

# Functional Capacity Evaluation Report

## Client Information

Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Date of Evaluation:	<input type="text"/>
Referring Physician:	<input type="text"/>
Diagnosis:	<input type="text"/>

## Reason for Referral

## Assessment Procedures

## Summary of Findings

### Physical Abilities

Activity	Capacity	Comments
Lifting	<input type="text"/>	<input type="text"/>
Carrying	<input type="text"/>	<input type="text"/>
Sitting	<input type="text"/>	<input type="text"/>
Standing	<input type="text"/>	<input type="text"/>
Walking	<input type="text"/>	<input type="text"/>

### Behavior and Effort

## Recommendations

## Evaluator Information

Name:	
Profession/Title:	
Signature:	
Date:	