

EVALUATION

Patient Name:

Record #:

Therapy Visit # (optional per agency policy)

FUNCTIONAL REASSESSMENT

Combined Therapy Visit # (optional per agency policy)

11-13th - Visit  17-19th - Visit  30 - Day

Reason for OT Referral:

Prior Functional Status:

Homebound  Yes  No If Yes, give reason:

ASSESSMENT

VITAL SIGNS

(per agency policy)

PULSE:  Apical (Reg) (Irreg)

Height B/P Lying Sitting Standing

Radial (Reg) (Irreg)

Weight L R

TEMP.: RESP.:  Actual  Stated

R

PAIN

Frequency of Pain interfering with patient's activity or movement:

- 0 - Patient has no pain
1 - Patient has pain that does not interfere with activity or movement
2 - Less often than daily
3 - Daily, but not constantly
4 - All the time

PAIN PROFILE

Primary site:

See Additional Pain Assessment/Documentation (per agency policy)

Refer to:

Onset date:

Pain precipitated by:

Pain site assessment:

Current pain management & effectiveness:

Pain description: Dull Sharp Other:

Pain management teaching to patient/family (document below)

Patient's pain goal:

WONG-BAKER PAIN RATING SCALE

Intensity: No Hurt Hurts Little Bit Hurts More Hurts Even More Hurts Whole Lot Hurts Worst

FACES

SCALE



From Hockenberry MJ, Wilson D. Wong's essentials of pediatric nursing, ed 8, St. Louis, 2009, Mosby. Used with permission. Copyright Mosby.

Comments/Progress Towards Goals

ADLs

No deficit

Table with columns for Independent, Req. Assistance, and Dependent for various activities like Bath or shower, Wash face/hands, etc.

Comments/Progress Towards Goals

RANGE OF MOTION/MOBILITY

Table with columns for Joint/Segment, Movement, Range, PROM, AROM, and Comments/Progress Towards Goals.

MUSCLE STRENGTH AGAINST GRAVITY

Strength Scale: 4 = WNL 3 = Fair 2 = Poor 1 = Trace 0 = Absent

- LUE: 4 3 2 1 0 RUE: 4 3 2 1 0
Left Hand: 4 3 2 1 0 Right Hand: 4 3 2 1 0

Comments/Progress Towards Goals

COORDINATION

Fine Motor Movements

- Altered: Physical Assist: Contact Guard: Unable to perform
Min Max Verbal Cues Supervision

Gross Motor Movements

- Altered: Physical Assist: Contact Guard: Unable to perform
Min Max Verbal Cues Supervision

Comments/Progress Towards Goals

SENSORY EFFECTS ON THERAPY

- Vision Medications Other:
Vertigo Impaired Cognition (specify):

Comments

EMOTIONAL STATUS/BEHAVIORS WHICH MAY IMPACT PLAN OF CARE

- None Identified as

HOME STRUCTURE/HOUSEHOLD BARRIERS THAT MAY IMPACT PLAN OF CARE

- None Identified as

EQUIPMENT/APPLIANCE/ADAPTIVE DEVICES

No appliances present at this time

Currently Present:

- Raised Toilet Seat Tub/Shower Chair Grab Bars Cane
Wheelchair Hospital Bed Walker Reachers
Wheelchair Ramp Flotation Mattress Slide Board Other:

Comments

Any Additional Problems Identified:

To order forms call: MED-PASS 800-438-8884

INH 030611

# TEHC Health Services

## OCCUPATIONAL THERAPY EVALUATION/ FUNCTIONAL REASSESSMENT

### ADDITIONAL SERVICES INDICATED

SLP  MSS  AIDE  SN  HME  PT  OTHER

### OCCUPATIONAL THERAPY ORDERS

Frequency/Duration of OT Visits: \_\_\_\_\_

For: Assess/Perform/Instruct P/Cg:

A P I

Assess/Perform/Instruct P/Cg:

A P I

- Home safety assessment and intervention
- Evaluation and intervention for obtaining adaptive equipment or special devices to implement or enhance care and/or ADLs
- Training and management of adaptive devices/equipment
- ADL training/retraining
- Initiation of Home Safety Plan
- Evaluation and teaching/implementation of energy conserving techniques
- Financial counseling/linkage for additional resources
- Cognitive training
- Muscle re-education

- Teach independent homemaking skills
- Body image training
- Dressing/Feeding Skill Training/Teaching
- Other \_\_\_\_\_

Other \_\_\_\_\_

### GOALS / REHABILITATION POTENTIAL / DISCHARGE PLAN

Goals:

- The patient's ROM/Mobility will improve as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- The patient's Muscle Strength will improve as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- The patient's Coordination will improve as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- The patient's Endurance will improve as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- The patient's Pain will be controlled and managed at the patient's own comfort level as verbalized by the patient/caregiver within \_\_\_\_\_ period of time.
- Patient will obtain maximum level of functioning, as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- Patient will have ADLs met, as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- Patient will be in a safe physical environment, as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- Patient will have improved cognitive/functioning, as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- Patient/Caregiver will demonstrate safe use of equipment/adaptive devices, as evidenced by \_\_\_\_\_ within \_\_\_\_\_ period of time.
- Patient/Caregiver's expectations: \_\_\_\_\_
- Other: \_\_\_\_\_ within \_\_\_\_\_ period of time.
- Rehabilitation potential: \_\_\_\_\_

### SPECIFIC OCCUPATIONAL THERAPY GOALS

Measurable Short Term: \_\_\_\_\_

Measurable Long Term: \_\_\_\_\_

Skilled Services provided this visit and patient response: \_\_\_\_\_

### OT DISCHARGE PLANS

- Patient to be discharged when skilled care no longer needed
- Patient to be discharged to the care of:  Self  Caregiver  Other (specify): \_\_\_\_\_

### VARIABLE FACTORS/CONDITIONS AFFECTING PATIENT'S RESPONSE

- Unexpected Temporary Illness
- Unexpected Family/Personal Event
- New Diagnosis
- Other (specify): \_\_\_\_\_

### EXPECTATIONS PATIENT'S CONDITION WILL IMPROVE

Is patient progressing towards goals?  Yes  No      Is Goal attainable in a reasonable and generally predictable period of time?  Yes  No

Provide clinically supportable statement to explain: \_\_\_\_\_

Continue with current Plan of Care?  Yes  No      If No, notify MD if update to POC is needed

Skilled Services provided this visit and patient response: \_\_\_\_\_

PATIENT NAME

Patient Signature/Date (optional per agency policy):

SPL's Signature/Date:

Time In

AM  
 PM

Physician's Signature/Date (optional per agency policy):

Time Out

AM  
 PM

CHECK ONE:  G0152-OT  G0160-OT Maintenance

EVALUATION

REASSESSMENT