(Use appropriate letterhead)

November 16, 2022

To Whom It May Concern:

This is regarding my patient Ms./Mr. XX OOO (DOB: xx-xx-xxxx). I am (Job title) at the University/ Hospital/Medical Center, where my primary role is to evaluate and treat people with a hereditary central nervous system condition called Huntington Disease (HD). Ms./Mr. OOO has been diagnosed with HD, which was confirmed by genetic testing showing a CAG repeat of xx. Her/His clinical symptoms are consistent with this diagnosis.

Background on Huntington Disease: HD is a terminal inherited neurological condition that affects the brain and its functioning. Like other individuals with HD, Ms./Mr. OOO is currently experiencing symptoms in three main areas of functioning: behavior and emotions; cognition and intelligence; and motor skills. As HD is a permanent condition that progresses over time and has no cure, Ms./Mr. OOO’s symptoms will continue to worsen over time.

Behavioral and emotional symptoms can include problems with depression, anxiety, anger, and frustration. People may have difficulty controlling emotions and may also show sleep disturbances and personality changes.

Cognitive changes may often appear as difficulty in concentration and focus. Typically, the short-term memory is affected and, as the disease progresses, it frequently becomes impaired. As the disease progresses, it may become difficult for people to perform tasks and cope with problems.

Motor skills can also be impaired in individuals with HD. Involuntary movements are characteristic of this disease and may involve muscles in the arms, legs, and face. Speech and swallowing may also be affected, making these activities difficult.

Findings for Ms. OOO: Ms./Mr. OOO has been followed in our HD Center of Excellence at \_\_\_\_\_\_\_ since the beginning of YYYY. Her/His evaluations include [neuropsychiatric testing, Montreal Cognitive Assessment, neurological examination, and psychiatric evaluations.

Ms. OOO exhibits [behavioral/cognitive/motor – choose all that apply] symptoms. Per Listing 11.17 for Neurodegenerative disease, such as Huntington’s disease, s/he has demonstrated: [**bold** the relevant impairments]

1. Disorganization of motor function in two extremities, resulting in an extreme limitation in the ability to stand up from a seated position, balance while standing or walking, or use the upper extremities; OR
2. Marked limitation in physical functioning, and in one of the following:
   1. Understanding, remembering, or applying information; or
   2. Interacting with others; or
   3. Concentrating, persisting, or maintaining pace; or
   4. Adapting or managing oneself.

Ms./Mr. OOO’s neuropsychiatric evaluation determined that s/he has [dementia/cognitive dysfunction/cognitive decline/memory loss] secondary to HD. Per Listing 12.02 for Neurocognitive disorders, s/he has demonstrated significant cognitive impairment or changes, most notably in: [at least one of the following - **bold** the relevant impairments]

1. Complex Attention
2. Executive function;
3. Learning and memory;
4. Language;
5. Perceptual-motor; or
6. Social cognition.

These cognitive changes result in an extreme limitation [one of the following] OR marked limitation: [at least two of the following]:

1. Understanding, remembering, or applying information.
2. Interacting with others.
3. Concentrating, persisting, or maintaining pace.
4. Adapting and managing oneself.

*Example (this information should be patient specific and should not be copied and pasted from this section):*

*She is currently experiencing cognitive changes and psychiatric manifestations of HD which impair her short-term and intermediate memory. Due to this impairment, she has marked limitations interacting with others and maintaining pace at work. Specifically, she is unable to remember and follow instructions that are provided by coworkers. She has a delay in her response to requests, and an inability to keep up with required tasks. When speaking on the phone, she can no longer stay on script and is providing incorrect information to customers [specific details are good].*

Ms./Mr. OOO’s psychiatric evaluation determined that s/he has a history of a chronic organic mental disorder which has been present for [at least 2 years] and has caused significant limitation in basic work activities. This includes: [must meet both requirements]

1. Medical treatment, mental health therapy, psychosocial support(s), or a highly structured setting(s) that is ongoing and that diminishes the symptoms and signs of the mental disorder; AND
2. Marginal adjustment, that is, patient has minimal capacity to adapt to changes in his/her environment or to demands that are not already part of his/her daily life.

*Example (this information should be patient specific and should not be copied and pasted from this section):*

*Ms. OOO’s psychiatric evaluation determined that she has a history of a chronic organic mental disorder which has been present for 2 years and has caused significant limitation in basic work activities. This includes an Adjustment Disorder with depression and anxiety which causes Ms. OOO to decompensate following even minimal changes in her environment. She also has emotional lability and mood disorder which causes repeated episodes of anger outbursts towards others. This significantly limits her social functioning and has caused problems with her ability to work with others, demonstrating marked limitations interacting with others. These symptoms are secondary to her diagnosis of HD, and have resulted in the loss of jobs in the past because she is unable to work successfully with others.*

According to her neurological evaluation, Ms./Mr. OOO also has motor signs which are consistent with her/his diagnosis of HD. These include extreme/marked limitations in physical functioning in the form of [paresis/paralysis/ tremor/involuntary movements/ataxia/or sensory disturbances] which occur [singly/in combination with\_\_] and affect [# of extremities/trunk/head] resulting in sustained disturbance of [gross and dexterous movements/gait and station] despite treatment.

*Example (this information should be patient specific and should not be copied and pasted from this section):*

*According to her neurological evaluation, Ms. OOO also has motor signs which are consistent with her diagnosis of HD. These include marked limitations in physical functioning in the form of chorea (abnormal movements) that occurs in combination with loss of coordination, is widespread, and affects all four extremities. This results in sustained disturbance of gross motor movements along with abnormal gait despite treatment. Due to these motor abnormalities, she has a wide-based, uncoordinated gait and is at risk for falls and injury.*

In my medical opinion, Ms./Mr. OOO is unable to perform responsibilities required of any job on a regular basis due to the disability in both her psychological and cognitive function caused by the HD. Her/his short-term memory impairment would affect her/his ability to learn new tasks, resulting in marked limitations understanding and applying information, and her/his other neuropsychiatric symptoms would affect her/his ability to be an effective coworker, resulting in marked limitations interacting with others. In addition, the activities and stress involved in the workplace will irreversibly exacerbate the symptoms that Ms./Mr. OOO is already experiencing due to the HD. Her/His symptoms have, unfortunately, become more severe over time, and will continue to progress, causing increasing problems with poor memory, judgment, speech, swallowing, coordination, and involuntary movements.

Please feel free to contact me at (X) with any questions or concerns.

Sincerely,