CROHN'S & COLITIS MEDICAL SOURCE STATEMENT

ron	n:		-					
Re:				_(Name of Patient)				
		(Social Security No.)						
		wer the following questions conductes, radiologist reports, laborate		ng your patient's impairments. Attach relevant nd test results as appropriate.				
	Frequ	Frequency and length of contact:						
	Diagnoses:							
	Prognosis:							
4.	Identify your patient's symptoms:							
		Chronic diarrhea		Anal fissures				
		Bloody diarrhea		Nausea				
		Abdominal pain and cramping		Peripheral arthritis				
		Fever		Kidney problems				
		Weight loss		Malaise				
		Loss of appetite		Fatigue				
		Bowel obstruction		Mucus in stool				
		Vomiting		Ineffective straining at stool				
		Abdominal distention		(rectal tenesmus)				
		Fistulas		Sweatiness				
	Othe	r:						
	If your patient has pain, characterize the nature, location, frequency, precipitating factors, and severity of your patient's pain:							
	-	pects of your patient's impairment rs, severity, frequency and duration		episodic, describe the nature, precipitating the episodic aspects:				
	Ident	ify the clinical findings and objec	tive	signs:				

			-	ness, dizziness		of medication, etc.:	that may
Have your months?	patient's	impairme	nts lasted or o	an they be exp		last at least two	elve
Do emotio		s contribu	ite to the sev	erity of your p		symptoms and a	functional
Identify an	y psycholo	ogical cor	nditions affect	ing your patie	nt's phys	sical condition:	
	Depression Somatofo Pyscholog physical	rm disord gical facto	ors affecting	☐ Anxiety ☐ Personali	ty disord	ler	
	• 1		1	stimate your pa	ntient's f	unctional limita	tions if
a. How m	any city b	locks can	your patient	walk?	_		
	Please circle the hours and/or minutes that your patient can sit <i>at one time</i> , e.g., before needing to get up, etc.						
S	it:	0 5 10	0 15 20 30 Minutes	<u>45</u>	1 2	More than 2 Hours	
	Please circle the hours and/or minutes that your patient can stand <i>at one time</i> , e.g., before needing to sit down, walk around, etc.						
S	tand:		15 20 30 4 Minutes	<u>5</u>	1 2	More than 2 Hours	
	Please indicate how long your patient can sit and stand/walk <i>total in an 8-hour working day</i> (with normal breaks):					r	
		Sit	Stand/walk	less than 2 ho about 2 hours about 4 hours at least 6 hou	S S		
	our patien g or walki		ob that permi	s shifting posit	tions <i>at</i> 1	will from sitting ☐ Yes	, D No
f. Does y	our patien	t need a jo	ob that permi	s ready access		troom?	
g. Will yo workin		sometime	es need to tak	e unscheduled		n breaks during No	a
Ifx	ies 1) ho	wy often c	lo you think t	his will hanner	.2		

	station for an average unscheduled restroom break?						
	3) how much advance notice does your patient have of the need for a restroom break?						
h. Will your patient also sometimes need to lie down or rest at unpredictable inter during a working day?					table intervals No		
If yes, 1) how <i>often</i> do you think this will happen?							
	2) how <i>long</i> (or have to rest b	n average) will before returnin		nt			
	nd other questions on this form, ' 6 to 33% of an 8-hour working day						
i. How many pounds can your patient lift and carry in a competitive work situation?							
	Less than 10 lbs. 10 lbs. 20 lbs. 50 lbs.	Never	Rarely	Occasionally	Frequently □ □ □ □ □		
j. How often can your patient perform the following activities?							
	Twist Stoop (bend) Crouch/ squat Climb ladders Climb stairs	Never	Rarely	Occasionally	Frequently □ □ □ □ □ □		
k.	k. How much is your patient likely to be "off task"? That is, what percentage of a workday would your patient's symptoms likely be severe enough to interfere with attention and concentration needed to perform even simple work tasks?				nterfere with		
	□ 0% □ 5% □	10% □	15% □	20% 🗆 2	25% or more		
1.	To what degree can your pa	tient tolerate v	work stress?				
	☐ Incapable of even "low stress" work ☐ Capable of low stress work ☐ Capable of moderate stress - normal work ☐ Capable of high stress work						
Please explain the reasons for your conclusion: _							
m.	Are your patient's impairments likely to produce "good days" and "bad days"? ☐ Yes ☐ No						
	f yes, assuming your patient was trying to work full time, please estimate, on the verage, how many days per month your patient is likely to be absent from work as a esult of the impairments or treatment:						
	☐ Never ☐ About one day per i ☐ About two days per	month	☐ About for	ree days per mon ur days per mon n four days per	th		

13.	demonstrated by signs, clinical finding	cal impairments plus any emotional impairments) as and laboratory or test results <i>reasonably consistent</i> tations described above in this evaluation? Yes No			
	If no, please explain:				
14.	Please describe any other limitations (such as limitations using hands, arms, fingers, psychological limitations, limited vision, difficulty hearing, need to avoid temperature extremes, wetness, humidity, noise, dust, fumes, gases or hazards, etc.) that would affect your patient's ability to work at a regular job on a sustained basis:				
Date	·	Signature			
	Printed/Typed Name:				
	Address:				
7-43					
8/09 §235.1					