Initial Occupational Therapy Evaluation

Patient Name: Alice
Age: 70
Gender: Female
Patient ID: 394

Date	Start Time	Location	Date of Onset	Rehab Diagnosis/Reason for Referral
		Outpatient clinic	4/30/2009	L CVA with RUE hemiplegia

Vital Signs	Precautions	Relevant PMH
HR: 74 BP (sitting): 130/90	None	Blood clots in LLE; edema

SUBJECTIVE

Complaints

Pain (Current)
0 1 2 3 4 5 6 7 8 9 10

Prior Level of Function, Home Support
Pt lives at home with her husband; both are retired school teachers. Prior to CVA, pt was independent with all I/ADLs. Currently, pt requires minimal to moderate assistance from husband for completion of daily tasks.

Home Situation
- ☑ Private home
- ☐ Apartment
- ☐ Assisted Living
- ☐ Other _____
- ☐ Stairs to enter: two
- ☐ Stairs inside home: none

DME
- ☐ Standard walker
- ☐ Rolling walker
- ☐ 3-in-1 commode
- ☐ Tub seat/tub bench
- ☐ Splint/sling
- ☐ Adaptive equipment
- ☑ Other: used a cane for 3 months post-CVA

Patient Goals: See assessment section of evaluation.

OBJECTIVE

Orientation/Cognition

Sensory Status
- ☐ Intact
- ☐ Impaired
- ☐ Absent

Visual Perception
Intact; no deficits noted

Hand Dominance
- ☑ Right
- ☐ Left

Affected Side
- ☐ Right
- ☐ Left
- ☐ Bilateral

Posture/Balance

Gross/Fine Coordination

AROM

PROM

MMT

Tone/Motor Control

Affected UE Function	Bed Mobility	Transfers
☐ Nonfunctional ☐ Dependent Stabilizer ☐ Independent Stabilizer ☐ Gross Assist ☐ Semifunctional Assist ☐ Functional Assist ☐ Functional	Independent **Sit to Stand** Independent **Activity Tolerance/Endurance** Good; able to tolerate 30 minutes of activity with no rest breaks	☐ Bed ← → wheelchair _____ ☐ Wheelchair ← → mat _____ ☐ Toilet (standard) _____ ☐ 3-in-1 commode _____ ☐ Tub _____ ☑ Other: Pt is independent with all transfers

ADLs

Grooming/Hygiene	Independent	Supervision	Cueing	Contact Guard	Min A	Mod A	Max A	Dependent
UB Dressing	Independent	Supervision	Cueing	Contact Guard	Min A	Mod A	Max A	Dependent
LB Dressing	Independent	Supervision	Cueing	Contact Guard	Min A	Mod A	Max A	Dependent
UB Bathing	Independent	Supervision	Cueing	Contact Guard	Min A	Mod A	Max A	Dependent
LB Bathing	Independent	Supervision	Cueing	Contact Guard	Min A	Mod A	Max A	Dependent

IADLs

☑ Safety awareness: Intact
☑ Simple cooking task: Pt is able to prepare simple meals using microwave and toaster oven independently; Min A for using stovetop
☑ Light meal prep: Min A from husband as needed for cutting vegetables, meat
☑ Complex meal prep: Max A from husband d/t RUE hemiplegia
☑ Homemaking: Mod A from husband for "heavier" chores d/t RUE hemiplegia
☐ Gardening
☑ Driving/Community mobility: Husband provides transportation
☐ Work/education skills
☐ Other: _____

ASSESSMENT

Strengths	Deficits	OT Indication
		☐ Yes ☐ Trial ☐ No Justification:

Rehab Potential	Excellent	Good	Fair	Guarded	Poor

PLAN

Frequency 2 times per week	**Duration** 4 weeks	**Goals discussed with patient/caregiver** ☐ Yes ☐ No (justification needed)
D/C Plan To be determined based on client progress; will re-evaluate d/c recommendations after 4 weeks		**End Date and Time**
Signature		**License #**

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