

Occupational Therapy Treatment Plan

Patient information	
Name:	Date of birth:
Address:	Phone number:
Emergency contact:	Emergency contact number:
Referring physician:	Date of initial evaluation:
Medical and therapy history	
Primary diagnosis:	Secondary diagnosis (if applicable):
Previous therapies and outcomes:	Relevant surgical history:
Medications:	Allergies:
Assessment summary	
Cognitive function:	Physical abilities:

Sensory function:	Emotional/behavioral state:
Communication skills:	Social skills:
Activities of daily living (ADLs) performance:	
Instrumental activities of daily living (IADLs) performance:	
Goals	
Short-term goals:	Long-term goals:
Intervention plan	
Therapeutic activities:	Adaptive techniques and equipment:

Environmental modifications (if applicable):	Caregiver/family training:
Implementations schedule:	Progress review and modifications:
Discharge planning	
Milestones:	
Recommendations for continued care:	
Follow-up appointments:	