## Mental Residual Functional Capacity Form/Medical Opinion Statement

Patient Name: Daniel Gupta Date of Birth: 6/16/1995

**Social Security #:** 909-99-9090

Please respond to the following questions regarding your patient's ability to perform work-related mental activities. When answering the questions, please be specific with regards to what evidence in your patient's records supports your opinion. This will be used as medical evidence for a Social Security disability claim or a private long-term disability claim.

## Section A: Medical History

1. When did you begin treating the patient?

September 9, 2023.

2. How often do you see the patient?

Once a month.

3. What is your current diagnosis of the patient's mental impairment(s)?

Major Neurocognitive Disorder Due to Traumatic Brain Injury

4. What symptoms or signs did you evaluate that led to your diagnosis?

Mr. Gupta experiences aphasia, a disorder resulting from damage to the area of the brain that controls speech and language. He speaks very slowly and often has trouble with word finding. Mr. Gupta also performed poorly on memory tests.

5. Were any tests, assessments, or evaluations performed that support your diagnosis?

Mr. Gupta scored well below the expected range for somebody of his age and education on both the Montreal Cognitive Assessment and Mini-Mental State examinations. A brain MRI confirmed damage to the temporal lobe.

6. What is your prognosis for the patient (good, fair, poor)?

Good. I am confident that over several years, Mr. Gupta can regain much of the speech and memory functions that he currently lacks. But he will need to continue his ongoing, intensive cognitive rehabilitation for quite some time.

. Are you aware of any physical medical condition that may contribute to the patient's mempairment?	_
If yes, please describe:	
8. What treatments has the patient undergone?	
Speech therapy and cognitive rehabilitation focusing on recovering his language at memory abilities.	nd
?. Is the patient compliant with treatment? $\underline{\checkmark}$ Yes	No
If no, please describe why your patient was unable to comply with treatment:	
0. What is the patient's highest GAF this past year? 70 Current GAF? 60	
Section B: Functional Limitations	
Based on your personal assessment of the patient, please circle the word that best describes the patient's functioning in the associated category, using the definitions provided below. Assume that these activities must be performed on a regular and ustained basis (40 hours per week).	
None: The patient can function independently in this area on a sustained basis.	

None: The patient can function independently in this area on a sustained basis.

Mild: The patient has slight limitations in sustained, independent functioning.

Moderate: The patient's ability to function independently in this area is fair.

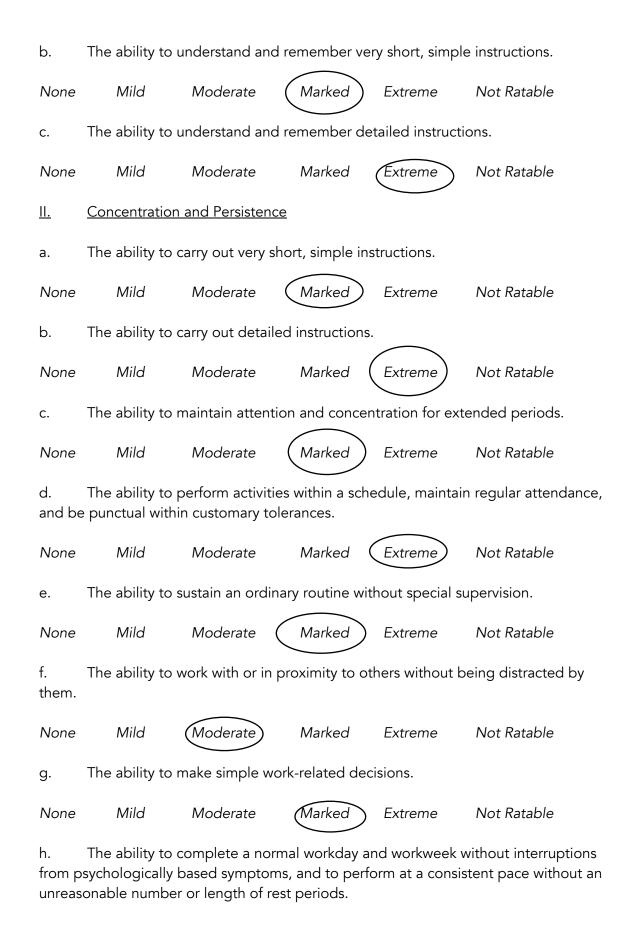
Marked: The patient' ability to function independently in this area is seriously limited.

