

Mental Residual Functional Capacity Form/Medical Opinion Statement

Patient Name: Helena Tramell

Date of Birth: 11/30/1989

Social Security #: 999-99-0002

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?

April 18, 2020

2. How often do you see the patient?

We started with weekly telehealth check-ins during the COVID-19 lockdowns. After the emergency had ended, I began to see Ms. Tramell in person on a monthly basis in addition to the now bi-weekly telehealth counseling sessions.

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

Ms. Tramell has post-traumatic stress disorder (PTSD), severe, without psychosis.

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

Ms. Tramell meets the following diagnostic criteria for PTSD as required under the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5):

- She was directly exposed to death and serious injury of her friends and fellow servicemembers while on active duty in Afghanistan during Operation Enduring Freedom.*
- She persistently re-experiences the event and the circumstances surrounding the event as intrusive thoughts, nightmares, flashbacks, and emotional distress along with physical reactivity after exposure to reminders of the event.*
- She avoids trauma-related reminders, sometimes going to great lengths to avoid triggers.*
- She displays negative thoughts or feelings that began since the trauma, manifesting in at least two ways (overly negative thoughts and assumptions*

about the world, exaggerated blame of self for causing the trauma, and difficulty experiencing positive affect).

- She has trauma-related reactivity, including hypervigilance, a heightened startle reaction, irritability, and difficulty concentrating.

These symptoms have lasted for more than one month, create social distress and functional impairments, and are not due to medication, substance use, or other illness. Therefore, a diagnosis of PTSD was warranted.

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

Ms. Tramell self-reported her symptoms using the PCL-M (Post-traumatic Stress Disorder Checklist—Military). Based on her responses, I then performed a structured clinical interview (the Clinician-Administered PTSD Scale, or CAPS-5).

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

Fair. The COVID-19 pandemic set back Ms. Tramell's progress to a significant degree, as it exacerbated feelings of hypervigilance and intrusive thoughts. Since the end of the pandemic Ms. Tramell has slowly returned to a symptom baseline that is somewhat more severe than her symptoms had been before the start of the health crisis.

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?

Ms. Tramell's symptoms have been treated with a combination of evidence-based therapies (such as cognitive processing therapy, prolonged exposure, and eye movement desensitization and reprocessing) and selective serotonin or serotonin-norepinephrine medications (such as sertraline/Zoloft, paroxetine/Paxil, fluoxetine/Prozac, and venlafaxine/Effexor).

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 score this past year? 55 Current GAF? 41

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

Ms. Tramell has significant difficulty maintaining concentration on even basic tasks. It is difficult to find a workspace that she feels comfortable enough to focus in. She would be easily distracted by intrusive thoughts about coworkers conspiring against her, but if she is left by herself, she will become hypervigilant about trauma-related scenarios that

preoccupy her mental focus. Ms. Tramell demonstrates a low tolerance for even slight stressors and is often irritable with others. She would often leave the work station to perform "safety checks" and make sure she is away from dangers.

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

Between 2-3 days per month during particularly intense episodes of trauma-related symptoms.

13. Do you believe the patient can manage their own funds? ☒ Yes ☐ No

If no, please explain:

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

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?

On or before the date Ms. Tramell established treatment at my clinic, April 18, 2020.

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: Ronald Selwin, M.D., Psy.D. **Date:** January 28, 2025

Ronald Selwin.

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