LEUKEMIA
MEDICAL ASSESSMENT FORM

TO: Dr._____

RE: _____

SSN: _____

Please answer all the following questions concerning your patient's leukemia and other health problems. *Attach all relevant treatment notes, laboratory and test results, which have not been provided previously to the Social Security Administration.*

1. Date began treatment: _____ Frequency of tx: _____

2. Does your patient exhibit leukemia? ☐ Yes ☐ No

   A. If yes, please identify the type of leukemia:

   ☐ CLL ☐ CLM ☐ ALL ☐ ANLL ☐ _____

   B. Other diagnoses: _____
   _____

3. Prognosis: _____

4. Identify any **signs and symptoms** that your patient exhibits due to his/her impairments:

☐ anorexia/weight loss	☐ weakness	☐ chronic headaches
☐ lower extremity edema	☐ easy bruisability	☐ dyspnea on exertion
☐ recurrent fevers	☐ bone/joint pain	☐ nausea/vomiting
☐ disturbed sleep	☐ pain/paresthesias	☐ progressive lymphoma
☐ granulocytopenia	☐ thrombocytopenia	☐ spontaneous hemorrhage
☐ chronic severe anemia	☐ irritability	☐ sense of abdominal fullness

☐ recurrent systemic bacterial infections
☐ persistent or relapsing debilitating fatigue/lethargy
☐ meningeal infiltration with increased intracranial pressure
☐ other: _____

5. Identify (or attach) positive clinical findings and test results (e.g., bone marrow, Epstein-Barr virus, cerebrospinal fluid examination, peripheral blood studies): _____
   _____

6. Does your patient experience symptoms which interfere with the **attention and concentration** needed to perform even simple work tasks, so that if your patient was working s/he would likely be **"off task" at least 15%** of the time? ☐ Yes ☐ No

7. If your patient was placed in a competitive job, identify those aspects of **workplace stress** that your patient would be **unable to perform** or be exposed to:
   - ☐ routine, repetitive tasks at consistent pace
   - ☐ detailed or complicated tasks
   - ☐ frequent interaction with coworkers/supervisors/public
   - ☐ fast-paced tasks (e.g., production line)

8. Identify any **side effects** of any medications which may have implications for working:
   ☐ drowsiness/sedation ☐ other: _____

9. As a result of your patient's impairment(s), estimate your patient's functional limitations assuming your patient was placed in a competitive work situation on an ongoing basis:

   A. How many city blocks can the patient **walk** without rest or severe pain? _____

   B. Please circle the hours and/or minutes that your patient can *continuously* **sit and stand** *at one time:*

      1. **Sit:** 0 5 10 15 20 30 45 Minutes 1 2 More than 2 Hours

      What must your patient usually do after sitting this long?
      ☐ walk ☐ stand ☐ lie down ☐ other: _____

      2. **Stand:** 0 5 10 20 30 45 Minutes 1 2 More than 2 Hours

      What must your patient usually do after standing this long?
      ☐ walk ☐ sit ☐ lie down ☐ other: _____

   C. Please indicate how long your patient can sit and stand/walk *total in an eight-hour work day* (with normal breaks)?

Sit	**Stand/Walk**	
☐	☐	less than 2 hours
☐	☐	about 2 hours
☐	☐	about 4 hours
☐	☐	at least 6 hours

   D. Due to your patient's impairment(s), if your patient will sometimes need to take unscheduled **breaks** (for at least several minutes duration) during an average eight-hour workday, **how many times** during an average workday do you expect this to happen?

      0 1 2 3 4 5 6 7 8 9 10 more than 10

E. Due to your patient's symptoms/treatment, should your patient **elevate leg(s)** at least two hours during a typical eight-hour daytime period? ☐ Yes ☐ No

If yes, how high should leg(s) typically be elevated:

☐ at or above heart level ☐ waist level
☐ between heart and waist level ☐ below waist level

F. How many pounds can the patient **lift and carry** in a competitive work situation?

	Never	**Rarely**	**Occasionally**	**Frequently**
Less than 10 lbs.		☐	☐	☐
10 lbs.	☐	☐	☐	☐
20 lbs.	☐	☐	☐	☐
50 lbs.	☐	☐	☐	☐

G. If your patient has significant limitations with **reaching, handling or fingering,** please estimate the percentage of time during an eight-hour workday that your patient can use hands/fingers/arms for the following activities:

	HANDS: Grasp, Turn Twist Objects	**FINGERS: Fine Manipulations**	**ARMS: Reaching (inc. Overhead)**
Right	_____%	_____%	_____%
Left	_____%	_____%	_____%

H. Imagine that your patient was hired to perform competitive full-time work. Please estimate, on average, how often your patient would experience "bad days" so that your patient would be **absent** from work as a result of the impairment(s) or treatment:

☐ never/*less than once* a month ☐ about *four* days a month
☐ about *once or twice* a month ☐ *more than four* days a month
☐ about *three* days a month

Date: _____ Signed: _____

Print Name: _____
Address: _____