

Patient's name		Insured ID (Prime Number)	
SSN		Date of birth	
Agency Use Only – Complete fully before routing			
Program	Branch	Worker ID	Date Completed
Case Number	Case Name		

Mental Residual Function Capacity Report

Mental Residual Function Capacity is evaluated using the four criteria in Social Security Administration regulations concerning the basic mental skills necessary to engage in competitive employment. See 20 CFR [§404.1521](#) & [§416.921](#).

Instructions

Using the following *Definitions of rating terms*, please rate the degree of limitation the individual experiences in each category of mental functioning by marking the corresponding box. A *marked limitation* would impair functioning to a greater extent than a *moderate limitation*. When rating the degree of limitation for each area:

- **Evaluate in terms of the individual's maximum remaining ability to perform sustained work on a regular and continuing basis** (*i.e.*, 8 hours a day, for 5 days a week, or an equivalent work schedule).
- **Base your responses and comments on your clinical assessment of the individual's current and past mental limitations and not on non-medical factors.** For example, your assessment should not be based on such non-medical factors as the availability of job openings, the hiring practices of employers, cyclical economic conditions, technological changes in the work industry since the individual last worked, or upon the individual's preference not to do a particular type of work. See 20 CFR [§404.1566\(c\)](#) and [§416.966 \(c\)](#).
- **Do not include any limitations which you believe are the result of a substance use disorder.** In other words, do not include limitations which would go away if the individual stopped using drugs or alcohol.

Definitions of rating terms:

- **Not significantly limited:** No significant limitation in this area.
- **Moderately limited:** A limitation which seriously interferes with the individual's ability to perform the designated activity on a regular and sustained basis (*i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule).
- **Markedly limited:** A limitation which precludes the ability to perform the designated activity on a regular and sustained basis (*i.e.*, 8 hours a day, 5 days a week, or an equivalent work schedule).
- **Unable to determine:** Insufficient evidence to assess.

Limitation	Not significantly limited	Moderately limited	Markedly limited	Unable to determine
Understanding and memory				
1. The ability to remember locations and work-like procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ability to understand and remember detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustained concentration and persistence				
4. The ability to carry out very short and simple instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ability to carry out detailed instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ability to maintain attention and concentration for extended periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The ability to sustain an ordinary routine without special supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The ability to work in coordination with or proximity to others without being distracted by them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The ability to make simple work-related decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not significantly limited	Moderately limited	Markedly limited	Unable to determine
Limitation				
11. The ability to complete a normal workday and workweek without interruptions from psychologically-based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction				
12. The ability to interact appropriately with the general public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The ability to ask simple questions or request assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The ability to accept instructions and respond appropriately to criticism from supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The ability to get along with co-workers or peers without distracting them or exhibiting behavioral extremes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The ability to maintain socially appropriate behavior and adhere to basic standards of neatness and cleanliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptation				
17. The ability to respond appropriately to changes in the work setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The ability to be aware of normal hazards and take appropriate precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The ability to travel in unfamiliar places or use public transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The ability to set realistic goals or make plans independently of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis:		Prognosis:	
Has or will this person's condition last at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, how long do you expect this condition to last?	
Date of disability onset:	Is patient compliant with treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you recommend a physical evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional comments:			

Physician's signature

Physician's name: _____ Phone number: _____
(please print or type)

Address: _____ Fax number: _____

Signature

Date