PHYSICAL ASSESSMENT FORM-ADULT
Dravet Syndrome & 11.02 Epilepsy

Patient Name: _____ DOB: _____

To:

To assist the Social Security Administration assess the severity of your patient's impairment, please complete the following, based on your professional opinion.

I. BASIS FOR MEDICAL OPINION

☐ I have been treating this patient for ____ years / months / days (circle one)

OR

☐ I am not this patient's treating physician, but I examined this patient on the following date(s):

II. DRAVET SYNDROME

	Yes	No
A. Has your patient been diagnosed with a mutation of the SCN1A gene?	☐	☐
B. Do you have a clinical history and examination to support your diagnosis?	☐	☐
a. Did your findings include physical and cognitive impairment?	☐	☐

If yes, please identify: _____

_____

_____

C. Did your physical findings include any of the following:

a. Ataxia	☐	☐
b. Dysarthria	☐	☐
c. Intention tremor	☐	☐
d. Abnormal eye movement disorder	☐	☐
D. Did your patient have an EEG as part of the clinical testing?	☐	☐
E. Did your patient have a CT, MRI or PET scan as part of the clinical testing?	☐	☐
F. Did your patient have lab testing to rule out other causes for seizures?	☐	☐

II. ASSESSMENT OF LISTING-LEVEL SEVERITY IMPAIRMENT-EPILEPSY

a. For the following, assume “marked” limitation to mean: the fourth point on a five-point scale consisting of no limitation, mild limitation, moderate limitation, marked limitation, and extreme limitation. As long as the degree of limitation seriously limits your ability to independently initiate, sustain, and complete work-related physical activities. Or as long as the degree of limitation seriously limits your ability to function independently, appropriately, and effectively on a sustained basis, and complete work-related mental activities.

b. There may be a marked limitation in physical functioning when neurological disease process cause persistent or intermittent symptoms that affect the ability to independently initiate, sustain, and complete work-related activities, such as standing, balancing, walking, using both upper extremities for fine and gross movements, or results in limitations in using one upper and one lower extremity. The persistent and intermittent symptoms must result in a serious limitation in the ability to do a task or activity on a sustained basis. SSA does not define "marked" by a specific number of different physical activities or tasks that demonstrate the ability, but by the overall effects of neurological symptoms on the ability to perform such physical activities on a consistent and sustained basis. There need not be total preclusion from performing a function or activity to have a marked limitation, as long as the degree of limitation seriously limits the ability to independently initiate, sustain, and complete work-related physical activities.

c. There may be a marked limitation in mental functioning when, due to the signs and symptoms of a neurological disorder, an individual is seriously limited in the ability to function independently, appropriately, effectively, and on a sustained basis in work settings. SSA does not define “marked” by a specific number of mental activities, such as: the number of activities that demonstrate the ability to understand, remember, and apply information; the number of tasks that demonstrate the ability to interact with others; a specific number of tasks that demonstrate the ability to concentrate, persist or maintain pace; or a specific number of tasks that demonstrate the ability to manage oneself. There may be a marked limitation in mental functioning when several activities or functions are impaired, or even when only one is impaired. There need not be total preclusion from performing an activity to have a marked limitation, as long as the degree of limitation seriously limits the ability to function independently, appropriately, and effectively on a sustained basis, and complete work-related mental activities.

	Yes	**No**
Does your patient have Epilepsy?	☐	☐

If yes, what was the date of diagnosis? _____

Does your patient suffer from the following:

		Yes	No
A.	Generalized tonic-clonic seizures, occurring at least once a month for at least 3 consecutive months despite adherence to prescribed treatment.	☐	☐

OR

B.	Dyscognitive seizures, occurring at least once a week for at least 3 consecutive months despite adherence to prescribed treatment.	☐	☐

OR

C.	Generalized tonic-clonic seizures, occurring at least once every 2 months for at least 4 consecutive months despite adherence to prescribed treatment; and a marked limitation in one of the following:	☐	☐
1.	Physical functioning (ability, such as independently initiating, sustaining, and completing the following activities: standing up from a seated position, balancing while standing or walking, or using both your upper extremities for fine and gross movements. may also include functions of the body that support motor abilities, such as the abilities to see, breathe, and swallow); or	☐	☐
2.	Understanding, remembering, or applying information (ability to learn, recall, and use information to perform work activities); or	☐	☐
3.	Interacting with others (ability to relate to and work with supervisors, co-workers, and the public); or	☐	☐
4.	Concentrating, persisting, or maintaining pace (ability to focus attention on work activities and to stay on-task at a sustained rate); or	☐	☐
5.	Adapting or managing oneself (ability to regulate emotions, control behavior, and maintain well-being in a work setting).	☐	☐

OR

		Yes	No
D.	Dyscognitive seizures, occurring at least once every 2 weeks for at least 3 consecutive months despite adherence to prescribed treatment; and a marked limitation in one of the following:	☐	☐
1.	Physical functioning (ability, such as independently initiating, sustaining, and completing the following activities: standing up from a seated position, balancing while standing or walking, or using both your upper extremities for fine and gross movements. may also include	☐	☐

functions of the body that support motor abilities, such as the abilities to see, breathe, and swallow); or

2. Understanding, remembering, or applying information (ability to learn, recall, and use information to perform work activities); or ☐ ☐

3. Interacting with others (ability to relate to and work with supervisors, co-workers, and the public); or ☐ ☐

4. Concentrating, persisting, or maintaining pace (ability to focus attention on work activities and to stay on-task at a sustained rate); or ☐ ☐

5. Adapting or managing oneself (ability to regulate emotions, control behavior, and maintain well-being in a work setting). ☐ ☐

On average, how often do you anticipate your patient's impairment and treatments would cause the patient to be absent from scheduled work on a monthly basis?

☐ Once ☐ 2 times ☐ 3 times ☐ 4 times ☐ more than 4 times

III. COMMENTS

In the space below, or if you prefer, in a separate letter, please provide any explanation or comments you deem necessary, including references to your patient's medical history, clinical findings, laboratory findings, diagnoses, treatment prescribed, response to treatment and prognosis.

SIGNATURE: _____ **Date:** _____