

In terms of physical demands the patient is able to do:

	Occasionally	Frequently	Continually	Never
Climb	_____	_____	_____	_____
Bend Kneel	_____	_____	_____	_____
Squat	_____	_____	_____	_____
Crawl	_____	_____	_____	_____
Reach above shoulders	_____	_____	_____	_____
Reach forward	_____	_____	_____	_____

Restriction of Environmental Conditions:

Conditions	Restricted	Non Restricted
Exposure to marked change in temperature and humidity:	_____	_____
Unprotected heights:	_____	_____
Exposure to dust, fumes and gases:	_____	_____
Driving automotive equipment:	_____	_____

Has your patient reached maximum medical improvement: _____ Yes _____ No

Remarks:

Print Name: _____ Signature: _____

Phone Number: _____ Date: _____

PHYSICAL CAPACITIES EVALUATION

Name: _____ Policy Number: _____

Doctor: This form will be used to make some judgments regarding your patient's ability to perform work related activities. Please complete the following items based upon your clinical evaluation with the objective medical evidence and diagnostic test results.

Assuming the patient is allowed to change positions occasionally, in an 8-hour workday, the patient can (check full capacity for each activity):

	1	2	3	4	5	6	7	8	(hours)
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

In an 8-hour workday the patient can lift/carry (check appropriate ability):

- _____ In excess of 100 lbs and frequently lift/carry 50 lbs.
- _____ 100 lbs. maximum and frequently lift/carry up to 50 lbs.
- _____ 50 lbs. maximum and frequently lift/carry up to 25 lbs.
- _____ 20 lbs. maximum and frequently lift/carry up to 10 lbs.
- _____ 10 lbs. maximum and occasionally carry small objects.

Please assess your patient's ability to utilize his/her extremities.

Patients dominate hand: _____ right _____ left _____ unknown

Note: in terms of an 8 hour workday "occasionally" equals 0% to 33%.
Frequently equals 34% to 66%; "continuously" equals 67% - 100%.

Extreme Function:	Occasionally	Frequently	Continually	Never
Simple Grasping	_____	_____	_____	_____
Fine Manipulation	_____	_____	_____	_____
Keyboarding	_____	_____	_____	_____
Pushing/Pulling	_____	_____	_____	_____
Operating Foot Controls	_____	_____	_____	_____