	FATIGUE RFC					
Name:						
Claim #:						
Date of Injury:		T_				
What is the first date at which your patient's impairment(s) became "severe" meaning  Date:						
•	nent(s) caused interference their ADL's or ability to work?	D .				
When did you begin treating the patient?  How frequently do you see your patient?  Date:						
1 7	<u> </u>	Date:				
Please answer the follo	wing questions concerning your patient's disorders and associated he	ealth problems.				
1. Underlying dia	agnoses					
2. Prognosis:						
individual's remaining	addresses an individual's limitations and restrictions of physical ability to perform each of seven strength demands: Sitting, so pulling. An exertional limitation is an impairment-caused limit	tanding, walking, lifting				
a non-exertional limita hearing, speech, climb	ty considers any work-related limitations and restrictions that are ation is an impairment-caused limitation affecting such capacities along, balancing, stooping, kneeling, crouching, crawling, reaching I restrictions are also considered to be non-exertional.	as mental abilities, vision				
determines whether the exertional limitations of the exertional capacity at Likewise, symptoms,	of an individual's limitations and restrictions, not certain impaine individual will be found to have only exertional limitations or restrictions, or a combination of exertional and non-exertional hough mental impairments often affect non-exertional function affecting one of the seven strength demands; e.g., from fatigue including pain, are not intrinsically exertional or non-exertional; we seven strength demands, the limitation must be considered exertions.	or restrictions, only non limitations or restrictions <i>ns, they may also limite</i> or hysterical paralysis when a symptom causes a				
Is there a reasonable medical probability that your patient:						
Will experience <i>fatigue</i> due to <i>pain</i> ?						
Yes No Other:						
Will experience <i>fatigue</i> due to <i>depression</i> ?						
Yes No Other:						
Will experience fatigue due to the side effects of medication?						
Yes No Other:						
Will experience <i>fatigue</i> due to the underlying medical condition(s)?						
Yes No Other:						
Will experience fatigue	e due to any other medical condition(s).					
Yes No Ot	her:					
Will experience fatigu	e due to the combination, or the synergistic effect, of multiple fact	ors such as pain,				
depression, side effects of medication, if any, and the functional limitations of the underlying condition(s)						
	her:					
	ience fatigue due to hyper-somnolence from any of the following sy	mptoms and signs:				
(please check)						

Cataplexy	Sinus a	rrhythmia	Hypr	Hypnogogic phenomenon					
Insomnia	Extreme	Vent	Ventricular tachycardia						
Atrial flutter	Sleep p	Exce	ssive day	time sleep	iness				
Cognitive probler	ns Automa	Нуре	Hypercapnia						
Sleep apnea:	Obstruc	Cent	ral		Miz	xed			
Other									
		Reduced functi	onality due	to fatigu	ıe:				
How many hours of a	work day, 8 h		-			ıstain c	ompetitive v	work:	
<u> </u>	<1	1 2	3	4	5	6	7	8	
Sit									
Stand									
Walk									
Drive									
	EXERTIONA	L PHYSICAL I	DEMANDS	(lift_car	rv push	and pu	11)	ļ	
-			LI		ij, pasii	ана ра			
	Not at all	Rarely	Occasio		Freque	ntly	Continue	ouely	
	Not at all			- 1	1/3 <sup>rd</sup> to	•		-	
	1-5% day		up to 1/3	up to 1/3 <sup>rd</sup> day			2/3 <sup>rd</sup> day or mor		
. 10 1					day	<u>,                                      </u>			
< 10 pounds									
10 pounds									
11-20 pounds									
21-25 pounds									
26-50 pounds			CAT	DDX/					
	NI 4 11	D 1		RRY	г	41	- C +:	1	
	Not at all	Rarely	Occasio	- 1	Freque	-	Continue	-	
		1-5% day	up to 1/3	day	$1/3^{\rm rd}$ to		2/3 <sup>rd</sup> day o	or more	
					day	·			
< 10 pounds									
10 pounds									
11-20 pounds									
21-25 pounds									
26-50 pounds									
			PUSH/						
	Not at all	Rarely		1		Frequently Contin		-	
		1-5% day	up to 1/3	Brd day			2/3 <sup>rd</sup> day o	or more	
					day	·			
< 10 pounds									
10 pounds									
11-20 pounds									
21-25 pounds									
26-50 pounds									
Allowance to alternat									
A. Will claiman	t need an allow	vance to alternate j	positions at	Ye	s No	∐   C	omments:		
will?									
B. Will the allow	wance to altern	ate positions inclu	ide the ability	y Ye	s No				

to sit, stand, and walk even if only a few steps and/or

stretch?

