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Dear Member of the Parkinson's Disease Community,

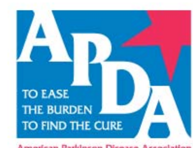
Together, we are asking for your help in distributing a very important form for the Parkinson's disease community. Each of our organizations has heard from people with Parkinson's disease regarding the difficulty of applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). While there can be many reasons for denial of SSDI or SSI benefits, one all too common reason is that the patient medical record, generally reviewed as part of the application process, does not contain enough information about the applicant's symptoms of Parkinson's disease that interfere with the ability to work.

To address this serious problem in our community, the Parkinson's Action Network (PAN) worked with clinicians and people living with Parkinson's to create a comprehensive form to document information about Parkinson's symptoms that may be helpful to Social Security reviewers during the application process. It is important to note that this form is designed to supplement the patient's medical record. It is not a Social Security Administration form and does not replace or change the Social Security application. A copy of the form is attached. An electronic version can also be found at http://www.parkinsonsaction.org/PDForm. The form was developed through a grant from Solvay Pharmaceuticals (now Abbott).

We are united in the effort to distribute this new form as widely as possible within the patient and doctor/neurologist communities. It is our goal that this form be available to further document disability for anyone who is considering applying for SSDI or SSI. Even for those who may not apply for disability benefits, this form may be useful for tracking symptoms and progression.

We ask that all members of the community help us raise awareness and distribute this new form. For example, ask that people who receive this form take it to doctor's appointments and fill it out. They can also discuss it with their doctors, share copies with members of their support groups, and/or tell others via online social networks. Feel free to use your own ideas about how to help us. Distributing the form to people living with Parkinson's, caregivers/carepartners, doctors, support groups, and online communities is essential in assuring that the form makes it into the hands of patients and doctors and ultimately into medical records. If you have suggestions for additional distribution, please contact us at info@parkinsonsaction.org or call (800) 850-4726.

We thank you very much for any help you can give us in widely distributing the attached form. It is crucial that, as a community, we do everything we can to help those for whom this devastating disease has disrupted their ability to work and support themselves and their families.



Parkinson’s Disease Work-Related Disability Assessment

Through our work in the Parkinson’s community, the Parkinson's Action Network has learned that people with Parkinson’s may have trouble receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits due to inadequate documentation of symptoms in their medical record. The purpose of this form is to ensure that information that may be relevant to how Parkinson’s disease affects your ability to work is included in your medical record, particularly if you think you may apply for SSDI or SSI. This form may also aid in conversation of symptoms not as commonly discussed with a physician related to a patient’s ability to work. This form is not intended to offer or replace individual legal or other professional advice and should be used at your own discretion.

This form is not a Social Security Administration (SSA) form and does not replace or change the Social Security application. For more information about applying for SSDI or SSI, please visit http://www.socialsecurity.gov/. The SSA Parkinson’s disability evaluation definition is available on the Web at http://www.ssa.gov/disability/professionals/bluebook/11.00-Neurological-Adult.htm.

This form may be completed by you (patient) or by your doctor and kept by your doctor in your medical record. Instructions for each are below.

Patients:

This form is designed to ensure that important medical information, from your perspective, is included in your medical record.

- Indicate who is completing the form.
- Complete the form before your doctor’s visit and bring it with you. You might wish to keep a copy for your personal records.
- In the space indicated below each block of questions, please briefly explain your answers.
- During your doctor’s visit, please ask your doctor to add his or her observations in the “Physician Comment/Observation” field.
- Sign and date the form and ask that your doctor do the same.
- Ask your doctor to include this form in your medical record.

Physicians:

This form is designed to ensure that important medical information about your patient is included in his or her medical record. Please discuss these symptoms with your patient and use the space provided to comment or provide your observations.

- Indicate who is completing the form.
- You may choose to ask your patient the questions as written or complete the form at the end of the visit based on the entirety of your observations and discussions.
- Fill out the “Physician Comment/Observation” field appearing at the end of each section, as appropriate.
- Sign and date the form and ask that your patient do the same.
- Include this form in your patient’s medical record.

This form is available at http://www.parkinsonsaction.org/PDform or by contacting the Parkinson’s Action Network at (800) 850-4726 or info@parkinsonsaction.org.

Created by:

With generous support from:

Solvay Pharmaceuticals, Inc.,
now part of Abbott

Patient Name: ______________________________ **Date:** ____________________

Form Completed by: ☐ **Patient** ☐ **Physician** **Physician Name:** ____________________

Section I: Motor Impairments

1. It is hard for me to walk.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
2. When I walk, I lose my balance.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
3. I have a tremor.	☐ Yes	☐ No			
My tremor interferes with my work.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
4. I have dyskinesia.	☐ Yes	☐ No			
My dyskinesia interferes with my work.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
5. My body stiffens periodically during the day.	☐ Yes	☐ No			
6. My Parkinson's disease (PD) makes it difficult for me to get to work.	☐ Yes	☐ No			
7. The unpredictability of responses to my PD medication impairs my ability to work.	☐ Yes	☐ No			

Explain how these or other impairments interfere with your ability to do your job.

Physician Comments – Observations/Evidence of Motor Impairment:

Section II: Physical Impairments

1. I have blurred or double vision.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
2. I suffer from nausea.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
3. I have to urinate frequently.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
4. I drool.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
5. I sweat excessively.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

Explain how these or other impairments interfere with your ability to do your job.

Physician Comments - Observations/Evidence of Physical Impairment:

Section III: Non-Motor Impairments

1. I have trouble getting organized.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
2. I become distracted easily and have trouble staying on task.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
3. I am forgetful or have memory loss.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
4. My PD makes it hard to communicate.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
5. I am sleepy during the day.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
6. I process information slowly.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
This slow processing impairs my ability to work.		☐ Yes	☐ No		
7. I feel down or depressed.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
When I feel depressed, my depression level is		☐ Severe	☐ Moderate	☐ Mild	
8. I feel anxious.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
When I feel anxious, my anxiety level is		☐ Severe	☐ Moderate	☐ Mild	
9. I feel stressed out.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
My stress level is typically		☐ Severe	☐ Moderate	☐ Mild	
10. I feel tired.	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
My fatigue during the day is		☐ Severe	☐ Moderate	☐ Mild	

Explain how these or other impairments interfere with your ability to do your job (particularly your ability to think or concentrate and your social or emotional functioning).

Physician Comments - Observations/Evidence of Non-Motor Impairment:

Section IV: Additional Physician Comments

Are there additional details relating to your patient's PD that you would like to include?

Patient Signature

Date

Physician Signature

Date