

CHRONIC PANCREATITIS
MEDICAL ASSESSMENT FORM

TO: Dr. _____

RE: _____

SSN: _____

Please answer all the following questions concerning your patient's pancreatitis 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 chronic pancreatitis? Yes No

Other 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"/> lower extremity edema |
| <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: _____ | |

A. If your patient exhibits **bladder incontinence**, how often does this usually occur?
_____ per week _____ per month _____

B. If your patient exhibits **bowel incontinence**, how often does this usually occur?
_____ per week _____ per month _____

4. Identify positive clinical findings and test results (e.g., ultrasound, ERCP): _____

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

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

7. 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 interaction with coworkers/supervisors/public
 - fast paced tasks (e.g., production line)
8. Identify any **side effects** of any medications which may have implications for working:
- drowsiness/sedation other: _____
9. 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 1 2, More than 2
 Minutes Hours
- What must your patient usually do after sitting this long?
- walk stand lie down other: _____
2. **Stand:** 0 5 10 20 30 45 1 2, More than 2
 Minutes 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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | less than 2 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | about 2 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | about 4 hours |
| <input type="checkbox"/> | <input type="checkbox"/> | at least 6 hours |
- D. Does your patient need a job which permits **ready access** to a restroom? Yes No
- E. If your patient sometimes needs to take unscheduled **restroom breaks** 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
- F. In addition to the above-discussed restroom breaks, if your patient also sometimes needs 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. 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 waist level
 between heart and waist level below waist level

H. 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"/>

I. 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 *four* days a month
 about *once or twice* a month *more than four* days a month
 about *three* days a month

Date: _____

Signed: _____

Print Name: _____