	Suman		1001 01 1111	mutes and	d/or hours	s claiman	it is able t	o sit, sta	and, or w	alk <i>at one time</i>					
without	interri	uption be	efore need	ing to alt	ernate or	change p	ositions:								
Minutes/hours	<5	Up to	Up to	Up to	Up to	Up to	Up to	Up to 1 hour Up to 2		Up to 2 hours					
		5min	10min	15min	20min	30min	45min	without a without		without a break					
								br	eak						
Sitting															
Walking															
Standing															
D. Please e	stimate	the leng	gth of time	needed	before cla	aimant ca	an resume	sitting,	standing	and walking					
		min	Up to		Up to		Up to 1		<u> </u>						
Sitting			•		•		1		Other:						
Walking								Other:							
Standing									Other:						
9				UNSCH	IEDULE	D BREA	AKS								
Is there a reason	able m	edical n	rohahility					neduled	breaks fr	om work activity					
during the work			•		indine will	need to t	are anser	icaaica	or <b>ca</b> ns ii	om work activity					
If claimant need					ive or coi	ntrol pair	Can Voll	ectimat	how of	ton and for how					
long he or she m						tes; ever				ten and for now					
long he or she if	iay nav	e to do s					y ) FATIG	hou	(S)						
T .1		1. 1							1: 0						
Is there a reason		•					ake lie do	own or r	ecline fro	om work activity					
during the work															
If claimant needs to lie down or recline to relive or control pain can you estimate for how often and how long															
may he or she have to do so? About minutes; every hour(s)															
If your patient was placed in a competitive job, identify those aspects of workplace stress that your patient would be															
unable to perfor	m or b	e expose	ed to due to	o fatigue:											
Routine, repe	titive t	asks at co	onsistent p	ace						Routine, repetitive tasks at consistent pace					
Detailed or co	omplic	Detailed or complicated task													
Strict deadlines															
Fast paced tasks (e.g., production line)															
Fast paced tas															
Fast paced tas Exposure to v	sks (e.g	g., produc	ction line)	s or movi	ng machi	nery)									
Exposure to v	sks (e.g work ha	g., produc azards (e	ction line)				with the a	attentio	n and co	ncentration neede					
Exposure to v  If your patient ex	sks (e.g work ha perien	g., produc azards (e ces symp	ction line) g., heights otoms, incl	uding fat	igue, that	interfere									
Exposure to v	sks (e.g work ha periend simple	g., produc azards (e ces symp	ction line) g., heights otoms, incl	uding <i>fati</i> a typical	igue, that workday	interfere , please e	stimate th								
Exposure to v  If your patient exto perform even s	sks (e.g work ha periend simple	g., produc azards (e ces symp work tas	etion line) g., heights toms, incl ks, during Rare	uding fate a typical	igue, that workday Occasion	interfere , please e ally	stimate th Frequ	e frequuently	ency of in	nterference: Continuously					
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sleepiness, and often a general lack of energy and fatigue even after apparently adequate night time sleep that							
interfere with the ability needed to perform even simple work tasks, during a typical workday, please estimate the							
frequency of interference:							
Not at all	at all Rare Occasi		Frequently	Continuously			
Will claimant's impairments likely to produce "good days" and "bad days"? Yes No Other:							
If yes, please estimate, on average, how many days per month claimant is likely to be absent from work as a							
result of the impairments or treatment?							
Never		Abou	About three days per month				
About one day per m	onth	Abor	About four days per month				
About two days per month  More than four days per month							

## MENTAL ACTIVITIES THAT MAY BE ADVERSLY AFFECTED BY FATIGUE

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

- 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.

	None	Mild	Moderat	Marked	Extreme
			e		
Ability to perform tasks that require constant concentration,					
such as driving a vehicle to and from work.					
Ability to perform tasks that require constant concentration,					
such as operating machinery, equipment or electric operated					
tools.					
Ability to maintain concentration and attention for extended					
periods (the approximately 2-hour segments between arrival					
and first break, lunch, second break, and departure).					
Ability to perform activities within a schedule, maintain regular					
attendance, and be punctual within customary tolerances.					
Ability to sustain an ordinary routine over an eight hour work					
day.					
Ability to be aware of normal hazards and take appropriate					
precautions.					
Ability to complete a normal workday and workweek without					
interruptions from fatigue and perform at a consistent pace					
without an unreasonable number and length of rest periods.					
The ability to carry out repetitive and prolonged activities.					
The ability to carry out detailed instructions.					

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:				