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| Claimant’s Name: |  |  | Physician: |  |
| SSN: |  |  | Technician: |  |
| Patient No: |  |  | Unit: |  |

Medical information is needed to establish your patient’s eligibility under the disability provisions of the Retirement System Administration. The information must be sufficiently detailed to enable a reviewing physician to make an independent determination as to severity and duration of the impairment. Please answer the question below on information available in your records.

**Circle the appropriate number under each**

**Symptom or area of involvement.**

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| **BRADYKINESIA OF HAND**  **INCLUDING HANDWRITING**   1. **No involvement.** 2. **Detectable slowing of the supination-pronation rate evidenced by beginning difficulty in handling tools, buttoning clothes, and with handwriting.** 3. **Moderate slowing of supination-pronation rate, one or both sides, evidenced by moderate impairment of hand function. Handwriting is greatly impaired, micrographia present.** 4. **Severe slowing of supination-pronation rate, unable to write or button clothes, marked difficulty in handling utensils.**  RIGIDITYNon- detectableDetectable rigidity in neck and shoulders. Activation phenomenon is present. One or both arms show mild, negative, resting rigidity.Moderate rigidity in neck and shoulders. Resting rigidity is positive when patient not on medication.Severe rigidity in neck and shoulders. Resting rigidity cannot be reversed by medication.GAIT  1. **Steps out well with 18-30 inch stride. Turns about effortlessly.** 2. **Gait Shortened to 12-18 inch stride. Beginning to strike one heel. Turn around time slowing. Requires several steps.** 3. **Stride moderately shortened-now 6-12 inches. Both heels beginning to strike floor forcefully.** 4. **Onset of shuffling gait, steps less than 3 inches. Occasional stuttering-type or blocking gait. Walks on toes-turns around very slowly.**  TREMOR  1. **No detectable tremor found.** 2. **Less than one inch of peak tremor movement observed in limbs or head at rest or in either hand while walking or during fingers to nose testing.** 3. **Maximum tremor envelope fails to exceed 4 inches. Tremor is severe but not constant and patient retains some control of hands.** 4. **Tremor envelope exceeds 4 inches. Tremor is constant and severe. Patient cannot get free of tremor while awake unless it is a pure cerebellar type. Writing and feeding himself are impossible.**  FACIES  1. **Normal Full animation No stare.** 2. **Detectable immobility. Mouth remains closed. Beginning feature of anxiety or depression.** 3. **Moderate immobility. Emotion breaks through at markedly increased threshold. Lips parted some of the time. Moderated appearance of anxiety or depression. Drooling may be present.** 4. **Frozen facies. Mouth open ¼ inch or more. Drooling may be severe.**  SEBORRHEA  1. **None.** 2. **Increased perspiration, secretion remaining thin.** 3. **Obvious oiliness present. Secretion much thicker.** 4. **Marked seborrhea, entire face and head covered by thick secretion.** | POSTURE  1. **Normal posture, head flexed forward less than 4 inches.** 2. **Beginning poker spine. Head flexed forward up to 5 inches.** 3. **Beginning arm flexion. Head flexed forward up to 6 inches. One or both arms raised but still below waist.** 4. **Onset of simian posture. Head flexed forward more than 6 inches. One or both hands elevated above the waist. Sharp flexion of hand, beginning interphalangeal extension. Beginning flexion of knees.**  UPPER EXTREMITY SWINGSwing both arms well.  1. **One arm definitely decreased in amount of swing.** 2. **One arms fails to swing.** 3. **Both arms fail to swing.**  SPEECH  1. **Clear, loud, resonant, easily understood.** 2. **Beginning of hoarsened with loss of inflection and resonance. Good volume and still easily understood.** 3. **Moderate hoarseness and weakness. Constant monotone, unvaried pitch. Beginning of dysarthria, hesitancy, stuttering, difficult understand.** 4. **Marked harshness and weakness. Very difficult to hear and to understand.**  SELF-CARENO impairment.Still provides full self-care but rate dressing definitely impeded. Able to live alone and often self employable.  1. **Requires help un certain critical areas, such as turning in bed, rising from chairs, etc. Very slow performing most activities but manages by taking much time.** 2. **Continuously disabled. Unable to dress, feed himself, or walk alone.**  BRADYKINESIA OF HANDSINCLUDING HANDWRITING \_\_\_\_\_\_\_\_  RIGIDITY \_\_\_\_\_\_\_\_ **GAIT \_\_\_\_\_\_\_\_**  **TREMOR \_\_\_\_\_\_\_\_**  **FACIES \_\_\_\_\_\_\_\_**  SEBORRHEA \_\_\_\_\_\_\_\_    POSTURE \_\_\_\_\_\_\_\_  UPPER EXTREMITY SWING \_\_\_\_\_\_\_\_  **SPEECH \_\_\_\_\_\_\_\_**    **SELF-CARE \_\_\_\_\_\_\_\_**  **OVERALL**  DISABILITY TOTAL \_\_\_\_\_\_\_  TOTAL VALUE OF  1-10 –early illness  11-20 –moderate disability  **21-30 –severe or advanced disease** |

Actual treatment

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Additional comments

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|  |  |  |
| Physician’s Print Name |  | Physician Signature |
|  |  |  |
| Specialty |  | Date (month/day/year) |
|  |  |  |
| License Number |  | Office Hours |
|  |  |  |
|  |  | Telephone Number |

**Conservation: Equal to the file which it constitutes part.**