

SUPPLEMENTAL FUNCTIONAL ASSESSMENT
Behavioral Health

Attending Physician: MetLife is currently in the process of evaluating a disability claim for your patient. In order to properly evaluate this disability claim we request that you complete this form in full. Partial or incomplete responses may adversely affect your patient's benefits. Please contact us at (800) 300-4296 with any questions you may have.

NAME:

CLAIM #

EMPLOYER:

DOB:

AXIS	ICD9 Code	DSM-IV Description
Axis I: Clinical Disorders		
Axis II: Personality Disorders		
Axis III: General Medical Conditions		
Axis IV: Psychosocial & Environmental		
Axis V: GAF SCORES	Initial Score (and Date)	Most Recent Score (and Date)

When did the patient first experience psychiatric symptoms?	
Is the current diagnosis acute or chronic? (If acute, what was the precipitating event?)	
Describe the patient's most prominent psychiatric symptoms.	
Please describe current treatment, including current medications.	
How well is the patient responding to current treatment?	
Please comment on the severity of this patient's illness compared to others with similar diagnosis	

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Based on your evaluation of the claimant's current clinical and functional status, please give your opinion on this patient's level of functional impairment.

None	<i>No impairment in this area.</i>
Mild	<i>Some suspected impairment which does not affect functional ability.</i>
Moderate	<i>Impairments affects but does not preclude ability to function.</i>
Moderately Severe	<i>Impairment significantly affects ability to function.</i>
Severe	<i>Extreme impairment of ability to function.</i>

	None	Mild	Moderate	Moderately Severe	Severe
Ability to comprehend and follow instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to perform simple and repetitive tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to maintain a work pace appropriate to workload	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform intellectually complex tasks requiring higher levels of reasoning, quantitative or language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to relate to other people beyond giving and receiving instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to influence people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to generalize, evaluate and make decisions without immediate supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept and carry out responsibility for direction, control and planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to perform daily activities (i.e., attend meetings, socialize with others, attend to personal needs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respond appropriately to supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform work where contact with others will be minimal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform tasks involving minimal intellectual effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform varied tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make independent judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervise or manage others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform under stress or situations where working speed and sustained attention are fundamental to the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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What behaviors, attitudes, or functional impairments are prohibiting the individual from returning to his/her job?	
Please address how current treatment addresses the above barriers?	
Please specify types of reasonable accommodations which would facilitate re-entry into the work place	

What is your estimate of a return to work date?	
Please provide a prognosis date for return to work (Part-time or Full-time).	
Could this patient perform the <u>same</u> job in another department or division of the company?	YES <input type="checkbox"/> NO <input type="radio"/>
Could this patient perform the <u>same</u> job at a different company?	YES <input type="checkbox"/> NO <input type="radio"/>

Please include relevant reports or diagnostic studies from February 1, 2006 to present.

If the treating physician is not a psychiatrist, has a referral been made? If yes, please provide name and address of psychiatrist. If no, please provide reason(s) why a referral has not been made.

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE _____

PHONE NUMBER _____

BOARD CERTIFIED SPECIALTY _____

DATE _____



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