

Functional Capacity Assessment Form

The **Functional Capacity Assessment Form** for mental health evaluation is designed to systematically measure an individual's ability to perform daily tasks and manage emotional challenges. This sample form aids clinicians in identifying specific strengths and limitations, facilitating tailored treatment plans. Accurate assessment ensures better support for mental well-being and recovery.

Patient Information

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Assessor Name:	<input type="text"/>	Date of Assessment:	<input type="text"/>

Functional Domains Assessment

Domain	Not Impaired	Mildly Impaired	Moderately Impaired	Severely Impaired	Comments/Examples
Self-Care					
Personal Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Nutrition/Meal Preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Medication Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Social & Emotional Functioning					
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Relationship Building	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Stress Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cognitive & Occupational Functioning					
Focus and Attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Decision Making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Task Completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Summary & Recommendations

Summary of Findings:

Recommendations for Intervention / Treatment:

Assessor Signature: _____ Date: _____