THYROID DISORDER
MEDICAL ASSESSMENT FORM

To: Dr. _____

Re: _____

SSN: _____

Please answer all the following questions concerning your patient's thyroid disorder 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. If your patient exhibit a thyroid disorder, identify the type of thyroid disorder: _____
_____

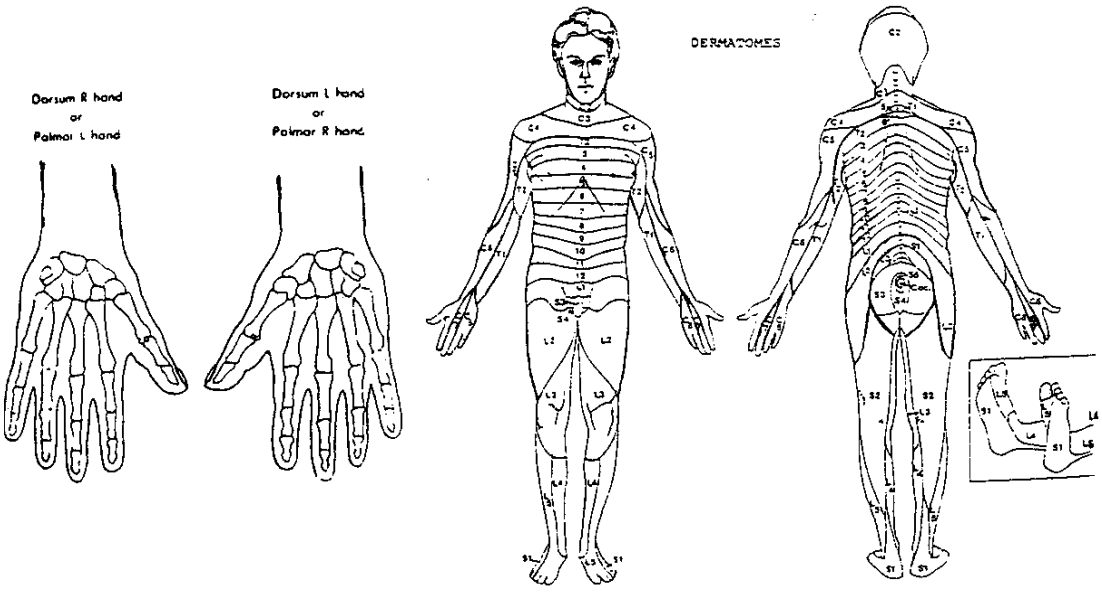
Other diagnoses: _____

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

☐	graves disease	☐	goiter
☐	chronic fatigue/lethargy	☐	enlarged lymphnodes
☐	vocal cord impairment	☐	weakness
☐	heat/cold intolerance	☐	depression/anxiety
☐	constipation	☐	weight change
☐	hoarseness	☐	menorrhagia
☐	anemia	☐	hyponatremia
☐	arthralgias/myalgias	☐	muscle cramps
☐	dry skin	☐	frequent headaches
☐	peripheral edema	☐	pallor
☐	dyspnea	☐	diminished hearing
☐	myxedema heart	☐	ophthalmopathy
☐	other _____		

If your patient exhibit chronic **pain/paresthesia**, please characterize the nature and **severity** of the pain/paresthesia: ☐ mild ☐ moderate ☐ severe

B. Identify the **location and frequency** of pain/paresthesia by shading the relevant body portions and labeling as constant (C), frequent (F), intermittent (I):



4. Identify positive clinical findings and test results (e.g., lab tests for TSH, FT4; ultrasound; scans; FNA biopsy): _____
_____

5. 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

6. 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)

7. Identify any **side effects** of any medications which may have implications for working:
   ☐ drowsiness ☐ bone demineralization ☐ other: _____

8. 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 ☐ waist level
☐ between heart and waist level ☐ below waist level

F. While engaging in even occasional standing/walking must your patient use a cane or other assistive device for balance? ☐ Yes ☐ No

G. 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.	☐	☐	☐	☐

H. How often can your patient perform the following **waist-level** activities?

	Never	**Rarely**	**Occasionally**	**Frequently**
Twist	☐	☐	☐	☐
Stoop (bend)	☐	☐	☐	☐

I. If your patient has significant limitations with **reaching, handling or fingering**, please estimate the percentage of time during an eight-hour workday that your patient can use hands/fingers/arms for the following activities:

	HANDS: Grasp, Turn Twist Objects	**FINGERS: Fine Manipulations**	**ARMS: Reaching (inc. Overhead)**
Right	_____%	_____%	_____%
Left	_____%	_____%	_____%

J. 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

Date: _____ Signature _____

Print Name: _____

Address: _____