

Occupational Therapy Evaluation

Patient's Last Name, First Name, MI		Patient's		DOB																																		
Reason for Referral:																																						
Procedures:																																						
Level of Assistance: Independent-I; Modified Independent-M; Hand By Assist-HBA; Supervision-S; Contact Guard Assist-CGA;																																						
Observation-M; Moderate-Most; 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/Eggs																																						
Housekeeping Skills																																						
Functional Mobility (MDS G-1(a), (b), (c))		Level of Assist.				Adaptive Equipment/Post Strategy Current Seating: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>Yes</td> <td>No</td> </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>Supporter?</td> <td></td> <td></td> </tr> <tr> <td>Further assessment</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">Other:</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Balance (MDS G-2)</td> <td>Static</td> <td>Dynamic</td> </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			Supporter?			Further assessment			Other:			Balance (MDS G-2)	Static	Dynamic	Sitting			Standing			Activity Tolerance:
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Sitting																																						
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Activity Tolerance:																																						
Rolling																																						
Moving to Sit																																						
Sit to Supine																																						
Stand to WC																																						
Stairs																																						
Subsequent																																						

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: Intact, Impaired, Atypical, Mixed/Not

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:		
Conscience:		

Assessment:

Therapist Signature/Typed/Initials:

Physician's Name:

Patient's Room #

Occupational Therapy Hand Evaluation Template

Wolfgang Guggemos



Occupational Therapy Hand Evaluation Template:

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