Part A - Occupational Therapy/Rehabilitation Note

|  |  |  |
| --- | --- | --- |
| Patient Name: | DOB: | Health Plan ID: |
| Date of Admit:  |  Date of Review: |
| **UE STRENGTH / ROM:****UE FLEXIBILITY / ROM:**  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **UPPER** | **BODY BATHING** | **N/A** | **IND** | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **LOWER** | **BODY BATHING** | **N/A** | **IND** | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **UPPER** | **BODY DRESSING** | **N/A** | **IND** | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **LOWER** | **BODY DRESSING** | **N/A** | **IND** | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **BLADDER** | **BOWEL** | **TOILETING** | **N/A** | **IND** | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |
| **INCONTINENT** | **INCONTINENT** |
| **CONTINENT** | **CONTINENT** |
| **FEEDING** |  | **IND** | **HAND OVER HAND** | **DEPENDENT** |
| **FEEDING ADAPTIVE EQUIPMENT** |  |
| **STATIC/DYNAMIC STANDING BALANCE** | **MIN W/** | **IND** | **SBA** | **CGA** | **MIN** | **MOD** | **MAX** | **DEPENDENT** |

|  |
| --- |
| **EDEMA MEASUREMENTS: R \_\_\_\_\_\_\_\_\_\_\_\_\_ L \_\_\_\_\_\_\_\_\_\_\_****SIGNIFICANT IMPROVEMENT: YES NO** **REHAB POTENTIAL: FAIR GOOD EXCELLENT** |
|  |
| **OT MINUTES =** | **OT DAYS =** |

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**