

Dear Doctor and/or Mental Health professional

I am applying for Social Security disability. These cases generally involve the issue of paying monthly benefits for disabled persons. Since the awards are generally modest, every effort is made to keep costs at a minimum. Therefore, the Administrative Law Judges will accept your written report, *as long as it is accompanied by your treatment notes*, rather than require a deposition. Your report is the most important evidence I can present.

I wish to present your written report which, first of all, states your diagnosis of your my psychiatric condition(s), using the DSM-IV if possible. I would like your report to discuss how these impairments would affect my ability to engage in consistent work activity on an eight hour a day, day after day, basis.

Please find enclosed a Mental Status Questionnaire (MSQ). You may either complete the questionnaire or use it as a guide in preparing your narrative report. ***As I mentioned above, your report should be accompanied by your treatment notes, so please also send the last twelve (12) months of your records along with your written report or completed MSQ.***

Thank you for your help and if we can assist you, or your office, please do not hesitate to contact me.

Very truly yours,

FUNCTIONAL LIMITATIONS

Please assess the severity of your patient's functional limitations in the following three areas, by circling the level of your patient's impairment.

Activities of daily living (ability to perform ordinary daily activities *without supervision or an inordinate amount of support*):

NONE

MILD - *occasionally* unable to perform activities of daily living

MODERATE - *frequently* unable to perform activities of daily living

MARKED - *most of the time* unable to perform activities of daily living

EXTREME - *rarely able* to perform activities of daily living

Social Functioning (the ability to function in a work setting without exhibiting disruptive or distracting behavioral extremes):

NONE

MILD - generally able to maintain normal or appropriate relationships with supervisors, co-workers and/or peers, with *occasional minor disruptions* or distractions due to factors such as withdrawal, conflicts, inappropriateness or aggressiveness or other behavioral extremes.

MODERATE - generally limited ability to maintain normal or appropriate relationships, with *occasional serious disruptions* due to behavioral extremes.

MARKED - generally unable to maintain normal or appropriate relationships, with *frequent serious disruptions* due to behavioral extremes.

EXTREME - little or no ongoing normal or appropriate relationships, with *persistent serious disruptions* due to behavioral extremes.

Concentration, Persistence and Task Completion (the ability to complete a normal workday on a regular and continuous basis without interruptions from psychologically-based symptoms and perform at a consistent pace without an unreasonable amount or length of rest breaks):

NONE

MILD - would occasionally be unable to complete complex tasks, but is *usually able to complete simple tasks in a regular and continuous work setting.*

MODERATE - would frequently be unable to complete complex tasks, and *occasionally unable to complete even simple tasks in a regular and continuous work setting.*

MARKED - would most of the time be unable to complete complex tasks, and would *frequently be unable to complete even simple tasks in a regular and continuous work setting.*

EXTREME - is unable to complete complex tasks, and most of the time is unable to complete even simple tasks on a regular and continuous basis.

4. In your opinion, would your patient be able to engage in work activity eight hours a day, day after day, on a continued basis?
In answering this question please take into account whether your patient has a history of decompensation under routine job stresses, or, if not, whether you believe your patient would decompensate under routine job stresses. Put another way, please note whether your patient's current level of functioning is better than could be expected if he/she were to return to work (even if that work were in a "low stress" job. Please explain.

In an average month, how many days would your client likely be unable to function in a routine job setting (for all or a significant part of the work day) due to exacerbation of psychologically based symptoms?

_____ Don't know _____ None _____ 1-3 _____ 4-7 _____ 8-10 _____ 10+

The opinions expressed above are made based on first-hand knowledge of the client/patient, experience treating patients with similar conditions, and are made with a reasonable degree of medical/psychological certainty

DATE

DOCTOR'S SIGNATURE

DATE

THERAPIST'S SIGNATURE