

ISCHEMIC HEART DISEASE TREATING PHYSICIAN DATA SHEET

Short form

FOR REPRESENTATIVE USE ONLY

REPRESENTATIVE'S NAME AND ADDRESS

REPRESENTATIVE'S TELEPHONE

REPRESENTATIVE'S EMAIL

PHYSICIAN'S NAME AND ADDRESS

PHYSICIAN'S TELEPHONE

PHYSICIAN'S EMAIL

PATIENT'S NAME AND ADDRESS

PATIENT'S TELEPHONE

PATIENT'S EMAIL

PATIENT'S SSN

TYPE OF CLAIM:

Title 2 DIB/DWB CDB

Title 16 DI DC

LEVEL OF ADJUDICATION:

Initial DDS Recon DDS

Initial CDR Hearing Officer

Administrative Law Judge Appeals Council

Federal District Court Federal Appeals Court

Dear Dr.

We are pursuing the Social Security disability claim for the above-named individual (the "patient"). We understand how valuable your time is, and this data sheet has been designed to allow you to provide medical information in an efficient and organized way. As a treating physician, your records and medical judgment are vital in arguing for a fair disability determination for the patient before the Social Security Administration (SSA). If you receive multiple data sheets, please disregard repetitive questions.

Your medical specialty please:

Note 1: This document will not have legal validity for Social Security disability determination purposes unless completed by a licensed medical doctor or osteopath.

Note 2: This document only concerns ischemic heart disease in adults. Other impairments and limitations resulting from a combination of impairments should be considered separately.

Note 3: Age, degree of general physical conditioning, sex, body habitus (i.e., natural body build, physique, constitution, size, and weight), insofar as they are unrelated to the patient's medical disorder and symptoms, should not be considered when assessing the functional severity of the impairment.

"Occasionally" means very little up to 1/3 of an 8 hour workday.

"Frequently" means 1/3 to 2/3 of an 8 hour workday.

I. Please specify the date of initial diagnosis of ischemic heart disease.

Date:

II. Does the patient have chest discomfort associated with myocardial ischemia (angina pectoris) despite a regimen of prescribed treatment?

Yes No Unknown

If **Yes**, please complete Form 4.04(CP).

III. Please answer the following questions.

A. Does the patient have a *currently relevant* sign-or-symptoms limited exercise test?

Yes No Unknown

If **Yes**, what is the date of the test? _____ (Please attach copies of test results, if available. The SSA cannot use stress test interpretations, no matter how authoritative, without readable copies of tracings, protocol used, vital sign response to exercise, and other information relevant to the test. However, treating physician opinion carries great adjudicative weight when supported by objective evidence.)

If **Yes**, indicate which, if any, of the following abnormalities were present at a workload equivalent to 5 METs or less:

1. In the absence of digitalis and/or hypokalemia, at least 1 mm ST depression in at least 3 consecutive complexes (except AVR)

Yes No Unknown

2. In the absence of digitalis and/or hypokalemia, at least 2 mm upsloping ST junction depression in any lead (except AVR)

Yes No Unknown

3. At least 1 mm ST elevation above resting baseline during both exercise and 3 or more minutes of recovery

Yes No Unknown

4. Failure to increase systolic pressure by 10 mm Hg, or decrease in systolic pressure below usual clinical resting level?

Yes No Unknown

5. Documented reversible radionuclide "perfusion" (thallium-201) defect at an exercise level equivalent to 5 METs or less?

Yes No Unknown

(Please attach the official interpretation of the perfusion images; actual copies of the images are not necessary.)

B. Impaired myocardial function, documented by evidence of myocardial or septal wall motion with left ventricular ejection fraction of 30 percent or less, and (1) a physician, preferably one experienced in the care of patients with cardiovascular disease, has concluded that performance of exercise testing would present a significant risk to the patient, and (2) there is a resulting marked limitation of physical activity, as demonstrated by fatigue, palpitation, dyspnea, or anginal discomfort on ordinary physical activity, even though the individual is comfortable at rest.

