Effects of Identified Mental Impairments on Adaptive Functioning

Instructions: Please provide your clinical opinion regarding how the mental/cognitive impairments you have identified would limit your patient's capacity to perform in the areas noted below. Limit your assessment to impairments resulting from psychiatric symptoms. Give your clinical opinion on the degree of limitation, not on the ultimate question regarding the capacity to perform/not perform basic work or school function.

Patient Name: **DOB:**

1. How do mental impairments interfere with this person's day to day adaptive functioning?

2. Capacity to communicate and interact in a socially adequate manner?

3. Capacity to communicate in an intelligible and effective manner?

4. Capacity to cope with the typical mental/cognitive demands of basic school or work-like task?

5. Ability to attend and sustain concentration on basic tasks?

6. Capacity to sustain persistence in completing tasks?

7. Capacity to complete school or work-like tasks within an acceptable timeframe?

Completed by:_____ **Date:**_____

Contact Information:_____

Please submit questions or correspondence to:
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