

GASTRITIS
MEDICAL ASSESSMENT FORM

TO: Dr. _____

RE: _____

SSN: _____

Please answer all the following questions concerning your patient's gastritis/irritable bowel syndrome 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. Diagnoses: _____

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

- | | |
|---|--|
| <input type="checkbox"/> recurrent nausea/vomiting | <input type="checkbox"/> poor appetite with weight loss |
| <input type="checkbox"/> sleep disturbance | <input type="checkbox"/> emesis |
| <input type="checkbox"/> recurrent fevers | <input type="checkbox"/> hot/cold spells |
| <input type="checkbox"/> recurrent/persistent diarrhea | <input type="checkbox"/> chronic fatigue |
| <input type="checkbox"/> recurrent dizzy spells | <input type="checkbox"/> radiation of abdominal pain to the back |
| <input type="checkbox"/> urinary frequency/incontinence | <input type="checkbox"/> bowel incontinence |
| <input type="checkbox"/> weakness | |
| <input type="checkbox"/> persistent/recurrent abdominal pain, cramping and tenderness | |
| <input type="checkbox"/> other: _____ | |

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 alcohol or street drugs? never _____

B. If yes, if 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: _____

6. 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

F. In addition to the above-discussed restroom breaks, if your patient would sometimes also need to take **additional unscheduled breaks** to lie down, change soiled clothing, rest, etc., during an 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

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

	Never	Rarely	Occasionally	Frequently
Less than 10 lbs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. 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:

- | | |
|---|---|
| <input type="checkbox"/> never/ <i>less than once</i> a month | <input type="checkbox"/> about <i>four</i> days a month |
| <input type="checkbox"/> about <i>once or twice</i> a month | <input type="checkbox"/> <i>more than four</i> days a month |
| <input type="checkbox"/> about <i>three</i> days a month | |

Date: _____

Signed: _____

Print Name: _____

Address: _____