

Functional Abilities Form

For Early and Safe Return to Work



Please PRINT clearly

Employee's Last Name	Employee's First Name
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The following information should be completed by the treating Practitioner to identify the patient's overall abilities and restrictions.

Date of Assessment		
DD	MM	YYYY

Abilities and/or Restrictions

1. Please indicate Abilities that apply, include additional details in section 3.			
Walking	Standing	Sitting	Lifting from floor to waist
Full abilities	Full abilities	Full abilities	Full abilities
Up to 100 metres	Up to 15 minutes	Up to 30 minutes	Up to 5 kilograms
100 – 200 metres	15 – 30 minutes	30 minutes – 1 hour	5 – 10 kilograms
Lifting from waist to shoulder			
Full abilities	Full abilities	Ladder climbing:	
Up to 5 kilograms	Up to 5 steps	Full abilities	
5 – 10 kilograms	5 – 10 steps	1 – 3 steps	
		4 – 6 steps	

2. Please indicate Restrictions that apply, include additional details in section 3.
Check all that apply and fill in specifics

Bending/twisting repetitive movement of (please specify)	Work at or above shoulder activity:	Environmental exposure to (e.g. heat, cold, noise or scents)	Left	Limited use of hand (s):	Right
				Gripping	
				Pinching	
				Other (please specify)	

Limited pushing/pulling with:	Left Arm <input type="checkbox"/>	Operating motorized equipment (e.g. forklift)	Potential side effects from medications (please specify. Do not include names of medications)	Exposure to vibration	Whole body <input type="checkbox"/>
	Right Arm <input type="checkbox"/>				Hand <input type="checkbox"/>
	Other: <input type="checkbox"/>				Arm <input type="checkbox"/>

Circle One

3. Additional Comments on **Abilities and/or Restrictions**:

4. From the date of this assessment, the above will apply for approximately:

1 – 2 days	3 – 7 days	8 – 14 days	14 + days
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Date of Next Assessment:	DD	MM	YYYY
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Treating Practitioner's Name & Title:	Address:	Signature:
Telephone:		Date:
Fax:		

All requests for reimbursement of APS forms must be made **within 3 months from the date of service.**