

Patient: _____ Patient #: _____ DOB: _____ Room #: _____

OT Order: _____

Activity: _____

Precautions: _____

Dx: _____

Medical History: _____

Occupational Profile

- ___ personal care
- ___ home management
- ___ meal preparation
- ___ caregiver of pet
- ___ driver
- ___ handles finances
- ___ shopping
- ___ laundry
- ___ medication management
- ___ yard work
- ___ cares for children

Wears Glasses: y n

Hand Dominance: R L

Home Environment

Lives with: _____

Type of Home (steps?): _____

Bathroom: walk-in-shower ___

tub shower ___

elevated toilet seat ___

grab bars ___

Functional Mobility:

No AD ___

Front Wheel Walker ___

4 Wheel Walker ___

Straight Cane ___

Quad cane ___

Wheelchair: manual power

Other: _____

Right Upper Extremity

AROM: WFLs Impaired: _____

PROM: WFLs Impaired: _____

Strength: WFLs Grade: _____

Tone: _____

Finger-to-nose
coordination: WFLs Impaired

Finger Isolation: WFLs Impaired

Visual tracking: _____

Left Upper Extremity

AROM: WFLs Impaired: _____

PROM: WFLs Impaired: _____

Strength: WFLs Grade: _____

Tone: _____

Finger-to-nose
coordination: WFLs Impaired

Finger Isolation: WFLs Impaired

Visual Tracking: _____

NOTES: