

Functional Capacity Assessment Form

This **functional capacity assessment form** sample PDF is designed to evaluate an individual's physical and mental abilities for insurance purposes. It provides a standardized method for assessing work-related capacities and limitations. The form helps insurance companies make informed decisions regarding claims and coverage.

Personal Information

Full Name:

Date of Birth:

Insurance Policy Number:

Medical Practitioner Details

Name of Practitioner:

Practice Name:

Contact Number:

Physical Abilities Assessment

Walking Endurance:

--Select--

Lifting Capacity:

--Select--

Sitting Tolerance:

--Select--

Mental Abilities Assessment

Concentration:

--Select--

Memory:

--Select--

Judgement:

--Select--

Work-related Restrictions

Describe any work-related restrictions or limitations...

Summary and Recommendations

Provide a summary of findings and recommendations for

Practitioner Signature:

Date:

Patient Signature:

Date:

Note: This template is for sample purposes only. Fields and options may need modification to match your specific requirements before use.

