

Adult Medicine & Pain Management

1 Pinnacle Place, Ste. 203, Albany, NY 12203
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Physical Capabilities Form

Patient Name: _____

Date: _____ Date of Birth: _____

LIFTING	10 lbs or less	11-20 lbs	21-40 lbs	41-60 lbs	61-100 lbs
Never					
Occasionally					
Frequently					
Continuously					

CARRYING	10 lbs	11-20 lbs	21-50 lbs
Never			
Occasionally			
Frequently			
Continuously			

PUSHING/PULLING	13-25 lbs	26-40 lbs	41-60 lbs	61-100 lbs	100+ lbs
Never					
Occasionally					
Frequently					
Continuously					

ACTIVITY	Bend	Squat	Kneel	Twist	Climb	Reach	Walk
Never							
Occasionally							
Frequently							
Continuously							

Physical Capabilities Form (Page 2)

HANDLING:	RIGHT HAND	LEFT HAND
Simple Grasping	_____ YES _____ NO	_____ YES _____ NO
Fine Manipulation	_____ YES _____ NO	_____ YES _____ NO
Pushing & Pulling	_____ YES _____ NO	_____ YES _____ NO

In an eight(8) hour work day, how many hours can this patient (circle one):

SITTING 1 2 3 4 5 6 7 8 _____ Continuously _____ With Rest

STANDING 1 2 3 4 5 6 7 8 _____ Continuously _____ With Rest

WALKING 1 2 3 4 5 6 7 8 _____ Continuously _____ With Rest

Comments:

Is patient able to drive? _____ YES _____ NO If so, for how long? _____

Signature of Patient: _____ Date: _____