

Manipulative Limitations

None established

Limitation	Frequently	Occasionally	Never
1. Reaching all directions (including overhead)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Handling (gross manipulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fingering (fine manipulation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling (skin receptors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environmental Limitations

None established

Limitation	No Restriction	Avoid Frequent Exposure	Avoid Occasional Exposure	Avoid All Exposure
1. Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Extreme heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wetness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fumes, odors, dusts, gases, poor ventilation, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hazards (machinery, heights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis

Prognosis

How long do you expect this condition to last?

Date of disability onset

Is patient compliant with treatment?

Yes

No

Would you recommend a psychological evaluation?

Yes

No

Additional Comments

Physician Name (Please type or print)

Address

Signature

Date