

Functional Capacity Assessment Form

Including Cognitive Evaluation

This **functional capacity assessment** form sample includes a comprehensive cognitive evaluation to measure an individual's ability to perform daily activities. It provides healthcare professionals with essential data to determine physical and mental health status. The form ensures accurate documentation for rehabilitation and treatment planning.

Patient Information

Name:

Date of Birth:

Assessment Date:

Medical Record Number:

Referral Information

Referring Physician:

Reason for Assessment:

Physical Functional Assessment

Activity	Independent	Needs Assistance	Dependent	Comments
Mobility/Transfers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Self-Care (ADLs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Household Tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Cognitive Evaluation

Orientation (Person, place, time):

Select...▼

Memory:

Select...▼

Attention & Concentration:

Select...▼

Executive Function (problem solving, planning):

Select...▼

Communication:

Select...▼

Additional Cognitive Comments:

Summary and Recommendations

Functional Capacity Summary:

Rehabilitation / Treatment Recommendations:

Assessor's Details

Name:

Date:

Signature:

Submit Assessment