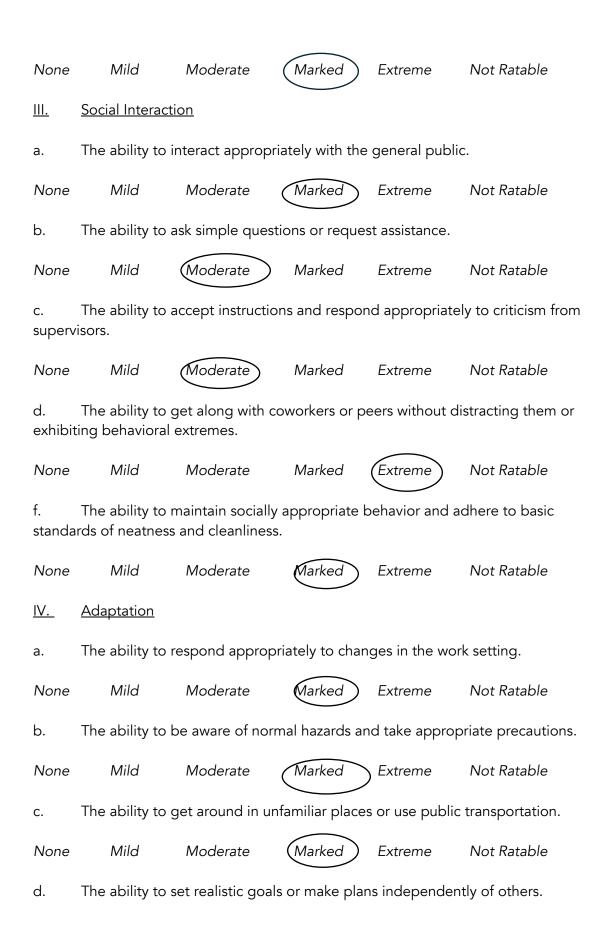
Extreme: The patient is unable to sustain function independently in this area.

Not Ratable: There is no evidence available to assess the ability to function.

- I. <u>Understanding and Memory</u>
- a. The ability to remember locations and work-like procedures.

None Mild Moderate Marked Extreme Not Ratable





None	Mild	Moderate	Marked	(Extreme	Not Ratable		
e. The ability to tolerate normal levels of stress.							
None	Mild	(Moderate)	Marked	Extreme	Not Ratable		
Section C: F	Professional	Observations					
11. Would you estimate that your patient's impairment will substantially interfere with the ability to work at least 20% of the time? ✓ YesNo							
12. How many days per month would your patient need to miss work due to symptoms of or treatment for the mental impairment?							
At lea	st three.						
13. Do you believe the patient can manage their own funds?Yes _ <u>V</u> No							
If no, please explain:							
Mr. Gupta struggles with numbers and simple mathematics.							
14. Does your patient have a history of drug or alcohol abuse? ✓ YesNo							
If yes, would your patient's symptoms exist or persist despite drug or alcohol use?  ✓ YesNo							
He has been sober for many years and his brain injury is unrelated to substance use.							
15. Does you	ır patient exag	gerate symptoms	s?		Yes _ <u>✔</u> No		
16. Do you e	xpect the pati	ent's limitations to	o last at least	one year?	<u>✓</u> YesNo		
17. On what	date did these	e limitations begir	1?				
The d	late of the acc	ident that caused	the brain trac	uma, June 30,	. 2023.		
	-	ur patient's limitat al evaluations as a		oly consistent	with the medical <u>✓</u> YesNo		

Doctor's Name and Signature: Barnabas Reynolds, M.D. Date: September 26, 2024

Doctor's Address: 26 Tillman Hwy, Tulsa, OK 74709