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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**