

# 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.*

7. Are you aware of any physical medical condition that may contribute to the patient's mental impairment? \_\_\_\_\_ Yes ☒ No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

8. What treatments has the patient undergone?

*Speech therapy and cognitive rehabilitation focusing on recovering his language and memory abilities.*

9. Is the patient compliant with treatment? ☒ Yes \_\_\_\_\_ No

If no, please describe why your patient was unable to comply with treatment:  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 sustained basis (40 hours per week).

*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's 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. Understanding and Memory

a. The ability to remember locations and work-like procedures.

None      Mild      Moderate      Marked      Extreme      Not Ratable

b. The ability to understand and remember very short, simple instructions.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

c. The ability to understand and remember detailed instructions.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

II. Concentration and Persistence

a. The ability to carry out very short, simple instructions.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

b. The ability to carry out detailed instructions.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

c. The ability to maintain attention and concentration for extended periods.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

d. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

e. The ability to sustain an ordinary routine without special supervision.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

f. The ability to work with or in proximity to others without being distracted by them.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

g. The ability to make simple work-related decisions.

*None*      *Mild*      *Moderate*      *Marked*      *Extreme*      *Not Ratable*

h. 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 or length of rest periods.

None      Mild      Moderate      Marked      Extreme      Not Ratable

III.      Social Interaction

a.      The ability to interact appropriately with the general public.

None      Mild      Moderate      Marked      Extreme      Not Ratable

b.      The ability to ask simple questions or request assistance.

None      Mild      Moderate      Marked      Extreme      Not Ratable

c.      The ability to accept instructions and respond appropriately to criticism from supervisors.

None      Mild      Moderate      Marked      Extreme      Not Ratable

d.      The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.

None      Mild      Moderate      Marked      Extreme      Not Ratable

f.      The ability to maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness.

None      Mild      Moderate      Marked      Extreme      Not Ratable

IV.      Adaptation

a.      The ability to respond appropriately to changes in the work setting.

None      Mild      Moderate      Marked      Extreme      Not Ratable

b.      The ability to be aware of normal hazards and take appropriate precautions.

None      Mild      Moderate      Marked      Extreme      Not Ratable

c.      The ability to get around in unfamiliar places or use public transportation.

None      Mild      Moderate      Marked      Extreme      Not Ratable

d.      The ability to set realistic goals or make plans independently of others.

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: 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? ✓ Yes \_\_\_\_ No

12. How many days per month would your patient need to miss work due to symptoms of or treatment for the mental impairment?

*At least three.*

13. Do you believe the patient can manage their own funds? \_\_\_\_ Yes ✓ 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? ✓ Yes \_\_\_\_ No

If yes, would your patient's symptoms exist or persist despite drug or alcohol use?

✓ Yes \_\_\_\_ No

*He has been sober for many years and his brain injury is unrelated to substance use.*

15. Does your patient exaggerate symptoms? \_\_\_\_ Yes ✓ No

16. Do you expect the patient's limitations to last at least one year? ✓ Yes \_\_\_\_ No

17. On what date did these limitations begin?

*The date of the accident that caused the brain trauma, June 30, 2023.*

18. In your opinion, are your patient's limitations reasonably consistent with the medical evidence and mental evaluations as a whole? ✓ Yes \_\_\_\_ No

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

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