Mental Residual Functional Capacity Form/Medical Opinion Statement

Patient Name: Ray Goldthorpe Date of Birth: 10/30/1981

Social Security #: 999-11-0000

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?

Ray's initial psychiatric intake form was dated April 27, 2022.

2. How often do you see the patient?

Every week via virtual teleconferencing.

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

Generalized Anxiety Disorder, Agoraphobia, and Panic Disorder.

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

In his intake form, Ray reported that he had begun feeling deeply uncomfortable leaving his house and fear of being around other people. Ray's thoughts, feelings, and behaviors indicated the anxiety disorders listed above.

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

Ray's psychological evaluation pinpointed several patterns of avoidance and feelings of panic characteristic of these anxiety disorders.

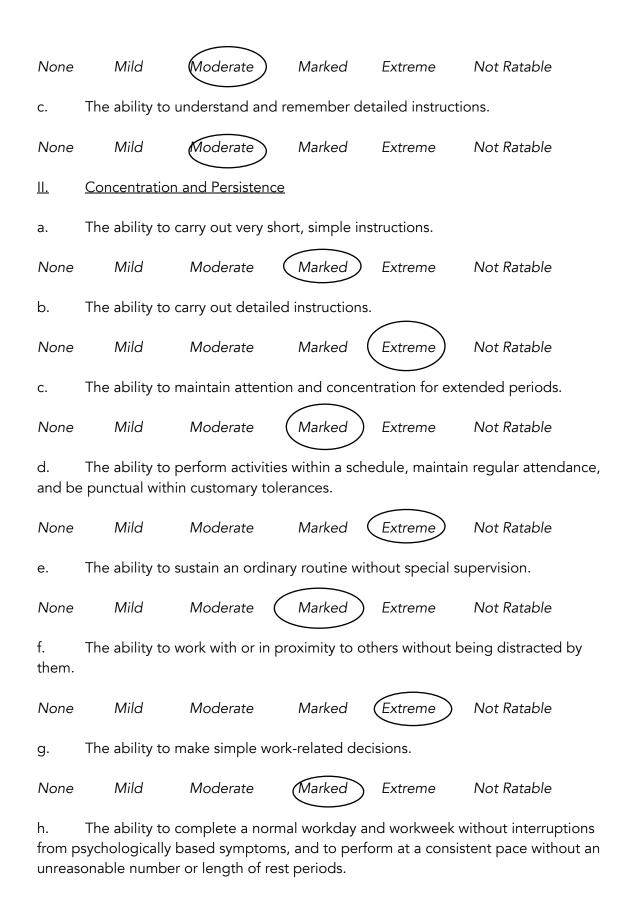
6. What is your prognosis for the patient (good, fair, poor)?

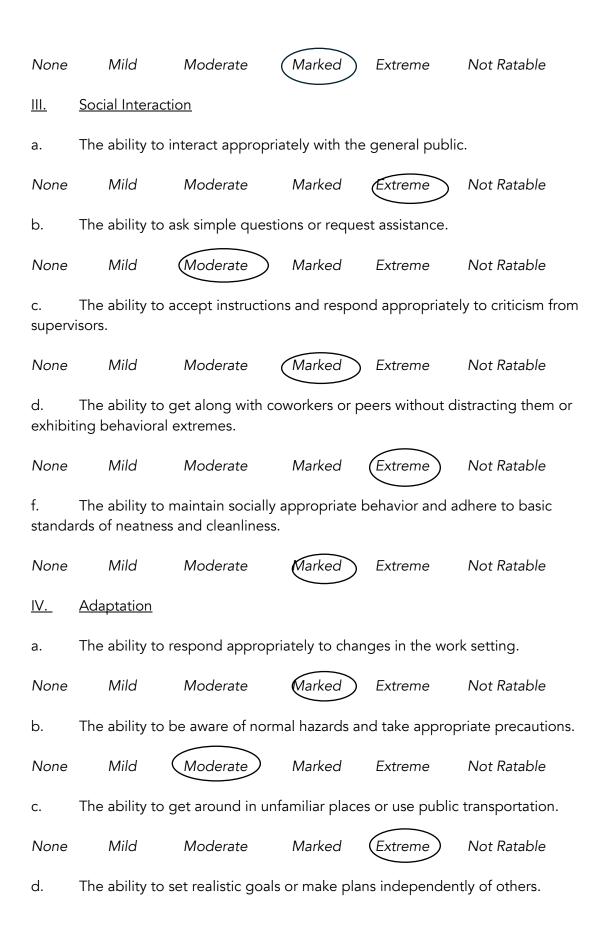
Fair. Ray is slowly but surely learning to manage his anxiety, but faces many social and economic hurdles that often cause setbacks.

7. Are you aw impairment?	are of any phys	sical medical con	dition that m	ay contribute	to the patient's mentalYes <u>V</u> No
If yes,	please describ	e:			
8. What treat	ments has the p	patient undergon	e?		
Anti-a	nxiety medicat	ions (Zoloft, Ativa	an, Klonopin)	and regular co	ounseling sessions.
9. Is the patie	nt compliant w	ith treatment?			<u>✓</u> YesNo
If no,	olease describe	why your patier	t was unable	to comply wit	:h treatment:
10. What is th	e patient's higl	hest GAF this pa	st year? <u>55</u>	Current GAF	
Section B: F	unctional Lim	nitations			
describes the provided be	e patient's fur	nctioning in the that these activi	associated o	category, usir	ne word that best ng the definitions on a regular and
Mild: The p Moderate: T Marked: The Extreme: The	atient has slig he patient's a patient' abili e patient is ur	action independ ght limitations in bility to function ty to function in able to sustain evidence availab	sustained, n independe dependentl function inc	independent ently in this a y in this area lependently i	functioning. rea is fair. is seriously limited. n this area.
<u>l.</u>	<u>Understandi</u>	ng and Memory	<u>′</u>		
a.	The ability to	remember locati	ons and work	c-like procedui	res.
None	Mild	Moderate	Marked	Extreme	Not Ratable

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

b.





	None	Mild	Moderate	(Marked)	Extreme	Not Ratable		
	e. The ability to tolerate normal levels of stress.							
	None	Mild	Moderate	Marked	Extreme	Not Ratable		
Sectio	n C: Profe	ssional Ob	servations					
	=	timate that yeast 20% of	•	mpairment will	substantially i	nterfere with the <u>✓</u> YesNo		
		rs per month mental impa	-	atient need to	miss work due	e to symptoms of or		
	More than	four.						
13. Do you believe the patient can manage their own funds? <u>✓</u> YesNo								
	If no, pleas	se explain:						
14. Do	es your pati	ient have a l	nistory of drug	or alcohol abu	se?	Yes _ <u>√</u> No		
	If yes, wou Yes _	-	ent's symptoms	s exist or persis	st despite drug	g or alcohol use?		
15. Does your patient exaggerate symptoms?Yes _ _ ✓						Yes _ <u>√</u> No		
16. Do	16. Do you expect the patient's limitations to last at least one year? <u>✓</u> YesNo							
17. On what date did these limitations begin?								
	On or likely	y before the	first time I trea	ated Ray in Apr	ril of 2022.			
18. ln y	. In your opinion, are your patient's limitations reasonably consistent with the medical evidence and mental evaluations as a whole?							
Doctor's Name and Signature: vivian Quincy, M.D. Date: September 26, 2024								
Doctor's Address: 9800 N. Carroll St., Suite 201, Montpelier, VT 01218								