

MENTAL RESIDUAL FUNCTIONAL CAPACITY QUESTIONNAIRE

To: _____ Re: _____

SSN: XXX - XX -

Please answer the following questions concerning your patient's impairments. Attach relevant treatment notes and test results as appropriate.

1. Frequency and length of contact: _____

2. DSM-IV Multiaxial Evaluation:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: Current GAF: _____

Highest GAF past year: _____

3. Treatment and response: _____

4. a. List of prescribed medications:

b. Describe any side effects of medications that may have implications for working. E.g., dizziness, drowsiness, fatigue, lethargy, stomach upset, etc.:

5. Describe the clinical findings including results of mental status examination that demonstrate the severity of your patient's mental impairment and symptoms:

6. Prognosis: _____

7. Identify your patient's signs and symptoms:

- _____ Anhedonia or pervasive loss of interest in almost all activities
- _____ Intense and unstable interpersonal relationships and impulsive and damaging behavior
- _____ Appetite disturbance with weight change
- _____ Disorientation to time and place
- _____ Decreased energy
- _____ Perceptual or thinking disturbances
- _____ Thoughts of suicide
- _____ Hallucinations or delusions
- _____ Blunt, flat or inappropriate affect
- _____ Hyperactivity
- _____ Feelings of guilt or worthlessness
- _____ Motor tension
- _____ Impairment in impulse control
- _____ Catatonic or other grossly disorganized behavior
- _____ Poverty of content of speech
- _____ Emotional lability
- _____ Generalized persistent anxiety
- _____ Flight of ideas
- _____ Somatization unexplained by organic disturbance
- _____ Manic syndrome
- _____ Mood disturbance
- _____ Deeply ingrained, maladaptive patterns of behavior
- _____ Difficulty thinking or concentrating
- _____ Inflated self-esteem
- _____ Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress
- _____ Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury
- _____ Psychomotor agitation or retardation
- _____ Loosening of associations
- _____ Pathological dependence, passivity or aggression
- _____ Illogical thinking
- _____ Persistent disturbances of mood or affect
- _____ Vigilance and scanning
- _____ Persistent nonorganic disturbance of vision, speech, hearing, use of a limb, movement and its control, or sensation

- _____ Pathologically inappropriate suspiciousness or hostility
- _____ Change in personality
- _____ Pressures of speech
- _____ Apprehensive expectation
- _____ Easy distractibility
- _____ Paranoid thinking or inappropriate suspiciousness
- _____ Autonomic hyperactivity
- _____ Recurrent obsessions or compulsions which are a source of marked distress
- _____ Memory impairment – short, intermediate or long term
- _____ Seclusiveness or autistic thinking
- _____ Sleep disturbance
- _____ Substance dependence
- _____ Oddities of thought, perception, speech or behavior
- _____ Incoherence
- _____ Decreased need for sleep
- _____ Emotional withdrawal or isolation
- _____ Loss of intellectual ability of 15 IQ points or more
- _____ Psychological or behavioral abnormalities associated with a dysfunction of the brain with a specific organic factor judged to be etiologically related to the abnormal mental state and loss of previously acquired functional abilities
- _____ Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror and sense of impending doom occurring on the average of at least once a week
- _____ Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)
- _____ Persistent irrational fear of a specific object, activity, or situation which results in a compelling desire to avoid the dreaded object, activity or situation
- _____ Involvement in activities that have a high probability of painful consequences which are not recognized

8. To determine your patient's ability to do work-related activities on a day-to-day basis in a regular work setting, please give us your opinion based on your examination of how your patient's mental/emotional capabilities are affected by the impairment(s). Consider the medical history, the chronicity of findings (or lack thereof), and the expected duration of any work-related limitations, but not your patient's age, sex or work experience.

