MINISTRY OF HEALTH
HOSPITAL: _____
Occupational Therapy Department
Area of Service: _____

Patient's Name: _____
Civil ID ☐☐☐☐☐☐☐☐☐☐☐☐
File No: _____ Age: _____
Gender: ☐ M ☐ F Nationality: _____

D.O. Referral: / / **Physician:** _____ ☐ **OPD** ☐ **IP** **Ward:** **Room:** **Bed:**
D.O. Assessment: / / **Diagnosis:** _____
Occupation: _____ **Contact Number:** _____
Past History: _____

Present History: _____

Investigation: _____
Medication: _____
Precaution / Contra-indication: _____

SOCIAL HISTORY:
Caregiver: Family support ☐ Caregiver support ☐
Family status: Single ☐ Married ☐ Divorce ☐ Siblings No. _____ Children No. _____
Living environment: House ☐ Apartment ☐ Elevators ☐ Stairs ☐ Ramps ☐ Other Obstacles _____
Assistive devices used:

Cane ☐	Walker ☐	Crutches ☐	Wheelchair ☐
Hearing aids ☐	Eyeglass ☐	Splint/Cast ☐	Prosthesis ☐
Tube Feeding ☐	Catheter ☐	Other: ☐ _____	

Function/ Associative impairment:

GMFCS:	Level I ☐	Level II ☐	Level III ☐	Level IV ☐	Level V ☐	N/A ☐
MACS / Mini Macs:	Level I ☐	Level II ☐	Level III ☐	Level IV ☐	Level V ☐	N/A ☐
CFCS:	Level I ☐	Level II ☐	Level III ☐	Level IV ☐	Level V ☐	N/A ☐

PAIN: (Pain Scale: no pain 0 ---------- 10 worst pain)

Client:	Not significant ☐	Pain Site: ☐ _____	Pain Scale: ☐ _____
Caregiver:	Not significant ☐	Pain Site: ☐ _____	Pain Scale: ☐ _____

Difficulty with Functional Skills: Co-occupations ☐ Occupations ☐

Swallowing / Eating ☐	Feeding ☐	Showering ☐	Grooming ☐	Sleep/ Rest ☐	
Dressing: Upper Body ☐	Lower Body ☐	Toileting: Pamper ☐	Bowel ☐	Bladder ☐	
Play ☐	Work /School ☐	Leisure ☐	Home Management ☐	Social participation ☐	
Functional Mobility: Indoor ☐	Outdoor ☐	Bed Mobility ☐	Stair (upstairs / down stair) ☐	Ramps ☐	

Performance Pattern: (Habit / Routine / Rituals / Roles)

PERSONAL CONCERNS / VALUES / INTERESTS: _____

ON OBSERVATION:

Sensory: Touch ☐ Movement ☐ visual ☐ sound ☐ Smell ☐ Taste ☐

Gross Motor Analysis: (Attitude of Posture in Supine/Prone/Sitting/Standing/Kneeling/Walking)

ON EXAMINATION:

Muscular Analysis ☐ WNL / Not Significant

Joint/movement	AROM		PROM		Muscle Tone (Asworth grade)		Strength	
	R	L	R	L	R	L	R	L

TASK ANALYSIS: Name of Occupation/ Activity: _____

Task Sequence and Timing	Object/Property / Demands
	Tools:
	Supplies:
	Equipment:
	Space demand:
	Social demand:

Client Factors limiting occupational performance: (for the task analysed)

A. SENSORY FUNCTION: (Ex: visual/Hearing/Vestibular/Touch/Proprioceptive/Taste/Small/Pain/Temperature)

B. NEUROMUSCULAR FUNCTION: (Ex: Joint: stability/mobility/Muscle function/ Movement function)

C. MENTAL FUNCTION: (Ex: Consciousness/Orient/ Perception / attention/memory /Temperament/ Praxis/Thought)

D. ENVIRONEMENT AND CONTEXT: (Ex: Physical/Social/Personal/Cultural/Temporal/Virtual)

Performance skills limiting occupational performance: (for the task analysed)

E. MOTOR SKILLS: (Ex: Align/Stabilize/Position/Reach/Grips/Manipulates/Coordinates/Move/Lift/Calibrate)

F. PROCESS SKILLS: (Ex: Attends/Choose/Uses/Handles/Initiates/Continue/Terminate/Gather/Organize/Notice/Adjust)

G. SOCIAL INTERACTION: (Ex: Start/Look/ turns towards/Speak/Regulates/Replies/Timely response/Express/Clarify)

SPECIAL TESTS / OUTCOMES MEAUSRES:

