|  |  |
| --- | --- |
| **Occupational Therapy****Initial Assessment** | **UR:** **Surname:** **Given Name:** **Address:** **DOB: Sex:**  |
| **MEDICAL INFORMATION****Occupational Therapy Initial Assessment**Initial Assessment Form |
|  |
| **CURRENT SITUATION** |
| **Relevant Psychiatric History:** |
| C:\Users\miboujaoude\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\UZI7FHBI\42_as_Interleaved_2_of_5_barcode[1].jpg |
|  |
| **Screening:****K10:** **LSP:** **HoNOS:** **AUDIT:** **DUDIT:** |
| Vision: Hearing:  |
| **SOCIAL SITUATION** Lives alone: Yes ☐ No☐ With whom:  |
|  |
|  |
|  Services: Personal Care Assistance ☐ Home Help ☐ MOW ☐ Other ☐ |
| **HOME ENVIRONMENT** Previous Home Visit**:** Yes  **☐** No **☐** Own ☐ Rented ☐ House ☐ Flat/ Unit **☐** Storey: Single **☐** Double ☐ |
| Front Access: |  |
| Back Access: |  |
| Internal: |  |
| Bathroom:  |  |
| Toilet:  |  |
| Bedroom: |  |
| Seating: |  |
| Other: |  |
| **Transport:** Drives Yes **☐** No ☐ Manual ☐ Auto **☐** Public Transport: Tram ☐ Train ☐ Bus ☐ Disabled Parking Permit ☐ Other:  |

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| **CURRENT LEVEL OF FUNCTION** |
| **Mental State:** |
| **Mobility** Independent **☐** Supervision ☐ Assistance ☐**Comments**: |
| **UPPER LIMB FUNCTION**Dominance: Right ☐ Left ☐ Precautions: ☐Impaired: Yes ☐ No ☐ ROM ☐ Sensation ☐ Coordination ☐ |
| **PAIN**   |
| **OCCUPATIONAL PERFERFORMANCE AREAS**Key: I = Independent A = Assistance required S = Supervision/Prompts |
|  | **Previous Status****Comments (Aids used) Key**  | **Current Status****Comments (Aids used) Key**  |
| Bed mobility |  |  |  |  |
| Transfers |  |  |  |  |
| **Personal care ADL** |  |  |  |  |
| Eating |  |  |  |  |
| Grooming |  |  |  |  |
| Dressing |  |  |  |  |
| Bathing |  |  |  |  |
| Toileting |  |  |  |  |
| Other |  |  |  |  |
| **Domestic ADL** |  |  |  |  |
| Meal Preparation |  |  |  |  |
| Housework |  |  |  |  |
| Laundry |  |  |  |  |
| Garden/Home Maintenance |  |  |  |  |
| **Community ADL** |  |  |  |  |
| Shopping |  |  |  |  |
| Money Management |  |  |  |  |
| **COGNITION** NAD ☐ Impaired ☐**Comments**: |
| **SOCIAL ACTIVITIES/ INTEREST** |
| **EMPLOYMENT** |
| **OTHER** |

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| **GOALS**  |
|  |
|  |
| **ISSUES IDENTIFIED***
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| Completed by: |  |
| Date: |  |