URINARY AND FECAL INCONTINENCE

Name:	
Claim #:	
Date of Injury:	

Please Print Name of Medical Evaluator:		
Medical Specialty:		
What is the first date claimant's impairment(s) became "severe" meaning that they caused interference in ADL's or ability to work?	Date:	
When did you begin treating the claimant?	Date:	
How frequently do you see your claimant?	Date:	
Has any medication necessary to relieve and/or control pain and/or the underlying condition(s) been denied?	Yes ☐	No ☐
If yes, has the claimant's functionality decreased as a result of the denied medication(s)?	Yes ☐	No ☐
Does claimant experience any side effects from the medication(s) that has not been denied?	Yes ☐	No ☐
Given the aforementioned and within a reasonable degree of medical probability please address the following questions:		
Can the claimant reasonably be expected to engage in sustained competitive work 8 hours a day 5 days a week taking into account the totality of his/her functional limitations?	Yes ☐	No ☐

How many hours can claimant reasonably expect to sustain competitive work if vocationally and medically compatible work is identified? Hour(s) each day:	<1	1	2	3	4	5	6	7	8

URINARY INCONTINENCE

What type of **urinary** incontinence does your patient have, if any?

☐ Stress incontinence -- occurs during activities like coughing, sneezing, laughing, or exercise.

☐ Urge incontinence -- involves a strong, sudden need to urinate. The bladder squeezes and there is loss of urine. There is not enough time after the feeling of the need to urinate to get to the bathroom before urinating begins.

☐ Overflow incontinence -- occurs when the bladder cannot empty. This leads to dribbling.

☐ Mixed incontinence occurs when more than one type of urinary incontinence is present.

☐ Other:

Does your patient have urinary frequency?	Yes ☐	No ☐
If yes, please estimate approximately how often your patient must urinate: _____		
a) please estimate approximately how often your patient is incontinent:_____		
b) please estimate the volume of urine involved:_____		
What makes your patient's urinary frequency/ incontinence better?_____		
What makes your patient's urinary frequency/ incontinence worse?_____		
Are diapers and/or other protection medically required for urinary frequency/incontinence?	Yes ☐	No ☐
If yes please list:		
Approximately how often are diapers or other protection changed during an 8 hour day:		
Will your patient need to be close to a restroom?	Yes ☐	No ☐
If yes please estimate how close a restroom should be from the work station in feet?	Minutes?	
Please estimate how often your patient will need to use the restroom? Every Minutes Hour(s)		

FECAL INCONTINENCE

Does your patient have **fecal** incontinence?	Yes ☐	No ☐
If yes, please estimate approximately how often your patient is incontinent:		
What makes your patient's fecal incontinence better? _____ What makes your patient's fecal incontinence worse? _____		
Are diapers and/or other protection medically required for fecal incontinence?	Yes ☐	No ☐
If yes please list:		
Approximately how often are diapers and/or other protection changed during an 8 hour day:		
Will your patient need to be close to a restroom?	Yes ☐	No ☐
If yes please estimate how close a restroom should be from the work station in feet? Minutes?		
Please estimate how often your patient will need to use the restroom? Every Minutes Hour(s)		
Has your patient reported soiling his or her clothing due to urinary and/or fecal leakage? ☐ Yes ☐ No		
Is it more likely than not that your patient will soil his or her clothing due to urinary and/or fecal leakage? ☐ Yes ☐ No Other:		
If yes, approximately how often during an average month will leakage occur resulting in needing a change of clothing?		
Do you recommend that your patient keep a change of clothing available when leaving home? ☐ Yes ☐ No		

Are any of the following symptoms associated with your patient's condition?

