

Occupational Therapy Evaluation

Patient Last Name, First Name, MI		Patient ID		Date																																								
Reason for Referral:																																												
Procedures:																																												
Level of Assistance: Independent-I; Modified Independent-M; Hand By Assist-HBA; Supervision-S; Contact Guard Assist-CGA;																																												
Observation/Mon: Moderate/Mon; Maximum/Max; Dependent-D																																												
Activities of Daily Living (MDS G-1(a), (b), (c))		Level of Assist.		Comments																																								
Feeding																																												
Dressing																																												
Lb. Bath																																												
Lb. Bath																																												
Lb. Grooming																																												
Lb. Toileting																																												
Toileting/Egroom																																												
Housekeeping Skills																																												
Functional Mobility (MDS G-1(a), (b), (c))		Level of Assist.				Adaptive Equipment/Post Strategy																																						
Rolling																																												
Moving to Sit																																												
Sit to Stand																																												
Stand to Sit																																												
Stair																																												
Transfer																																												
Self-Dressing				Current Seating <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>WC</td> <td></td> <td></td> </tr> <tr> <td>Good Chair</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Supportive?</td> <td></td> <td></td> </tr> <tr> <td>Further assessment</td> <td colspan="2"></td> </tr> <tr> <td>Other:</td> <td colspan="2"></td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td colspan="3"> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Balance (MDS G-2)</th> <th>Static</th> <th>Dynamic</th> </tr> <tr> <td>Sitting</td> <td></td> <td></td> </tr> <tr> <td>Standing</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Activity Tolerance:</td> </tr> </table>			Yes	No	WC			Good Chair			Other			Supportive?			Further assessment			Other:			 			 			Balance (MDS G-2)	Static	Dynamic	Sitting			Standing			Activity Tolerance:		
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ROM and Strength/Voluntary Movement (MDS G-4; A/B)

Left					Body Part	Right				
Coordination	Tone	Strength	AROM	PRDM	Upper	Coordination	Tone	Strength	AROM	PRDM
					Shoulder					
					Elbow					
					Wrist					
					Hand					
Left Upper Extremity Comments:						Right Upper Extremity Comments:				

Sensory Integration

Key: Mildly Impaired; Atypical; Moderate

Sensation	L	R	Proprioception	L	R
Stereognosis			Visual Field		
Proprioception			Figure/Ground		
Shape/Size			Body Scheme		
Light Touch			R/L Discrimination		
Temperature			R/L Play/Use		
Pain:					

Cognitive Function

Orientation:	Place	Time
Follows Commands:	One-Step	Multi-Step
Communication:	Verbal	Non-verbal
Attention Span:		
Judgment:		
Memory:		
Safety Awareness:		
Common:		

Assessment:

Therapist Signature/Typed/Initials:

Physician's Name:

Patient's Room #

Occupational Therapy Hand Evaluation Template

DJ Losen



Occupational Therapy Hand Evaluation Template:

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