

Functional Assessment

Client Information

Name: _____ Date of birth: _____

Gender: _____ Date of Consultation: _____

Address: _____

Phone Number: _____ Email Address: _____

Reason for Assessment

What are the concerns or issues that led to the need for this functional assessment?

Medical History

List any medical conditions or illnesses that may be relevant to the assessment.

Current Medications

List any medications that the individual is currently taking.

Activities of Daily Living (ADLs)

Assess the individual's ability to perform the following activities:

Instrumental Activities of Daily Living (IADLs)

Assess the individual's ability to perform the following activities:

- Housekeeping and home maintenance
- Meal preparation
- Shopping
- Managing medications
- Managing finances
- Using transportation

Mobility

Assess the individual's ability to move around and perform physical tasks, such as walking, standing, and reaching.

Cognitive Functioning

Assess the individual's cognitive abilities, including memory, attention, and executive functioning.

Emotional and Behavioral Functioning

Assess the individual's emotional and behavioral functioning, including mood, anxiety, and any disruptive or challenging behaviors.

Social Support and Environment

Conclusions and Recommendations
