

# Occupational Therapy Initial Assessment

## Patient Information

Name:
Age:            Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others (specify):
<b>Medical History</b>
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: