

Agency: _____

Occupational Therapy Progress Note

Visit: ☐ Billable ☐ Non-Billable Time In: _____ AM/PM Time Out: _____ AM/PM

Patient Name: _____		Patient Signature: _____	
Treatment - Check All That Apply			
☐ Evaluation ☐ ADL Training ☐ Bathing ☐ Dressing ☐ Grooming ☐ Feeding ☐ Transfer Training			
☐ Muscle Re-Education ☐ Establish-Upgrade Home Program ☐ Perceptual Motor Training			
☐ Fine Motor Training ☐ Neuro Development ☐ Sensory Treatment ☐ Orthotics/Splinting			
☐ Adaptive Equipment ☐ Therapeutic Exercises ☐ Balance Activities ☐ Other: _____			
Primary Diagnosis: _____			
Functional Impairments: _____			
☐ Dyspnea on exertion			
Pain Assessment: ☐ No pain Location: _____		Duration: _____	Intensity: _____
# of hrs/mins since last pain med taken: _____			

Objective/Subjective Findings:

Treatment Provided/Plan of Care:

Plan:

Reason Homebound: ☐ Bedbound/Chair/Wheelchair bound ☐ Requires assistive device ☐ Unsteady gait/requires 1 or more people ☐ Fatigue/poor endurance ☐ Severe disabling pain ☐ Needs assistance to leave the house safely.

Coordination of Care: ☐ NA ☐ Dr ☐ RN ☐ PT ☐ OT ☐ COTA ☐ ST ☐ OTHER

Regarding: _____

☐ 5 day discharge notice given to patient/physician. Other: _____

Therapist's Signature/Date: _____

Supervisor: _____

Occupational Therapy Progress Note Form

Marcel A. Müller

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the author's name.

Occupational Therapy Progress Note Form:

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