

TREATING PHYSICIAN'S OPINION, BASED UPON OBJECTIVE MEDICAL FINDINGS, OF PATIENT'S RESIDUAL FUNCTIONAL CAPACITY

Patient:

SSN:

Patient's Symptoms: _____

Patient's Medical History: _____

Findings of Most Recent Examination: _____

Diagnoses: _____

Treatment: _____

In my medical opinion, out of an 8 hour work day this patient is able to (**circle answers**):

Standing at one time:

None 15 min 30 min 60 min 2 hrs 4 hrs

Sitting at one time:

None 15 min 30 min 60 min 2 hrs 4 hrs

Lifting on an *occasional* basis:

None 15 min 30 min 60 min 2 hrs 4 hrs

Lifting on a *frequent* basis:

None 15 min 30 min 60 min 2 hrs 4 hrs

Bending:

Never Occasionally Frequently Constantly

Stooping:

Never Occasionally Frequently Constantly

Balancing:

Never Occasionally Frequently Constantly

Manipulation of Right Hand:

Never Occasionally Frequently Constantly

Manipulation of Left Hand:

Never Occasionally Frequently Constantly

Raising Left Arm over Shoulder Level:

Never Occasionally Frequently Constantly

Raising Right Arm over Shoulder Level:

Never Occasionally Frequently Constantly

Need to elevate legs during 8 hour workday:

Never Occasionally Frequently Constantly

Number of days of work per month that patient would likely miss due to impairments:

None One Two More than two

In my opinion, the patient suffers from pain that is:

None Mild Moderate Severe Extreme

Comments: _____

Date: _____

Medical Provider Signature

Medical Provider Name Printed

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