**GASTRITIS/IRRITABLE BOWEL SYNDROME**
**MEDICAL ASSESSMENT FORM**

TO: _____

RE: _____

SSN: XXX - XX - _____

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 treatment: _____

2. Diagnoses: _____

3. Prognosis: _____

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

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

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

_____

_____

6. 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: _____

_____

7. If your patient experiences symptoms which interfere with the **attention and concentration** needed to perform even simple work tasks, during a typical workday, please estimate the frequency of interference: ☐ rarely ☐ occasionally ☐ frequently ☐ constantly

*For this and other questions on this form, "rarely" means 1% to 5% of an eight-hour working day; "occasionally" means 6% to 33% of an eight-hour working day; "frequently" means 34% to 66% of an eight-hour working day.*

What symptom(s) interfere with attention and concentration?

☐ pain ☐ fatigue ☐ side effects of medications

☐ other _____

8. 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:

☐ public contact

☐ routine, repetitive tasks at consistent pace

☐ detailed or complicated tasks

☐ strict deadlines

☐ close interaction with coworkers/supervisors

☐ fast paced tasks (e.g., production line)

☐ exposure to work hazards (e.g., heights or moving machinery)

☐ other:_____

9. Identify any **side effects** of any medications which may have implications for working:

☐ drowsiness/sedation ☐ other: _____

10. Have your patient's impairments lasted or can they be expected to last at least twelve months?

☐ Yes ☐ No

11. 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. Does your patient need a job that permits ready access to a restroom? ☐ Yes ☐ 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? 01 2 3 4 5 6 7 8 9 10, more than 10

F. In addition to the above-discussed restroom breaks, if your patient would sometimes also need to take **additional breaks** to lie down, change soiled clothing or rest at unpredictable intervals during an eight-hour workday,

1) **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

2) **How long** (on average) will your patient have to rest before returning to work?

Less than 5, 5 10 20 30 45 Minutes 1 2, more than 2 Hours

3) Please identify reasons for needing breaks:

☐ bowel incontinence ☐ weakness ☐ fatigue

☐ abdominal pain ☐ bladder incontinence

☐ adverse effects of medication

☐ other: _____

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. Please estimate, on average, how often your patient is likely to be **absent** from work as a result of the impairment(s) and 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

12. Please describe any other limitations that would affect your patient's ability to work at a regular job on a sustained basis or any testing that would help to clarify the severity of your patient's impairment(s) or limitations: _____

_____

_____

_____

_____

_____ _____

***Date*** ***Signature***

*Printed/Typed Name:* _____

**Please return to:**
**Driscoll Salazar Disability Group**
8280 Aspen Ave. Ste 155
Rancho Cucamonga, CA 91730
P: 909-736-8559
F: 909-736-0405

*Address*: _____

_____

_____