

# OT Evaluation

**Evaluation Type:** Choose an item.

**Evaluation Date:** Click or tap to enter a date.

**Occupational Therapist:** Click or tap here to enter text.

## Medical History

**Name:** Click or tap here to enter text.

**CMH Case #:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text.

**Height:** Click or tap here to enter text.

**Weight:** Click or tap here to enter text.

**Past relevant surgeries:** Click or tap here to enter text.

**Cardio status:** Choose an item.

**Seizures:** Choose an item. **If yes, frequency/duration:** Click or tap here to enter text.

**Respiratory Status:** Choose an item.

**Medications:** Click or tap here to enter text.

**Other:** Click or tap here to enter text.

## Occupational Profile

**Reason the client is seeking services and concerns related to engagement in occupations:** Click or tap here to enter text.

**Personal interests and values:** Click or tap here to enter text.

**Home environment:** Click or tap here to enter text.

**Supports:** Click or tap here to enter text.

**Barriers:** Click or tap here to enter text.

**Client's desired priorities and targeted outcomes:** Click or tap here to enter text.

**Other:** Click or tap here to enter text.

## Analysis of Occupational Performance

### Basic Activities of Daily Living

#### Bathing

**Hair:** Choose an item.

**Face and neck:** Choose an item.

**Upper extremities:** Choose an item.

**Comment:** Click or tap here to enter text.

**Lower extremities:** Choose an item.

**Trunk:** Choose an item.

**Personal Hygiene and Grooming**

**Wash hands:** Choose an item.  
**Oral hygiene:** Choose an item.  
**Comb/style hair:** Choose an item.  
**Comment:** Click or tap here to enter text.

**Shave:** Choose an item.  
**Nail care:** Choose an item.

**Toileting**

**Manage garments:** Choose an item.  
**Hygiene:** Choose an item.  
**Comment:** Click or tap here to enter text.

**Bowel management:** Choose an item.  
**Bladder management:** Choose an item.

**Dressing**

**Shirt:** Choose an item.  
**Pants:** Choose an item.  
**Socks:** Choose an item.  
**Comment:** Click or tap here to enter text.

**Shoes:** Choose an item.  
**Fasteners:** Choose an item.  
**Clothing Selection:** Choose an item.

**Eating and Feeding**

**Drink from cup:** Choose an item.  
**Spoon:** Choose an item.  
**Comment:** Click or tap here to enter text.

**Fork:** Choose an item.  
**Knife:** Choose an item.

**Functional Mobility**

**Static sitting:** Choose an item.  
**Dynamic sitting:** Choose an item.  
**Comment:** Click or tap here to enter text.

**Ambulation:** Choose an item.  
**Stairs:** Choose an item.

**Transfers**

**Chair/wheelchair:** Choose an item.  
**Bed:** Choose an item.  
**Vehicle:** Choose an item.  
**Comment:** Click or tap here to enter text.

**Tub/Shower:** Choose an item.  
**Toilet:** Choose an item.

**Adaptive and Assistive Devices**

**Type/Brand/Serial #**      **Vendor**  
Click or tap here to enter text.      Click or tap here to enter text.  
Click or tap here to enter text.      Click or tap here to enter text.  
Click or tap here to enter text.      Click or tap here to enter text.  
**Comment:** Click or tap here to enter text.

<b>Date Rec'd</b>	<b>Funding Source</b>	<b>Condition</b>
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

## Instrumental Activities of Daily Living

**Community Mobility:** Choose an item.

Click or tap here to enter text.

**Financial Management:** Choose an item.

Click or tap here to enter text.

**Health Management:** Choose an item.

Click or tap here to enter text.

**Home Management:** Choose an item.

Click or tap here to enter text.

**Meal Preparation:** Choose an item.

Click or tap here to enter text.

**Shopping:** Choose an item.

Click or tap here to enter text.

**Safety and Emergency Maintenance:** Choose an item.

Click or tap here to enter text.

