

Occupational Therapy Progress Note

Patient Information
Name:
Date of Birth:
Medical Record Number:
Date of Visit:
Subjective
Chief Complaint:
Patient's Report:
Caregiver's Input:
Patient's Goals and Concerns:
Objective
Vital Signs:
Observations:
Functional Assessments:
Interventions:
Assessment
Summary of Progress:

Response to Interventions:
Collaboration:
Plan
Plan for Next Session:
Patient and Caregiver Education:
Recommendations:
Follow-Up:
Signature
Therapist's Name:
Credentials:
Date and Time: