

Functional Capacity Assessment Form

A **functional capacity assessment form** sample for physical therapy evaluates a patient's ability to perform specific physical tasks and activities. This form helps therapists tailor treatment plans by identifying strengths and limitations. Utilizing a standardized assessment ensures accurate tracking of progress and rehabilitation outcomes.

Patient Information

Patient Name		Date of Birth	
Assessment Date		Therapist Name	
Diagnosis/Condition			

Assessment Areas

Task/Activity	Assessed Ability	Limitations	Comments
Standing (duration in minutes)			
Walking (distance in meters/feet)			
Sitting (duration in minutes)			
Lifting (max weight in lbs/kg)			
Reaching (overhead/forward)			
Balance (static/dynamic)			

Pain Assessment

Pain Level (0-10)		Pain Location	
Aggravating Factors			

Functional Limitations

Describe any significant limitations impacting daily living or specific activities:

Therapist Recommendations

Treatment suggestions or further assessments required:

Signatures

Therapist Signature		Date	
Patient Signature		Date	