of strangers; or
3. Persistent unrealistic or excessive anxiety and worry (apprehensive expectation), accompanied by motor tension, autonomic hyperactivity, or vigilance and scanning; or
4. A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation; or

5. Recurrent severe panic attacks, manifested by a sudden unpredictable onset of intense apprehension, fear, or terror, often with a sense of impending doom, occurring on the average of at least once a week; or
6. Recurrent obsessions or compulsions which are a source of marked distress; or
7. Recurrent and intrusive recollections of a traumatic experience, including dreams, which are a source of marked distress;

Please be specific regarding qualitative deficits in the development of reciprocal social interaction Anxiety Disorder diagnosis manifested in one or more of the following behaviors:

1. Excessive anxiety manifested when the child is separated, or separation is threatened, from a parent or parent surrogate; or
2. Excessive and persistent avoidance of strangers; or
3. Persistent unrealistic or excessive anxiety and worry (apprehensive expectation), accompanied by motor tension, autonomic hyperactivity, or vigilance and scanning; or
4. A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation; or
5. Recurrent severe panic attacks, manifested by a sudden unpredictable onset of intense apprehension, fear, or terror, often with a sense of impending doom, occurring on the average of at least once a week; or
6. Recurrent obsessions or compulsions which are a source of marked distress; or
7. Recurrent and intrusive recollections of a traumatic experience, including dreams, which are a source of marked distress;

Please be specific regarding qualitative deficits in verbal and nonverbal communication and in imaginative activity Anxiety Disorder diagnosis manifested in one or more of the following behaviors:

1. Excessive anxiety manifested when the child is separated, or separation is threatened, from a parent or parent surrogate; or
2. Excessive and persistent avoidance of strangers; or

3. Persistent unrealistic or excessive anxiety and worry (apprehensive expectation), accompanied by motor tension, autonomic hyperactivity, or vigilance and scanning; or
4. A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation; or
5. Recurrent severe panic attacks, manifested by a sudden unpredictable onset of intense apprehension, fear, or terror, often with a sense of impending doom, occurring on the average of at least once a week; or
6. Recurrent obsessions or compulsions which are a source of marked distress; or
7. Recurrent and intrusive recollections of a traumatic experience, including dreams, which are a source of marked distress;

Please be specific identifying whether there exists a markedly restricted repertoire of activities and interests and explain those limitations based upon the Anxiety Disorder diagnosis and manifested in one or more of the following behaviors:

1. Excessive anxiety manifested when the child is separated, or separation is threatened, from a parent or parent surrogate; or
2. Excessive and persistent avoidance of strangers; or
3. Persistent unrealistic or excessive anxiety and worry (apprehensive expectation), accompanied by motor tension, autonomic hyperactivity, or vigilance and scanning; or
4. A persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity, or situation; or
5. Recurrent severe panic attacks, manifested by a sudden unpredictable onset of intense apprehension, fear, or terror, often with a sense of impending doom, occurring on the average of at least once a week; or
6. Recurrent obsessions or compulsions which are a source of marked distress; or
7. Recurrent and intrusive recollections of a traumatic experience, including dreams, which are a source of marked distress;

Have the child's impairments lasted or can they be expected to last at least twelve months?

Yes    No

### **Functional Capacity Assessment for Autism**

Please assess how the child's impairment(s) affects his/her development and performance of age-appropriate activities in the domains listed below compared with children the same age who do not have impairments.

Please Consider the Following Factors and if none present please state none:

Chronicity of illness, exacerbations, and remissions:

The effects of treatment, including adverse and beneficial effects of medications and other treatments.

The need for structured settings, adaptations, and extra help:

The combined effects of multiple impairments and the interactive and cumulative effects of an impairment(s) on the child's activities (e.g., a single impairment may have effects in more than one area of functioning)

### **Ability to Function in Productive Environment**

**Acquiring and using information.** This domain includes the ability to think, to acquire and use information, visual and verbal reasoning, problem solving, and idea development. It also includes perceptual, sensorimotor, language and memory processes necessary to learn.

Level of Impairment:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

**Attending and completing tasks.** This domain considers the child's level of alertness, ability to work at an appropriate pace, allay impulses, and initiate, sustain and change focus. It also includes the capacity to focus on certain stimuli and ignore others.

Level of Impairment:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

**Interacting and relating with others.** This domain assesses all aspects of social interaction and relationships with groups and individuals. This incorporates speech and language skills necessary to communicate effectively. It also includes the ability to respond to emotional and behavioral cues and form intimate relationships.

Level of Impairment:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

**Moving about and manipulating objects.** This domain looks at the child's ability to perform physical functions like sitting, standing, balancing, shifting weight, bending, crawling, running, and transferring. It also includes the ability to hold, carry, and manipulate objects, as well as the capacity to plan, remember and execute movements. Also considered are the child's coordination, dexterity, and integration of sensory input.

Level of Impairment:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

### **Child's Ability to Care for Him/Herself**

Measure the child's ability to care for his or her physical needs and to maintain a healthy emotional state. It includes the ability to care for one's own health and safety and to cooperate with others to meet one's needs. It also incorporates the concept that the child should be developing an increasing sense of independence and competence.

Level of Impairment:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

Health and physical well-being. What are the cumulative physical effects of physical and/or mental impairments. Considered are the effects of chronic illness, including shortness of breath, reduced stamina, pain and poor growth. Also includes are the impact of therapies, medications and periods of exacerbation and remission.

Level of Impairment:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

### **MEDICATIONS**

List Prescribed Medications and identify condition for which medications are prescribed.

Is there a reasonable medical probability your patient will experience side effects from the medication(s) listed above?

Yes    No

Other:

To what degree will the side effects of the prescribed medications impair your patient's ability for concentration, persistence and pace in combination with the underlying condition(s)?

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

When side effects exist can you estimate the severity?

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

Is your patient allowed to operate machinery or motorized vehicles when experiencing side effects from the medication – if over 16 years of age?

Yes    No

Is there a reasonable medical probability that the side effects will reduce your patient's ability to perform work to a minimum standard of productivity? If yes, to what degree:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

Is there a reasonable medical probability that the side effects will reduce your patient's ability to perform detailed work requiring hand/eye coordination? If yes, to what degree:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

Is there a reasonable medical probability that the side effects will reduce your patient's cognitive acuity and/or ability to focus on activities such as reading, writing, computer use? If yes, to what degree:

Mild    Slight    Moderate    Severe    Other    Not Able to Assess

Please add any other comments which you feel will be helpful in assessing the child's disability:

Date:

Signature Block