

MENTAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

Name:				
Claim #:				
Date of Injury:				
What is the first date at which your patient's impairment(s) became "severe" meaning that his or her impairment(s) caused interference their ADL's or ability to work?				Date:
When did you begin treating the patient?				Date:
How frequently do you see your patient?				Date:

Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis. (Chapter 14.3e Class of Impairments Due to Mental and Behavioral Disorders)

Degrees of Functional Limitations defined:

1. None means no impairment is noted in the functions.
2. Mild implies that any discerned impairment is compatible with most useful functioning.
3. **Moderate** means that the identified impairments are compatible with **some, but not all**, useful functioning.
4. Marked is a level of impairment that significantly impedes useful functioning. Taken alone, a marked impairment would not completely preclude functioning, but together with marked limitation in another class, it might limit useful functioning.
5. Extreme means that the impairment or limitation is not compatible with useful function.

If appropriate, please choose one of the following definitions of "**off task**" for "**Moderate restriction**" you feel best describes your patient's **loss of useful function** expressed as percentile:

1. "Off task" 10% of the time over the course of an 8 hour day when performing the mental activity;
2. "Off task" 15% of the time over the course of an 8 hour day when performing the mental activity;
3. "Off task" 20% of the time over the course of an 8 hour day when performing the mental activity;
4. "Off task" 25% of the time over the course of an 8 hour day when performing the mental activity;
5. "Off task" ____% of the time over the course of an 8 hour day when performing the mental activity;

Assume that "off task" means an inability to perform the activity and/or a reduction in productivity over the course of an 8 hour work day.

Examples:

14.3c "Task completion refers to the ability to sustain focused attention long enough to permit the timely completion of tasks commonly found in activities of daily living or work settings."

14.3e An extreme limitation in concentration, persistence, and pace means that the individual cannot attend to conversation or any productive task;..."

1. UNDERSTANDING AND MEMORY	None	Mild	<u>Moderate</u>	Marked	Extreme
1 a. The ability to remember locations and work-like procedures.	<input type="checkbox"/>				
1 b. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>				
1 c. The ability to understand and remember detailed instructions.	<input type="checkbox"/>				
B. SUSTAINED CONCENTRATION & PERSISTENCE					
2 a. Carry out very short and simple instructions.	<input type="checkbox"/>				
2 b. Carry out detailed instructions.	<input type="checkbox"/>				

Mental Residual Functional Capacity Assessment

	None	Mild	<u>Moderate</u>	Marked	Extreme
2 c. Maintain attention and concentration for extended periods.	<input type="checkbox"/>				
2 d. The ability to perform activities within a schedule, maintain regular attendance and be punctual within customary tolerances.	<input type="checkbox"/>				
2 e. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>				
2 f. The ability to work in coordination with or proximity to others without being distracted by them.	<input type="checkbox"/>				
2 g. The ability to make simple work-related decisions.	<input type="checkbox"/>				
2 h. The ability to complete a normal workday and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>				
C. SOCIAL INTERACTION					
3 a. The ability to interact appropriately with the general public.	<input type="checkbox"/>				
3 b. The ability to ask simple questions or request assistance.	<input type="checkbox"/>				
3 c. The ability to accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>				
3 d. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>				
3 e. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	<input type="checkbox"/>				
D. ADAPTATION					
4 a. The ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>				
4 b. The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>				
4 c. The ability to travel in unfamiliar places or use public transportation.	<input type="checkbox"/>				
4 d. The ability to set realistic goals or make plans independently of others.	<input type="checkbox"/>				

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the report accurately describes the information provided to me and except as noted herein, that I believe it to be true. I also declare under the perjury that this physician has no violated section 139.3 of the Labor Code.

My opinions are expressed to a degree of medical probability, unless otherwise stated.

Signature of Physician _____ Date _____

Additional Comments: _____