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 (rectal tenesmus)
Abdominal distention	Sweatiness
Fistulas	Other:

Can accidental fecal leakage interfere with daily life?	Yes ☐	No ☐
If yes please explain?		
Is it likely that urinary or fecal incontinence will produce an odor?	Yes ☐	No ☐
Will urinary or fecal incontinence result in avoidance from social activities for fear of embarrassment?	Yes ☐	No ☐
Will rectal urgency, frequency, and/or urinary incontinence increase with coughing and/or sneezing?	Yes ☐	No ☐
Can ***stress*** provoke or urinary or fecal incontinence?	Yes ☐	No ☐

To what degree can your patient tolerate ***work stress*** as a result of urinary and/or fecal incontinence:	
Examples of factors that may precipitate work related stress: Interacting with the public, co-workers or supervisors. Meeting deadlines; working within a schedule; making decisions; exercising independent judgment; completing tasks; getting to work regularly. Maintaining necessary speed, precision and persistence and pace; complexity of the work and remaining at work for a full day.	
☐ Incapable of "low stress" jobs	☐ Capable of low stress jobs
☐ Moderate stress is okay	☐ Capable of high stress work

EXERTIONAL PHYSICAL DEMANDS: (SIT, STAND, WALK)

How many hours of a work day, 8 hours or otherwise, can claimant be expected to sustain competitive work:									
	<1	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Sit									
Stand									
Walk									
Drive									

EXERTIONAL PHYSICAL DEMANDS (LIFT, CARRY, PUSH AND PULL)

	LIFT/CARRY/PUSH/PULL				
	Not at all	Rarely <5 Min	Occasionally up to 1/3rd day	Frequently 1/3rd to 2/3rd day	Continuously 2/3rd day or more
< 10 pounds					
10 pounds					
11-20 pounds					
21-25 pounds					
26-50 pounds					

MEDICALLY REASONABLE ACTIVITES TO CONTROL SYMPTOMS

Allowance to alternate positions:			
A. Will claimant need an allowance to alternate positions at will?	Yes☐	No☐	Comments:
B. Will the allowance to alternate positions include the ability to sit, stand, and walk even if only a few steps and/or stretch?	Yes☐	No☐	

C. Please estimate the number of minutes and/or hours claimant is able to sit, stand, or walk ***at one time without interruption*** before needing to alternate or change positions:

Minutes/hours	<5	Up to 5min	Up to 10min	Up to 15min	Up to 20min	Up to 30min	Up to 45min	Up to 1 hour without a break	Up to 2 hours without a break
Sitting									
Walking									
Standing									

D. Please estimate the length of time needed before claimant can resume sitting, standing and walking

	<1 min	Up to 5 min	Up to 10 min	Up to 15 min	Other:
Sitting					Other:
Walking					Other:
Standing					Other:

Lie Down/RECLINE

Is there a reasonable medical probability that claimant will need to take **lie down or recline** from work activity during the workday? ☐ Yes ☐ No ☐ Other:
If yes can you estimate how *often* and for *how long* may he or she have to do so? About _____ minutes; every _____hour(s)

UNSCHEDULED BREAKS

Is there a reasonable medical probability that claimant will need to take unscheduled breaks during the workday due to urinary and/or fecal incontinence? ☐ Yes ☐ No ☐ Other:				
If yes can you estimate how *often* and for *how long* he or she may have to do so? About _____ minutes; every _____ hour(s)				
How often during a typical workday will claimant experience symptoms from urinary and/or fecal incontinence that may interfere with ***attention and concentration*** needed to perform even simple work tasks as a result of the combination of impairments?				
Not at all	**Rare** 1-5% day	**Occasionally** up to 1/3rd day	**Frequently** 1/3rd to 2/3rd day	**Continuously** 2/3rd day or more
☐	☐	☐	☐	☐
How often during a typical workday will urinary and/or fecal incontinence interfere with an ability to perform ***sustained and competitive work***?				
Not at all	**Rare** 1-5% day	**Occasionally** up to 1/3rd day	**Frequently** 1/3rd to 2/3rd day	**Continuously** 2/3rd day or more
☐	☐	☐	☐	☐
Will claimant have "good days" and "bad days"? ☐ Yes ☐ No ☐ Other:				
Please estimate, on average, how many days per month claimant is likely to be absent from work as a result of the urinary and/or fecal incontinence and/or treatment?				
☐ Never ☐ About one day per month ☐ About two days per month		☐ About three days per month ☐ About four days per month ☐ More than four days per month		

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: _____