CIRRHOSIS/LIVER DISEASE
MEDICAL ASSESSMENT FORM

TO: Dr._____

RE: _____ SSN: _____

Please answer all the following questions concerning your patient's cirrhosis and other health problems. *Attach all relevant treatment notes, laboratory and test results, which have not been provided previously to the Social Security Administration.*

1. Date began treatment:_____ Frequency of tx: _____

2. Does your patient exhibit cirrhosis? ☐ Yes ☐ No

   If yes, what classification of cirrhosis does your patient exhibit?
   ☐ micronodular ☐ macronodular ☐ mixed

   Other diagnoses: _____

3. Identify any symptoms or signs that your patient exhibits due to his/her impairments:

   ☐ weakness ☐ jaundice ☐ sleep disturbance
   ☐ emesis ☐ pleural effusions ☐ recurrent/persistent diarrhea
   ☐ recurrent fevers ☐ hot/cold spells ☐ spider nevi
   ☐ asteixis ☐ tremor ☐ dysarthria
   ☐ cholangitis ☐ splenomegaly ☐ anemia
   ☐ ecchymoticlesions ☐ chronic fatigue ☐ bowel incontinence
   ☐ recurrent dizzy spells ☐ history of varices ☐ hematemesis
   ☐ recurrent nausea/vomiting ☐ ascites ☐ peripheral edema
   ☐ encephalopathy with day/night reversal ☐ poor appetite with weight loss
   ☐ radiation of abdominal pain to the back ☐ urinary frequency/incontinence
   ☐ persistent/recurrent abdominal pain, cramping and tenderness
   ☐ history of hepatocellura insult
   ☐ hepatitis If yes, indicate type ☐ A ☐ B ☐ C
   ☐ spontaneous bacterial peritonitis
   ☐ other: _____

4. Identify positive clinical findings and test results (e.g., lab abnormalities, biopsy, ultrasound, barium studies, MRI, CT): _____
   _____

5. Has your patient been referred for liver transplant? ☐ Yes ☐ No

6. Does your patient **currently** abuse alcohol or street drugs? ☐ Yes ☐ No

   A. If no, to the best of your knowledge, when was the last time your patient abused alcohol or street drugs? ☐ never ☐ _____

B. If yes, if you were to assume that your patient was able to maintain complete sobriety, would your patient continue to exhibit the symptoms and limitations discussed in this form? ☐ Yes ☐ No

Please explain: _____
_____

7. Does your patient experience symptoms which interfere with the **attention and concentration** needed to perform even simple work tasks, so that if your patient was working s/he would likely be **"off task" at least 15%** of the time? ☐ Yes ☐ No

8. If your patient was placed in a competitive job, identify those aspects of **workplace stress** that your patient would be unable to perform or be exposed to:
   - ☐ routine, repetitive tasks at consistent pace
   - ☐ detailed or complicated tasks
   - ☐ frequent interference with coworkers/supervisors/public
   - ☐ fast paced tasks (e.g., production line)

9. Identify any **side effects** of any medications which may have implications for working:
   ☐ drowsiness/sedation ☐ other: _____

10. As a result of your patient's impairment(s), estimate your patient's functional limitations assuming your patient was placed in a *competitive work situation* on an ongoing basis:

A. How many city blocks can the patient **walk** without rest or severe pain? _____

B. Please circle the hours and/or minutes that your patient can *continuously* **sit and stand** *at one time:*

1. **Sit:** 0 5 10 15 20 30 45 Minutes 1 2, More than 2 Hours

What must your patient usually do after sitting this long?
☐ walk ☐ stand ☐ lie down ☐ other: _____

2. **Stand:** 0 5 10 20 30 45 Minutes 1 2, More than 2 Hours

What must your patient usually do after standing this long?
☐ walk ☐ sit ☐ lie down ☐ other: _____

C. Please indicate how long your patient can sit and stand/walk *total in an eight hour work day* (with normal breaks)?

Sit	Stand/Walk	
☐	☐	less than 2 hours
☐	☐	about 2 hours
☐	☐	about 4 hours
☐	☐	at least 6 hours

D. Due to your patient's impairment(s), if your patient will sometimes need to take unscheduled **breaks** (for at least several minutes duration) during an average eight-hour workday, **how many times** during an average workday do you expect this to happen?

0 1 2 3 4 5 6 7 8 9 10, more than 10

E. Due to your patient's symptoms, should your patient **elevate leg(s)** at least two hours during a typical eight-hour daytime period? ☐ Yes ☐ No

If yes, how high should leg(s) typically be elevated:

☐ at or above heart level
☐ between heart and waist level
☐ waist level
☐ below waist level

E. How many pounds can the patient lift and carry in a competitive work situation?

	Never	**Rarely**	**Occasionally**	**Frequently**
Less than 10 lbs.		☐	☐	☐
10 lbs.	☐	☐	☐	☐
20 lbs.	☐	☐	☐	☐
50 lbs.	☐	☐	☐	☐

G. Imagine that your patient was hired to perform competitive full-time work. Please estimate, on average, how often your patient would experience "bad days" so that your patient would be **absent** from work as a result of the impairment(s) or treatment:

☐ never/*less than once* a month
☐ about *once or twice* a month
☐ about *three* days a month
☐ about *four* days a month
☐ *more than four* days a month

12. Please describe any other limitations that would affect your patient's ability to work at a regular job on a sustained basis or any testing that would help to clarify the severity of your patient's impairment(s) or limitations:

_____

_____

_____

Date: _____ Signed: _____

Print Name: _____