

Cardinal Hill Healthcare System Occupational Profile (Adult)

Client Name: _____ Client #: _____ DOB: _____

Initial Date: _____ Discharge Date: _____

Diagnosis: _____

Precautions: _____

1. Client lives with alone _____ in a house trailer apt. with _____ steps to enter R/ L handrail; _____ stories; _____ steps inside home. _____

2. Client's discharge environment, resources, and available adaptive equipment: _____

3. Prior to this hospitalization, the client was I min mod in BADLs and I min mod in IADLs. Client needed assistance with _____

4. A typical day consists of: wake up time _____ a.m. p.m.; volunteer work; bedtime _____ a.m. p.m.

5. What activities do you participate in for fun and how often? _____

6. How do you learn best? (In rehab you will be learning new things. Do you learn best by reading, watching a video?) _____

7. How familiar are you with technology? _____

8. What motivates you to improve? _____

9. How are you coping with your current status? _____

Initial Comments

Discharge Comments

List 5 occupations you want/need to resume	Satisfaction in resuming your roles

Therapist's Signature Date

Therapist's Signature Date

Note. R/L = right/left; I = independent; min = minimum; mod = moderate; BADLs = basic activities of daily living; IADLs = instrumental activities of daily living.