



Functional Capacity Evaluation Consent Form

We would like to thank you for choosing us for your functional capacity evaluation.

Your **doctor** has requested your participation in this evaluation, but you should be aware that this is a voluntary evaluation, and we need your permission to perform it.

Functional Capacity Evaluation (FCE): This is a comprehensive evaluation designed to determine your tolerance and physical abilities to perform your required job demands or to test your overall functional abilities at this time. You have the right to stop any test during this evaluation, however the medical tester will be looking for your maximum effort during the testing.

- This evaluation requires your maximum effort during all tasks to make accurate recommendations to your physician and or employer.
- There are tests that tell us if you are giving your best effort during testing. This effort is determined by the testing procedures and the objective data gathered and in no way is based on the opinion of your evaluator.
- This evaluation may take 2-4 hours to complete.

It is possible for your pain to increase during this evaluation.

- Some pain may be normal when you perform activities but this does not necessarily mean you have been injured.
- During testing we will be using a functionally based pain scale. This is being used to specifically determine how your pain affects you from performing functionally in a competitive work environment.
- You must determine how much pain increase is acceptable for you. The evaluator will be monitoring your pain throughout this test.
- We do not expect you to perform activities that increase your pain to a level that you feel is unsafe.
- There will be testing procedures that help to determine if the pain reports you provide can be considered reliable pain reports.

The evaluation will be conducted in several stages:

1. The first is obtaining a brief history of your injury/illness, conducting a musculoskeletal evaluation, and discussing your job duties.
2. The second will consist of demonstrating positional abilities such as: squatting, bending, kneeling, walking, reaching, stair/ladder climbing, and balancing tasks.
3. Next will consist of lifting, carrying, and push/pull. This section will be focused on your maximum ability to perform occasional and frequent abilities.
4. The last aspect may be performing a job simulated task that is appropriate.

At the end of the evaluation, the therapist will discuss the results with you. If at any time during the evaluation you have questions or concerns, please let us know.

- I understand that **Community Therapy Center** is an independent evaluating center and is not employed by the insurance company, employer, or any other facility. I authorize the above center to release any information documented during the evaluation to my employer (if the exam is requested and paid for by my employer), insurer and/or physician. The report will become the property of the insurance company, or if applicable, my employer and will not be released to any third party unless specified by the referral source.
- I hereby release **Community Therapy Center**, or its agents, officers, and employee from any liability with respect to any injury that I may suffer during the administration of the Functional Capacity Evaluation, except where the injury is caused by negligence of the above entity, its agent, officers, or employees acting within the scope of their duties.

I hereby have read, reviewed and am willing to participate in this Functional Capacity Evaluation.

Patient Signature

Date



FUNCTIONAL CAPACITY EVALUATION NS/CX POLICY

Thank you for choosing Community Therapy Center to perform your Functional Capacity Evaluation. When scheduling your Functional Capacity Evaluation, we set aside 2-4 hours to provide you with the highest quality care. Due to the nature of the test and length, it is extremely important that you keep your scheduled appointment with us.

As a courtesy, and to help our patients remember their scheduled appointment, Community Therapy Center calls the patient the day before to remind them of their appointment time.

If your schedule changes and you cannot keep your appointment, please contact us as soon as possible, and no later than 24 hrs. prior to your appointment so we may reschedule you and accommodate those patients who are waiting for an appointment.

If you do not cancel or reschedule your appointment with at least 24 hours' notice, we will charge you a \$100 "no-show" service charge to your account. This "no-show service charge" is not reimbursable by your insurance company. You directly will be billed for it.

I understand the "no-show" policy of Community Therapy Center and agree to the charge of \$100 for any no-show of the Functional Capacity Evaluation. I understand that it is very important that I cancel or reschedule any appointment at least 24 hours in advance in order to avoid such fees.

Patient Signature

Date