GASTRITIS MEDICAL ASSESSMENT FORM

TO:	Dr						
RE:							
SSN:							
probler	ns. <i>Attaci</i>	ll the following questions concerning hall relevant treatment notes, labora. Administration.	your patient's gastritis/irritable lotory and test results, which have n	bowel syndrome an ot been provided pre	d other health		
1.	Date	began treatment:	Frequency of tx:				
2.	Diagr	noses:					
3.	Identify any symptoms or signs that your patient exhibits due to his/her impairments:						
	☐ recurrent nausea/vomiting ☐ sleep disturbance ☐ recurrent fevers		□ poor appetite with weight loss □ emesis □ hot/cold spells □ the raise for times				
	□ rec □ uri □ we □ per	current/persistent diarrhea current dizzy spells nary frequency/incontinence akness rsistent/recurrent abdominal pa er:	in, cramping and tenderness				
4. Identify positive clinical findings and test results (e.g., ultrasound, ERCP):							
5.	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						
	В.	alcohol or street drugs? □ never □ B. If yes, if were to assume that your patient was able to maintain complete sobrige would your patient continue to exhibit the symptoms and limitations discussed this form? □ Yes □ N					
	Please explain:						
6.	conce	your patient experience symmetration needed to performing s/he would likely be "off t	even simple work tasks, s	so that if your p	atient was		

7.		f your patient was placed in a competitive job, identify those aspects of workplace stress hat your patient would be unable to perform or be exposed to:				
		routine, repetitive tasks at consistent pace detailed or complicated tasks frequent interaction with coworkers/supervisors/public fast paced tasks (e.g., production line)				
3.		ify any side effects of any medications which may have implications for working: rowsiness/sedation				
€.		As a result of your patient's impairment(s), estimate your patient's functional limitations assuming your patient was placed in a <i>competitive work situation</i> on an ongoing basis:				
	A. How many city blocks can the patient walk without rest or severe pain?					evere pain?
	B.	Please circle the hou stand at one time: 1. Sit:	rs and/or minu 0 5 10 15 20 3 Minutes			an <i>continuously</i> sit and More than 2
		What must your patie ☐ walk ☐ star 2. Stand:		down □ oth	er:	More than 2
		What must your patie. ☐ walk ☐ sit	nt usually do af □ lie down	_	_	
	C.	Please indicate how l work day (with norm			and/wa /Walk 	lk total in an eight hour less than 2 hours about 2 hours about 4 hours at least 6 hours
	D.	Does your patient need a job that permits $ready$ access to a restroom? \square Yes \square No				
	E.	If your patient's symptom(s) would likely cause the need to take unscheduled restroom breaks during an eight-hour workday, how many times during an average workday do you expect this to happen?				
	<u>0 1 2 3 4 5 6 7 8 9 10</u> , more than 10					

	F.	In addition to the above-disc also need to take addition clothing, rest, etc., during average workday do you exp	al unscl an eight	heduled l -hour wor	oreaks to lie o kday, how ma	down, change soiled	
		012345678910, more than 10					
	G.	How many pounds can the pa	atient lift Never		y in a competiti Occasionally		
		Less than 10 lbs.					
		10 lbs.	П			П	
		20 lbs.				П	
		50 lbs.	$\overline{\Box}$			П	
	Н.	Imagine that your patient was hired to perform competitive full-time work. P estimate, on average, how often your patient would experience "bad days" so your patient would be absent from work as a result of the impairment (treatment:					
		□ never/less than once a month □ about once or twice a month □ about three days a month □ about three days a month					
Date: _			Signed	l:			
			Print N	Name:			
		Address:					