|  |  |  |
| --- | --- | --- |
| **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** |
|  |

|  |  |
| --- | --- |
| Completed by: |  |
| Date: |  |