

HUMAN IMMUNODEFICIENCY
VIRUS (HIV) INFECTION
MEDICAL ASSESSMENT FORM

TO: Dr. _____

RE: _____

SSN: _____

Please answer the following questions concerning your patient's HIV and other impairments. Attach all relevant treatment notes and test results not previously provided to Social Security.

1. Nature, frequency and length of contact: _____
2. Please indicate results of HIV laboratory test(s): Positive Negative
If positive, date test results first found to be positive: _____
3. Please indicate most recent: CD4 (T4) Lymphocyte count _____ as of _____ (date)
or percent (_____ %) if count not available.
4. Other diagnoses including emotional problems: _____
5. Opportunistic and Indicator Diseases:

BACTERIAL INFECTIONS

1. MYCOBACTERIAL INFECTION (e.g. caused by *M. avium-intracellulare*, *M. kansasii*, or *M. tuberculosis*), at a site other than the lungs, skin, or cervical or hilar lymph nodes
2. PULMONARY TUBERCULOSIS, resistant to treatment
3. NOCARDIOSIS
4. SALMONELLA BACTEREMIA, recurrent non-typhoid
5. SYPHILIS OR NEUROSYPHILIS, (e.g. meningovascular syphilis resulting in neurologic or other sequelae).
6. MULTIPLE OR RECURRENT BACTERIAL INFECTION(S), including pelvic inflammatory disease, requiring hospitalization or intravenous antibiotic treatment 3 or more times in 1 year.

FUNGAL INFECTIONS

7. ASPERGILLOSIS
8. CANDIDIASIS at a site other than the skin, urinary tract, intestinal tract, or oral or vulvovaginal mucous membranes; or candidiasis involving the esophagus, trachea, bronchi, or lungs
9. COCCIDIOIDOMYCOSIS, at a site other than the lungs or lymph nodes

- 10. CRYPTOCOCCOSIS, at a site other than the lungs (e.g. cryptococcal meningitis)
- 11. HISTOPLASMOSIS, at a site other than the lungs or lymph nodes
- 12. MUCORMYCOSIS

PROTOZOAN OR HELMINTHIC INFECTIONS

- 13. CRYPTOSPORIDIOSIS, ISOSPORIASIS, OR MICROSPORIDIOSIS, with diarrhea lasting for 1 month or longer
- 14. PNEUMOCYSTIS CARINII PNEUMONIA OR EXTRAPULMONARY PNEUMOCYSTIS CARINII INFECTION
- 15. STRONGYLOIDIASIS, extra intestinal
- 16. TOXOPLASMOSIS of an organ other than the liver, spleen, or lymph nodes

VIRAL INFECTIONS

- 17. CYTOMEGALOVIRUS DISEASE, at a site other than the liver, spleen or lymph nodes
- 18. HERPES SIMPLEX VIRUS causing mucocutaneous infection (e.g. oral, genital, perianal) lasting for 1 month or longer; or infection at a site other than the skin or mucous membranes (e.g. bronchitis, pneumonitis, esophagitis, or encephalitis); or disseminated infection
- 19. HERPES ZOSTER, disseminated or with multidermatomal eruptions that are resistant to treatment
- 20. PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY
- 21. HEPATITIS, resulting in chronic liver disease manifested by appropriate findings (e.g. persistent ascites, bleeding esophageal varices, hepatic encephalopathy)

MALIGNANT NEOPLASMS

- 22. CARCINOMA OF THE CERVIX, invasive, FIGO stage II and beyond
- 23. KAPOSÍ'S SARCOMA, with extensive oral lesions; or involvement of the gastrointestinal tract, lungs, or other visceral organs; or involvement of the skin or mucous membranes with extensive fungating or ulcerating lesions not responding to treatment.
- 24. LYMPHOMA of any type (e.g. primary lymphoma of the brain, Burkitt's lymphoma, immunoblastic sarcoma, other non-Hodgkins lymphoma, Hodgkin's disease)
- 25. SQUAMOUS CELL CARCINOMA OF THE ANUS

SKIN OR MUCOUS MEMBRANES

- 26. CONDITIONS OF THE SKIN OR MUCOUS MEMBRANES, with extensive fungating or ulcerating lesions not responding to treatment (e.g. dermatological conditions such as eczema or psoriasis, vulvovaginal or other mucosal candida, condyloma caused by human papillomavirus, genital ulcerative disease)

HEMATOLOGIC ABNORMALITIES

- 27. ANEMIA (hematocrit persisting at 30 percent or less), requiring one or more blood transfusions on an average of at least once every 2 months
- 28. GRANULOCYTOPENIA, with absolute neutrophil counts repeatedly below 1,000 cells/mm³, with at least one spontaneous hemorrhage, requiring transfusion in the last 5 months; or intracranial bleeding in the last 12 months

NEUROLOGICAL ABNORMALITIES

- 30. HIV ENCEPHALOPATHY, characterized by cognitive or motor dysfunction that limits function and progresses
- 31. OTHER NEUROLOGICAL MANIFESTATIONS OF HIV INFECTION (e.g. peripheral neuropathy), with significant and persistent disorganization of motor function in 2 extremities resulting in sustained disturbance of gross and dexterous movements, or gait and station