## Other Areas of Occupation

**Rest and Sleep:** Click or tap here to enter text.

**Education:** Click or tap here to enter text.

**Work:** Click or tap here to enter text.

**Play:** Click or tap here to enter text.

**Leisure:** Click or tap here to enter text.

**Social Participation:** Click or tap here to enter text.

## Client Factors and Performance Skills

### Standardized Assessments

**Assessment Tool(s):** Click or tap here to enter text.

**Results:** Click or tap here to enter text.

### Neuromusculoskeletal Functions

		Range of Motion	
		<input type="checkbox"/> Active	<input type="checkbox"/> Passive
		Left	Right
Shoulder	Flexion (0-180)	Click or tap here to enter text.	Click or tap here to enter text.
	Extension (0-60)	Click or tap here to enter text.	Click or tap here to enter text.
	Abduction (0-180)	Click or tap here to enter text.	Click or tap here to enter text.
	Horiz-Abd (0-90)	Click or tap here to enter text.	Click or tap here to enter text.
	Horiz-Add (0-45)	Click or tap here to enter text.	Click or tap here to enter text.
	Int. Rot (0-70)	Click or tap here to enter text.	Click or tap here to enter text.
	Ext. Rot (0-90)	Click or tap here to enter text.	Click or tap here to enter text.
Elbow	Flexion (0-150)	Click or tap here to enter text.	Click or tap here to enter text.

<b>Forearm</b>	<b>Supination (0-80)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Pronation (0-80)</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Wrist</b>	<b>Flexion (0-80)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Extension (0-70)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Ulnar Dev. (0-30)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Radial Dev. (0-20)</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Hip</b>	<b>Flexion (0-120)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Extension (0-30)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Abduction (0-45)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Adduction (0-30)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Int. Rot (0-45)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Ext. Rot (0-45)</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Knee</b>	<b>Flexion (0-150)</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Ankle</b>	<b>Plantar flex (0-50)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Dorsiflexion (0-20)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Inversion (0-20)</b>	Click or tap here to enter text.	Click or tap here to enter text.
	<b>Eversion (0-15)</b>	Click or tap here to enter text.	Click or tap here to enter text.
<b>Comment:</b> Click or tap here to enter text.			

	<b>MMT/O</b> <input type="checkbox"/> Test <input type="checkbox"/> Observ.		<b>Tone</b>	
	<b>Left</b>	<b>Right</b>	<b>Left</b>	<b>Right</b>
<b>Shoulder</b>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Elbow/Forearm</b>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Wrist</b>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Hip</b>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Knee</b>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Ankle</b>	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Comment:</b> Click or tap here to enter text.				

### Movement Functions

**Motor reflexes and involuntary movement reactions:** Click or tap here to enter text.

**Fine motor control and visual motor integration:** Click or tap here to enter text.

**Gross motor control and bilateral integration:** Click or tap here to enter text.

**Gait pattern and posture:** Click or tap here to enter text.

**Motor planning:** Click or tap here to enter text.

### Sensory Functions

**Touch:** Choose an item.

**Temperature:** Choose an item.

**Vision:** Choose an item.

**Pain:** Choose an item.

**Hearing:** Choose an item.

**Comment:** Click or tap here to enter text.

### **Sensory Processing**

**Assessment Tool(s):** Click or tap here to enter text.

**Results:** Click or tap here to enter text.

### **Mental Functions**

**Orientation:**  Person-Self    Person-Others    Place    Time    Disoriented x4

**Cognitive skills:** Click or tap here to enter text.

### **Psychosocial**

**Interpersonal interactions, behaviors, use of coping strategies:** Click or tap here to enter text.

## Summary

Click or tap here to enter text.

## Plan of Care

**Goals:** Click or tap here to enter text.

### **Interventions methods:**

- Therapeutic use of occupations and activities
- Preparatory methods (e.g. splinting, assistive technology, wheeled mobility) and tasks
- Education and training

**Rehabilitation potential:** Choose an item.

**LOC:** Choose an item.

**Recommendations:** Click or tap here to enter text.