

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.

