

Date: \_\_\_\_\_ In: \_\_\_\_\_ Out: \_\_\_\_\_ Room #: \_\_\_\_\_

Patient: \_\_\_\_\_ OT Order: \_\_\_\_\_ MD: \_\_\_\_\_  
DOB: \_\_\_\_\_ Admit: \_\_\_\_\_ Activity/Precautions: \_\_\_\_\_

Current Diagnosis: \_\_\_\_\_ Lab Tests/Imaging: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Medical History:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupational Profile:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orientation: P/ P/ T/ S  
Pain: \_\_\_/10  
Hand D: R L  
Numbness: Y N

**Prior Level of Function:**

Employment: \_\_\_\_\_  
Living Arrangement: \_\_\_\_\_  
Type of Home: 1F 2F \_\_\_\_\_  
Rails: Y N \_\_\_\_\_  
DME: \_\_\_\_\_

**Bathing:** I D - shower tub  
grab bars: Y N  
shower chair: Y N  
elevated toilet: Y N

**Meals:** I D **ADLS:** \_\_\_\_\_  
**IADLS:** housekeeping / yard work / laundry / finances / medications / cooking / shopping / driving

**Assessment:**

UE ROM: L sh flex: \_\_\_ ext R: \_\_\_ int R: \_\_\_ abd: \_\_\_ add: \_\_\_ elb flex: \_\_\_ ext \_\_\_  
R sh flex: \_\_\_ ext R: \_\_\_ int R: \_\_\_ abd: \_\_\_ add: \_\_\_ elb flex: \_\_\_ ext \_\_\_

MMT: L sh flex: \_\_\_ ext: \_\_\_ elf flex: \_\_\_ ext: \_\_\_ grip: \_\_\_ Tone: \_\_\_  
R sh flex: \_\_\_ ext: \_\_\_ elf flex: \_\_\_ ext: \_\_\_ grip: \_\_\_ Tone: \_\_\_

Rapid Movt:	Impaired	Normal	Eye Tracking:	Impaired	Normal
Coordination:	Impaired	Normal	Convergence:	Impaired	Normal
Stereognosis:	Impaired	Normal	Peripheral:	Impaired	Normal
Light Touch:	Impaired	Normal	Wears glasses:	Y	N
Proprioception:	Impaired	Normal	Sitting bal:	_____	
Opposition:	Impaired:	R L Normal	Standing bal:	_____	

**Functional Status:** Eating/Feeding: \_\_\_\_\_ Grooming: \_\_\_\_\_ Bathing: \_\_\_\_\_ Toileting: \_\_\_\_\_  
UBD: \_\_\_\_\_ LBD: \_\_\_\_\_ Bed Mobility: \_\_\_\_\_ Supine to Sit/Sit to Supine: \_\_\_\_\_  
Scooting: \_\_\_\_\_ Transfers: \_\_\_\_\_ Functional Mobility: \_\_\_\_\_

Patient Goal: \_\_\_\_\_ Plan: \_\_\_\_\_