

Occupational Therapy Initial Assessment

Patient Information

Name:
Age: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others (specify):
Medical History
Past illnesses:
Current medications:
Symptoms:
Diagnosis:

Occupational Profile

Self-care abilities:
Mobility:
Cognitive function:
Participation in daily activities:

Assessment of Functional Abilities

Motor skills:

Self-care abilities (ADLs):

Performance in domestic tasks:

Performance in instrumental activities of daily living (IADLs):

Environmental Assessment

Home environment:

Work/school environment:

Goal Setting

Short-term goals:

Long-term goals:

Treatment Plan

Interventions:

Coordination with other healthcare professionals:

Documentation

Progress notes:

Assessment findings:

Follow-Up

Schedule for future therapy sessions:

Review and update goals as needed:

Monitor progress and adjust treatment plan accordingly: