

Physical Ability Assessment

CIGNA Group Insurance
Life • Accident • Disability
Life Insurance Company of North America
Connecticut General Life Insurance Company
CIGNA Life Insurance Company of New York
Great-West Healthcare Administered by CIGNA



We are evaluating your patient's disability claim in order to determine functional impairment. Please check the boxes corresponding to the patient's level of physical functioning. **Please submit any and all medical documentation, including documented observations, physical exam findings and functional assessments. We appreciate your prompt response to this request.**

Patient Name _____ Date of Birth _____

Diagnosis(es)/ICD-9 Code _____

Your assessment of your patient's physical abilities is based on (*check all that apply*):

- ☐ Your patient's report
- ☐ Your observation of your patient
- ☐ Your examination of your patient
- ☐ Your functional assessment of your patient
- ☐ A formal functional capacity evaluation (FCE) of your patient
- ☐ A diagnosis that implies an increased risk of harm to your patient requiring physician imposed work activity restrictions

Date of last physical examination on which your assessment of your patient's physical abilities is based: _____

Throughout an 8-hour workday, to the extent that positional changes are necessary, with rest breaks and meal breaks at appropriate intervals, your patient can tolerate the following activities for the specified durations:

		Constantly: > 5.5 Hrs/Day > 2/3 of the Day	Frequently: 2.5 - 5.5 Hrs/Day 1/3 - 2/3 of the Day	Occasionally: 0 - 2.5 Hrs/Day 0 - 1/3 of the Day	Check if supported by clinical findings	Does Not Apply to Diagnosis
Sitting:						
Standing:						
Walking:						
Reaching:	Overhead					
	Desk Level					
	Below Waist					
Fine Manipulation:	Right:					
	Left:					
Simple Grasp:	Right:					
	Left:					
Firm Grasp:	Right:					
	Left:					

	Constantly: > 5.5 Hrs/Day > 2/3 of the Day	Frequently: 2.5 - 5.5 Hrs/Day 1/3 - 2/3 of the Day	Occasionally: 0 - 2.5 Hrs/Day 0 - 1/3 of the Day	Check if supported by clinical findings	Does Not Apply to Diagnosis
Lifting:					
Negligible Amount - 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					
Carrying:					
Negligible Amount - 10 lbs.					
11-20 lbs.					
21-50 lbs.					
51-100 lbs.					
100+ lbs.					
Pushing: (Max. Wt.: _____)					
Pulling: (Max. Wt.: _____)					
Climbing: Regular Stairs					
Regular Ladders					
Balancing:					
Stooping:					
Kneeling:					
Crouching:					
Crawling:					
Seeing:					
Hearing:					
Use lower extremities for foot controls:					
Other: _____					

Please use this space to elaborate on any of the above categories including environmental conditions or the work environment:

Name: _____ **Signature:** _____

Medical Specialty: _____ Date: _____

Address: _____ Phone: _____

Federal ID tax number: _____