

INITIAL OCCUPATIONAL THERAPY EVALUATION REPORT

Name:	Date of Report:
DOB:	Evaluation Date(s):
Last 4 numbers of SS #:	Case Manager/Agency:
Therapist/Agency/ Contact Info.	

REFERRAL INFORMATION IDT requests: <input type="checkbox"/> A comprehensive OT assessment that addresses general OT support needs. <input type="checkbox"/> Specific areas of need were mentioned including: IDT requests: <input type="checkbox"/> A targeted OT assessment that addresses the following area(s):
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OCCUPATIONAL PROFILE
Background Information:
Living and Day Activities/Work Situation:
Interests:
Staff/Family OT Related Concerns:
Current ISP Visions/Outcomes (paraphrased): Live: Work/Learn: Fun/Relationships: Health/Other:

HEALTH AND SAFETY CHALLENGES
Relevant Diagnosis (may not include all diagnosis):
Relevant Medical/Safety History/Challenges:

ASSESSMENTS UTILIZED: <input type="checkbox"/> Observation <input type="checkbox"/> Interview <input type="checkbox"/> Goniometry <input type="checkbox"/> Manual Muscle Test <input type="checkbox"/> OT Assessment Data Set (relevant areas) <input type="checkbox"/> OT Eating, Oral Care and Oral Motor Assessment (relevant areas) <input type="checkbox"/> Environmental Evaluation <input type="checkbox"/> Other (Describe):

OCCUPATIONAL ANALYSIS (must include baseline data related to anticipated OT intervention areas)
Areas of Occupation: <i>Include ADL, IADL, leisure, work, community activities, etc., as applicable.</i>
Areas specific to Aspiration Risk Management: <i>Include areas of potential ARM/CARMP intervention including oral hygiene.</i>
Performance Skills/Client Factors: <i>Include sensory processing, vision/hearing, posture, balance, strength, endurance, ROM, motor skills, visual-motor, coordination, cognition, social skills, etc., as applicable.</i>
Activity Demands, Performance Patterns: <i>Include activity demands, routines, residence, day activities, job tasks, support levels and direct support personnel issues as applicable.</i>
Performance Environments: <i>Include home and day/work environmental observations.</i>

RECOMMENDATIONS FROM ENTITIES OUTSIDE OF THE IDT (PCP, SAFE Clinic, TEASC, etc.):

OT ASSESSMENT SUMMARY

Strengths:

Challenges and Possible Barriers to Achieving Visions/Outcomes:

How OT might assist the individual with health, safety, daily routines and/or achieving ISP outcomes:

OT RECOMMENDATIONS

Note: Specific OT intervention plans including **OT Goals/Objectives**, plans for WDSIs, AT, and other intervention strategies will be outlined in the Therapy Intervention Plan.

OT intervention is recommended. Comments:

Recommended Initial OT Areas of Focus (*Specific OT Goals/Objectives will be outlined in the Therapy Intervention Plan which is part of the Therapy Documentation Form*)

OT Areas of Focus –

Focus of AT, Env Mods intervention will include: (*Related to specific health, safety, daily routines, ISP objective concerns.*)

More detailed OT assessment is recommended in the following area(s) during the course of OT intervention:

Other: (*Include recommendations for other services or referrals if applicable*)

(NOTE: Please make sure signature appears by using a text box or JPEG image!)

Therapist Signature/Credentials

Name of Agency

Date

Therapist Ph.#/E-mail: