

0016502

OCCUPATIONAL THERAPY PROGRESS NOTE

PATIENT NAME _____

MEDICAL RECORD NUMBER _____

VISIT DATE	TIME IN	<input type="checkbox"/> AM <input type="checkbox"/> PM	TIME OUT	<input type="checkbox"/> AM <input type="checkbox"/> PM	
DIAGNOSIS					
CHANGES IN MEDICATIONS			FALLS SINCE PREVIOUS VISIT		
CHANGE IN STATUS OR ENVIRONMENT					
VITAL SIGNS					
BP _____	HR _____	RR _____	O2 SAT LEVELS _____	<input type="checkbox"/> REST	<input type="checkbox"/> ACTIVITY <input type="checkbox"/> POST ACTIVITY
Eating					
Grooming					
Upper Body Dressing					
Lower Body Dressing					
Bathing					
Toileting					
Transfers					
Planning/Preparing Meals					
Ability to use Phone					
Homemaking Tasks					
Balance					
Activity Tolerance					
Edema					
Pain					
Therapeutic Exercises					

RESPONSE TO INTERVENTIONS:
