

# 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**