

Functional Capacity Evaluation Report

Client Information

Name:	<div></div>
Date of Birth:	<div></div>
Date of Evaluation:	<div></div>
Referring Physician:	<div></div>
Diagnosis:	<div></div>

Reason for Referral

Assessment Procedures

Summary of Findings

Physical Abilities

Activity	Capacity	Comments
Lifting	<div></div>	<div></div>
Carrying	<div></div>	<div></div>
Sitting	<div></div>	<div></div>
Standing	<div></div>	<div></div>
Walking	<div></div>	<div></div>

Behavior and Effort

Recommendations

Evaluator Information

Name:	<div></div>
Profession/Title:	<div></div>
Signature:	<div></div>
Date:	<div></div>