HIV WASTING SYNDROME

- 32. HIV WASTING SYNDROME, characterized by involuntary weight loss of 10 percent or more of baseline (or other significant involuntary weight loss) and, in the absence of a concurrent illness that could explain the findings, involving: chronic diarrhea with 2 or more loose stools daily lasting for 1 month or longer; or chronic weakness and documented fever greater than 38°C (100.4°F) for the majority of 1 month or longer

DIARRHEA

- 33. DIARRHEA, lasting for 1 month or longer, resistant to treatment, and requiring intravenous hydration, intravenous alimentation, or tube feeding

CARDIOMYOPATHY

- 34. CARDIOMYOPATHY (chronic heart failure, or cor pulmonale, or other severe cardiac abnormality not responsive to treatment)

NEPHROPATHY

- 35. NEPHROPATHY, resulting in chronic renal failure

INFECTIONS RESISTANT TO TREATMENT OR REQUIRING HOSPITALIZATION OR INTRAVENOUS TREATMENT 3 OR MORE TIMES IN 1 YEAR

- 36. SEPSIS
- 37. MENINGITIS
- 38. PNEUMONIA (non-PCP)
- 39. SEPTIC ARTHRITIS
- 40. ENDOCARDITIS

41. SINUSITIS, radiographically documented

6. **Other reported manifestations of HIV infections:**

Identify any manifestations of HIV infection (including the 41 diseases mentioned on the preceding two pages but without the specified findings described above, or other manifestations such as hepatomegaly, oral hairy leukoplakia, etc.) resulting in significant signs or symptoms (e.g. fatigue, fever, weight loss, pain, night sweats).

Please specify:

1. the patient's manifestations;
2. the approximate number of episodes occurring in the same 1-year period; and
3. the approximate duration of each episode.

If you need more space, attach an extra page.

MANIFESTATIONS	NO. OF EPISODES IN THE SAME 1-YEAR PERIOD	APPROXIMATE DURATION OF EACH EPISODE

AND

b. **ANY OF THE FOLLOWING:**

- Marked* restrictions of **ACTIVITIES OF DAILY LIVING**; or
- Marked difficulties in maintaining **SOCIAL FUNCTIONING**; or
- Marked difficulties in completing tasks in a timely manner due to deficiencies in **CONCENTRATION, PERSISTENCE, OR PACE**.

* Social Security has provided the following examples of persons with HIV who exhibit "marked" limitations in the above three categories: **activities of daily living:** an individual with HIV infection who, because of symptoms such as pain imposed by the illness or its treatment, is not able to maintain a household or take public transportation on a sustained basis or without assistance (even though he or she is able to perform some self-care activities) would have marked limitation of activities of daily living. **Social functioning:** an individual with HIV infection who, because of symptoms or pattern of exacerbation and remission caused by the illness or its treatment, cannot engage in social interaction on a sustained basis (even though he or she is able to communicate with close friends or relatives) would have marked difficulty maintaining social functioning. **Difficulties with concentration, persistence or pace:** an individual with HIV infection who, because of HIV-related fatigue or other symptoms, is unable to sustain concentration or pace adequate to complete simple work-related tasks (even though he or she is able to do routine activities of daily living)

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. 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"/>

G. 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

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

Date: _____

Signed: _____

Print Name: _____

Address: _____

Name _____

SSN _____

Please assess your patient's mental abilities within the context of the individual's capacity to sustain activities over a normal workday and workweek, on an ongoing basis in a competitive work environment.

THE HIGHER THE NUMBER THE GREATER THE DEGREE OF IMPAIRMENT.

- | | |
|----|---|
| 1. | able to perform designated task or function with no observable limits. |
| 2. | able to perform designated function, but has or will have noticeable difficulty (e.g., distracted from job activity) about 10% or less of a typical work day (up to about one hour/day). |
| 3. | able to perform designated function, but has or will have noticeable difficulty (distracted from job activity) about 15% of a typical work day (more than one hour/day). |
| 4. | able to perform designated function, but has or will have noticeable difficulty (distracted from job activity) about 20% of the work day (more than 1½ hours/day or about one day/week). |
| 5. | not able to perform designated function on regular, reliable, and sustained schedule basis. |

	1	2	3	4	5
Understand, remember and carry out <u>simple</u> , one- or two-step instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand, remember and carry out <u>detailed</u> instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain <u>attention and concentration</u> for at least two straight hours, a few times a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform activities within a schedule and be <u>punctual</u> within customary tolerances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustain ordinary routine without <u>special supervision</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete a normal workday/week without interruptions from symptoms which cause an unreasonable number (more than three/day) and length of <u>rest periods</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform <u>accurately</u> and at a <u>consistent pace</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accept instructions and respond appropriately to criticism from <u>supervisors</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in coordination with or proximity to <u>co-workers</u> without being distracted or distracting them or exhibiting behavioral extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deal with stresses of <u>skilled/semiskilled</u> work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact appropriately with the general <u>public</u>	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
<u>Travel</u> alone to workplace incl. use of public transportation	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Signature: _____

Date: _____