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|  | **Review of Medical Evidence** | | | | | |
| ASSIGNED CONTRACTOR | | | | | REFERRING DISABILITY SPECIALIST | |
| **Client Data** | | | | | | |
| CLIENT NAME | | | | CLIENT IDENTIFICATION NUMBER | | BIRTHDATE |
| DATE OF REFERRAL | | COMPLETION DATE |
| **Application Data** | | | | | | |
| Check the appropriate documents below which are included with the referral: | | | | | | |
| Mental Severity Assignment  Physical Severity Assignment  Mental Functional Assessment  Physical Functional Assessment  Personal Observations  HCS CARE Assessment | | 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?  Yes  No  Partially. If no or partially, provide rationale: | | | | | | |
| 1. Are the severity and functional limitations supported by available objective medical evidence?   Yes  No  Partially If no or partially, list specific adjustment(s) to the functional limitation table and provide rationale: | | | | | | |
| 1. Based on available medical evidence, is the individual primarily impaired due to substance use?  Yes  No Rationale: | | | | | | |
| 1. If primarily impaired due to substance use, would the impairment be expected to persist following 60 days of sobriety?  Yes  No Rationale: | | | | | | |
| 1. Duration is the number of months the impairment is expected to persist with available medical treatment.   Is the duration consistent with available medical evidence?  Yes  No If no, what duration is supported by the overall medical evidence?  Months. Rationale: | | | | | | |
| 1. The onset date is the date the impairment began to have a significant impact on one or more basic work activities, not the date the condition or symptoms began. The onset date must be supported by 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: | | | | | | |