IU STATEMENT FOR:			
DBQ MENTAL DISORDERS EXCEPT PTSD AND EATIN	IG DISORDERS		
NAME OF PATIENT/VETERAN:	SSN:	EXAMINATION E	DATE:
SECTION L - INDI			
lease note that answers represent your opinion of the individual's c			th diagnoses you have identified a
related to military service (check all that apply):	uniculties in each area due <u>only</u> a	and specifically to the mental field	th diagnoses you have identified a
No job related difficulties secondary to service connected mental	I health issues.		
□ Individual has difficulty attending to or is easily distracted from t	he task at hand.		
\square Individual has difficulty maintaining concentration and focus on v	work over a period of time, tends	s to skip from one task to another v	vithout completing the prior task.
Individual has intrusive thoughts which interfere with the ability	to stay focused on the task at ha	nd.	
Individual has significant difficulty accepting supervision or received	ving instructions without becomi	ng angry (authority conflict).	
Individual has significant difficulty remembering instructions and	details of work assignments.		
Individual has significant difficulty functioning around other peop	ple, has difficulty functioning as a	team member, and feels uncomfo	rtable around others.
Individual cannot tolerate being around other people in any setti	ing for more than a few minutes.		
$\hfill \square$ Individual's sleep is so disrupted that s/he is usually fatigued at w	work, making concentration and f	ocus on work assignments difficult	
Individual is so depressed that s/he has difficulty sustaining energy	gy and motivation to complete as	ssignments at work.	
Individual has other mental health problems or symptoms, e.g., page 1	anic attacks, irritability, suspiciou	sness, etc., that interfere significan	tly with the ability to work. Descril
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Misses significant periods of work due to service related mental I	nealth condition. Please give spe	cifics covering the preceding 12 mo	onths.
Work assignments must be altered due to service related mental	I health condition. Please give spe	ecifics.	
NOTE: VA may request additional medical information, including additional ex	xaminations if necessary to complete	VA's review of the Vateran's applicatio	n

1S INDIVIDUAL UNEMPLOYABILITY STATEMENT