Yes No Unknown

C. Coronary artery disease, demonstrated by angiography (obtained independent of Social Security disability evaluation), and a physician, preferably one experienced in the care of patients with cardiovascular disease, has concluded that performance of exercise testing would present a significant risk to the individual, with both 1 and 2:

Yes No Unknown

Please indicate which of the following are true and attach a copy of the cardiac catheterization results (copies of actual images are unnecessary). If other coronary artery imaging tests were done, such as magnetic resonance angiography (MRA) or electron beam computed tomography (EBCT), please attach copies of those reports.

1. Angiographic evidence revealing:

- a. 50 percent or more narrowing of a nonbypassed left main coronary artery
- b. 70 percent or more narrowing of another nonbypassed left main coronary artery
- c. 50 percent or more narrowing involving a long (greater than 1 cm) segment of a nonbypassed coronary artery
- d. 50 percent or more narrowing of at least 2 nonbypassed coronary arteries
- e. Total obstruction of a bypass graft vessel

2. Resulting in marked limitation of physical activity, as demonstrated by fatigue, palpitation, dyspnea, or anginal discomfort on ordinary physical activity, even though the individual is comfortable at rest.

(Please describe functional limitations with specific examples and complete Form 4.04CP if the patient has angina.)

IV. Does the patient have *currently relevant cardiac imaging not previously described*?

Yes No Unknown

If **Yes**, please briefly describe results. Attach report copies if available.

V. Response to Treatment

A. What medications are prescribed for ischemic heart disease?

Do you think the patient takes medication as prescribed?

Yes No Unknown

B. Surgical therapy

Has the patient had cardiac surgery?

Yes No

If **Yes**, specify date and nature of surgery.

Did surgery relieve or improve the patient's function or symptoms?

Yes No Unknown

Comments:

D. Current Clinical Condition

(Please include or attach physical examination, and other clinical cardiovascular information not previously discussed. Note that functional limitations are described in **Section VI** below and need not be addressed here.)

VI. Current Functional Limitations and Capacities

In respect to the patient's cardiac impairment, please give your opinion in response to the following questions:

- A. Does the patient have the strength and stamina to stand and/or walk 6 – 8 hours daily on a long term basis?
 Yes **No** **Unknown**

If **No**, how long can the patient stand and/or walk (with normal breaks) in a 6 – 8 hour work day?

- B. What maximum weight can the patient lift and/or carry occasionally (cumulatively not continuously)?
 Unknown

- Less than 10 lbs.
- 10 lbs.
- 20 lbs.
- 50 lbs.
- 100 lbs.
- Other (lbs.)

- C. What weight can the patient lift and/or carry frequently (cumulatively not continuously)?
 Unknown

- Less than 10 lbs.
- 10 lbs.
- 20 lbs.
- 50 lbs. or more
- Other (lbs.)

D. Work environment temperature restrictions

1. Aside from exertional considerations such as lifting and carrying, does the patient have restrictions against exposure to extreme heat or cold?

- Yes** **No** **Unknown**

Check the appropriate boxes:

“Concentrated exposure” means 1/3 to 2/3 of 8 hour workday.

“Moderate exposure” means very little up to 1/3 of 8 hour workday.

	Unlimited	Avoid Concentrated Exposure	Avoid Even Moderate Exposure	Avoid All Exposure
Extreme cold				
Extreme heat				
Dust or fumes				

2. Would the patient's exertional capacities for lifting and carrying (as described in **B** and **C** above) be further reduced by work in extremely hot or cold environments?

Yes **No** **Unknown**

If **Yes**, please state your opinion in regard to the maximum weight that can be lifted and carried under such conditions:

Frequently:

Occasionally:

3. Specific types of extremity exertion

Can the following activities be performed (from a cardiovascular standpoint)?

Unknown

Pushing or pulling: never occasionally frequently

Climbing: never occasionally frequently

Overhead work: never occasionally frequently

VII. Additional Physician Comments

Physician's Name (print or type)

Physician's Signature (no name stamps)

Date