Test	Comments

Functional Problem Statement (Affected Performance Skills and its underlying limitation)

TREATMENT GOALS

Long Term Goals (ABCDE/COAST)	Short Term Goals

GOAL ATTAINMENT SCALE (GAS) – Outcome Measures

-2	-1	0	+1	+2

Plan of Discharge: Discharge ☐ Discontinue ☐ Follow-up ☐ Home Program ☐

TREATMENT PLAN

Target Outcome:

- ☐ Occupational Improvement
- ☐ Occupational Enhancement
- ☐ Prevention
- ☐ Health & Wellness
- ☐ Quality of life
- ☐ Participation
- ☐ Role Competence
- ☐ Well-being
- ☐ Occupational Justice

Type of OT Intervention:

- ☐ Occupation
- ☐ Activities
- ☐ Preparatory Methods
- ☐ Splints
- ☐ Assistive Technology
- ☐ Environmental Modification
- ☐ Wheeled Mobility
- ☐ Preparatory Task
- ☐ Client/ Family Education
- ☐ Client/ Family Training
- ☐ Advocacy / Self- Advocacy
- ☐ Groups

Approaches to Intervention

- ☐ Create/ Promote (Health Promotion)
- ☐ Establish/ remediation
- ☐ Maintain
- ☐ Modify (compensation/Adaptation)
- ☐ Prevent (Disability Prevention)

Model of Practice/ Frame of Reference (FOR):

- ☐ Model of Human Occupation
- ☐ Occupational Adaptation
- ☐ PEO Model
- ☐ Ecology of Human Performance
- ☐ Biomechanical FOR
- ☐ Rehabilitation FOR
- ☐ Neurodevelopment Theory
- ☐ Sensory Integration FOR
- ☐ Behaviorism
- ☐ Cognitive Disability FOR
- ☐ Motor Learning FOR
- ☐ Developmental FOR
- ☐ Other: _____

Preparatory Methods Techniques / Skill Training Task

- ☐ Developmental Skill Activities
- ☐ Posture Training Activities
- ☐ Cognitive skill training
- ☐ Pain Management
- ☐ Oedema Management
- ☐ Scar Management
- ☐ UE ROM Activity
- ☐ LE ROM Activity
- ☐ Trunk ROM Activity
- ☐ UE Strengthen Activity
- ☐ LE Strengthen Activity
- ☐ Trunk Strength Activity
- ☐ Bed Mobility Training Activity
- ☐ Sitting Balance Activities
- ☐ Standing Balance Activities
- ☐ Core Muscle Strengthening Activity
- ☐ Gross motor Coordination Activities
- ☐ Fine Motor Coordination Task
- ☐ Handwriting skill training
- ☐ Behavioural techniques
- ☐ Motor Planning Activities

Occupation Training:

- ☐ Showering
- ☐ Toilet Training (Bowel/ Bladder)
- ☐ Swallowing / Eating
- ☐ Feeding (Finger /Spoon /Fork /Cup)
- ☐ Upper garment dressing (Donn/Doff)
- ☐ Socks (Donn/ Doff)
- ☐ Lower Garment Dress (Donn/Doff)
- ☐ Shoes (Donn / Doff)
- ☐ Grooming
- ☐ Functional Mobility (Bed Mobility)
- ☐ Wheeled Mobility Training
- ☐ Rest / Sleep Participation
- ☐ Play (Exploration / Participation)
- ☐ Leisure (Exploration/ Participation)
- ☐ Peer group Participation
- ☐ Sibling group Participation
- ☐ Playground Participation
- ☐ School Participation
- ☐ Pre-school Preparation
- ☐ Work Participation
- ☐ Cooking Participation

Comment : _____

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OT NAME& SIGNATURE

_____

Ministry of Health

Occupational Therapy Department

☐ Progress Note ☐ Discharge Note

Client's Name: _____ File Number: _____

Date

_____

Therapist's Name and Signature

_____

Ministry of Health

Occupational Therapy Department

☐ Progress Note ☐ Discharge Note

Client's Name: _____ File Number: _____

Date

_____

Therapist's Name and Signature

_____