- *Seriously limited, but not precluded means ability to function in this area is seriously limited and less than satisfactory, but not precluded in all circumstances.*
- *Unable to meet competitive standards means your patient cannot satisfactorily perform this activity independently, appropriately, effectively and on a sustained basis in a regular work setting.*
- *No useful ability to function, an extreme limitation, means your patient cannot perform this activity in a regular work setting.*

I. MENTAL ABILITIES AND APTITUDES NEEDED TO DO UNSKILLED WORK

A. Remember work-like procedures

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

B. Understand and remember very short and simple instructions

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

C. Carry out very short and simple instructions

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

D. Maintain attention for two hour segment

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

E. Maintain regular attendance and be punctual within customary, usually strict tolerances

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

F. Sustain an ordinary routine without special supervision

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

G. Work in coordination with or proximity to others without being unduly distracted

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

H. Make simple work-related decisions

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded		
_____	Unable to meet competitive standards	_____	No useful ability to function

I. Complete a normal workday and workweek without interruptions from psychologically based symptoms

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

J. Perform at a consistent pace without an unreasonable number and length of rest periods

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

K. Ask simple questions or request assistance

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

L. Accept instructions and respond appropriately to criticism from supervisors

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

M. Get along with co-workers or peers without unduly distracting them or exhibiting behavioral extremes

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

N. Respond appropriately to changes in a routine work setting

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

O. Deal with normal work stress

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

P. Be aware of normal hazards and take appropriate precautions

_____	Unlimited or Very Good	_____	Limited but satisfactory
_____	Seriously limited, but not precluded	_____	No useful ability to function
_____	Unable to meet competitive standards	_____	

Q. Interact appropriately with the general public

- | | |
|---|--|
| <input type="checkbox"/> Unlimited or Very Good | <input type="checkbox"/> Limited but satisfactory |
| <input type="checkbox"/> Seriously limited, but not precluded | |
| <input type="checkbox"/> Unable to meet competitive standards | <input type="checkbox"/> No useful ability to function |

R. Maintain socially appropriate behavior

- | | |
|---|--|
| <input type="checkbox"/> Unlimited or Very Good | <input type="checkbox"/> Limited but satisfactory |
| <input type="checkbox"/> Seriously limited, but not precluded | |
| <input type="checkbox"/> Unable to meet competitive standards | <input type="checkbox"/> No useful ability to function |

S. Adhere to basic standards of neatness and cleanliness

- | | |
|---|--|
| <input type="checkbox"/> Unlimited or Very Good | <input type="checkbox"/> Limited but satisfactory |
| <input type="checkbox"/> Seriously limited, but not precluded | |
| <input type="checkbox"/> Unable to meet competitive standards | <input type="checkbox"/> No useful ability to function |

T. Travel in unfamiliar place

- | | |
|---|--|
| <input type="checkbox"/> Unlimited or Very Good | <input type="checkbox"/> Limited but satisfactory |
| <input type="checkbox"/> Seriously limited, but not precluded | |
| <input type="checkbox"/> Unable to meet competitive standards | <input type="checkbox"/> No useful ability to function |

U. Use public transportation

- | | |
|---|--|
| <input type="checkbox"/> Unlimited or Very Good | <input type="checkbox"/> Limited but satisfactory |
| <input type="checkbox"/> Seriously limited, but not precluded | |
| <input type="checkbox"/> Unable to meet competitive standards | <input type="checkbox"/> No useful ability to function |

9. Does your patient have a low IQ or reduced intellectual functioning?
 Yes No

Please explain (with reference to specific test results):

10. Does the psychiatric condition exacerbate your patient's experience of pain or any other physical symptom?
 Yes No

If yes, please explain: _____

11. On the average, how often do you anticipate that your patient's impairments or treatment would cause your patient to be absent from work?

- Never About two days per month
 About one day per month About three or more days per month

12. Has your patient's impairment lasted or can it be expected to last at least twelve months? Yes No

13. Is your patient a malingerer? Yes No

14. Are your patient's impairments reasonably consistent with the symptoms and functional limitations described in this evaluation? Yes No

If no, please explain: _____

15. Please describe any additional reasons not covered above why your patient would have difficulty working at a regular job on a sustained basis.

16. If your patient's impairments include alcohol or substance abuse, do alcohol or substance abuse contribute to any of your patient's limitations set forth above? Yes No

If Yes, a) Please list the limitations affected:

b) Please explain what changes you would make to your description of your patient's limitations if your patient were totally abstinent from alcohol or substance abuse:

17. Can your patient manage benefits in his or her own best interest? Yes No

Date

Signature

Printed Name: _____

Address: _____

Please return to:
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