

# Functional Capacity Assessment Form Sample for Chronic Illness

A **functional capacity assessment form** sample is essential for evaluating the daily living abilities of individuals with chronic illness. This form helps healthcare providers measure physical and cognitive functions to tailor effective treatment plans. Proper documentation ensures accurate monitoring of patient progress and care adjustments.

Patient Information

Full Name:

Date of Birth:

Primary Diagnosis:

Physical Function

☐ Independent Mobility

☐ Needs Assistance

☐ Wheelchair Bound

Assistance Needed with Activities of Daily Living (ADLs):

Cognitive Function

☐ Alert & Oriented

☐ Memory Impairment

☐ Requires Cueing

Comments on Cognitive Function:

Pain and Fatigue Assessment

Pain Level (0-10):

Fatigue Level (0-10):

Summary and Recommendations

Summary of Findings:

Recommendations for Care:

Provider Information

Provider Name:

Date:

Submit