

Patient's Name		Insured's ID (Prime No)	
SSN		Date of Birth	
Agency Use Only			
Program	Branch	Case Number	Wkr ID
Case Name		Date Completed	Filing Sec 5

Mental Residual Function Capacity Report

Mental Residual Function Capacity is evaluated using the following criteria based on the basic mental skills necessary to engage in competitive employment. A marked limitation would impair functioning to a greater extent than a moderate limitation.

In responding to the designated ratings of the following categories of mental functioning, it is essential that your responses and comments be based on your clinical assessment of the individual's current and past mental limitations and not on non-medical factors. For example, your assessment should not be based on such non-medical factors as the availability of job openings, the hiring practices of employers, cyclical economic conditions, technological changes in the work industry since the individual last worked, or upon the individual's preference not to do a particular type of work. (See, 20 CFR §§ 404.1566(c) and 416.966 (c)).

In responding to the ratings on this form, please do not include any limitations which you believe the individual has as a result of his or her alcoholism or drug addiction, if any. In other words, do not include limitations which would go away if the individual stopped using drugs or alcohol.

The following assessment form reflects the four criteria in Social Security Administration regulations concerning the basic mental demands of work. (See, 20 CFR §§ 404.1521 & 416.921). These four criteria, as well as those for other than "basic" mental abilities and aptitudes, are to be documented and evaluated in terms of the individual's maximum remaining ability to perform sustained work on a regular and continuing basis, i.e., 8 hours a day, for 5 days a week, or an equivalent work schedule.

DEFINITIONS OF RATING TERMS

- Not Significantly Limited:** No significant limitation in this area.
- Moderately Limited:** A limitation which seriously interferes with the individual's ability to perform the designated activity on a regular and sustained basis, i.e., 8 hours a day, 5 days a week, or an equivalent work schedule.
- Markedly Limited:** A limitation which precludes the ability to perform the designated activity on a regular and sustained basis, i.e., 8 hours a day, 5 days a week, or an equivalent work schedule.
- Unable to Determine:** Insufficient evidence to assess.

Using the above-listed DEFINITIONS OF RATING TERMS please assess the degree of limitation the individual experiences in the categories of mental functioning set out below by placing a check mark or X in the corresponding boxes.

Understanding and Memory

Limitation	Not Significantly Limited	Moderately Limited	Markedly Limited	Unable to Determine
1. The ability to remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sustained Concentration and Persistence

Limitation	Not Significantly Limited	Moderately Limited	Markedly Limited	Unable to Determine
4. The ability to carry out very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to work in coordination with or proximity to others without being distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The ability to make simple work related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Interaction

12. The ability to interact appropriately with the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The ability to ask simple questions or request assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The ability to accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The ability to get along with co-workers or peers without distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The ability to maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adaptation

17. The ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The ability to travel in unfamiliar places or use public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The ability to set realistic goals or make plans independently of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis

Prognosis

Has or will this person's condition last at least 12 months? Yes No

If NO, how long do you expect this condition to last?

Date of Disability Onset: _____ Is patient compliant with treatment? Yes No

Would you recommend physical evaluation? Yes No

Additional Comments:

Physician Name

Address

(Please print or type)

Signature

Date