

Review of Medical Evidence

ASSIGNED CONTRACTOR		REFERRING DISABILITY SPECIALIST	
Client Data			
CLIENT NAME	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CLIENT IDENTIFICATION NUMBER	BIRTHDATE
		DATE OF REFERRAL	COMPLETION DATE
Application Data			
Check the appropriate documents below which are included with the referral:			
<input type="checkbox"/> Mental Severity Assignment <input type="checkbox"/> Physical Severity Assignment <input type="checkbox"/> Mental Functional Assessment <input type="checkbox"/> Physical Functional Assessment <input type="checkbox"/> Personal Observations <input type="checkbox"/> HCS CARE Assessment	<input type="checkbox"/> Medical Reports: _____ _____ _____ _____	DATE OF REPORT _____ _____ _____ _____	
Onset date: _____ Duration: _____	COMMENTS 		
Contractor Review of Medical Evidence			
Instructions: Review the attached medical evidence and answer the following questions regarding the information recorded in the Disability / Incapacity Determination section of the Review of Medical Evidence referral.			
1. Are the diagnoses supported by available objective medical evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially. If no or partially, provide rationale:			
2. Are the severity and functional limitations supported by available objective medical evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list specific adjustment(s) to the functional limitation table and provide rationale:			
3. Based on available medical evidence, is the individual primarily impaired due to substance abuse or chemical dependency? <input type="checkbox"/> Yes <input type="checkbox"/> No Rationale:			
4. If primarily impaired due to substance abuse or chemical dependency, would the impairment be expected to persist following 60 days of sobriety? <input type="checkbox"/> Yes <input type="checkbox"/> No Rationale:			

5. Duration is the number of months the impairment is expected to persist.

Is the duration consistent with available medical evidence? Yes No

If no, what duration is supported by the overall medical evidence?

_____ Months. Rationale:

6. The disability onset date is the date the impairment became disabling, not the date the condition or symptoms began. The onset date must be supported by both objective medical evidence and available documentation.

Is the onset date supported by available medical evidence? Yes No

If no, what onset date is supported by available medical evidence? Date: _____

Rationale: