

Occupational Therapy Evaluation

Patient Information

Name:

Date of Birth:

Gender:

Contact Information:

Emergency Contact:

Medical History

Relevant medical conditions and diagnoses:

Current medications:

Past surgeries or interventions:

Allergies:

Occupational Profile

Occupation and job responsibilities:

Living situation and home environment:

Hobbies, interests, and recreational activities:

Client's Concerns and Goals

Concerns:

Goals:

Assessment Tools

Standardized assessments:

Results:

Observation of Daily Tasks

Analysis of Occupational Performance

Synthesis of findings:

Impact on daily life:

Treatment Plan

Short-term goal:

Interventions:

Recommendation:

Client-Centered Recommendations

Follow-up Plan

Patient Consent

Therapist's Notes

Next Appointment