

Cardinal Hill Healthcare System Occupational Analysis (Adult)

Client Name: _____ Client #: _____ DOB: _____

Initial Date: _____ Discharge Date: _____

Diagnosis: _____

Precautions: _____

Occupational Analysis:

| Initial Comments | | Discharge Comments |
|-------------------------|-------------------------|---------------------------|
| | Basic ADLs | |
| | Eating | |
| | Grooming | |
| | Bathing | |
| | E/W/S Dressing UB E/W/S | |
| | E/W/S Dressing LB E/W/S | |
| | Toilet TX | |
| | Tub/Shower TX | |
| | Problem Solving | |
| | Memory | |
| | Comments | |

Client Name: _____ Client #: _____

Initial Comments

Discharge Comments

| | | |
|--|---------------------------------------|--|
| | Instrumental ADLs | |
| | Community Mobility | |
| | Health Management | |
| | Home Management | |
| | Financial Management | |
| | Leisure | |
| | Safety | |
| | Comments | |
| | Movement Function | |
| | Sitting—Static/Dynamic | |
| | Standing—Static/Dynamic | |
| | Joint Stability and Skeletal Mobility | |

Client Name: _____ Client #: _____

Initial Comments

Discharge Comments

| | | |
|--|--------------------------|--|
| | Place can on shelf | |
| | Retrieve item from floor | |
| | Screw lid on jar | |
| | Comb back of head | |
| | Write name | |
| | Lift grocery bag | |
| | Comments | |

Client Name: _____ Client #: _____

Initial Comments

Discharge Comments

| | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|--|--|---|---|--|--|--|---|--|--|--|
| | | | | | | | | Energy for Task | | | | | | | | |
| | | | | | | | | Coordination | | | | | | | | |
| L | | | | R | | | | Grip Strength/Lateral Pinch lbs/3 Jaw Chuck | L | | | | R | | | |
| | | | | | | | | Knowledge/Organization of Task | | | | | | | | |
| | | | | | | | | Adaptation/Praxis | | | | | | | | |
| | | | | | | | | Comments | | | | | | | | |
| | | | | | | | | Social Interaction Skills | | | | | | | | |
| | | | | | | | | Cognitive & Affective | | | | | | | | |
| | | | | | | | | Level of Arousal/Attention | | | | | | | | |
| | | | | | | | | Orientation | | | | | | | | |
| | | | | | | | | Energy and Drive | | | | | | | | |

Client Name: _____ Client #: _____

Initial Comments

Discharge Comments

| | | |
|--|-------------------------------|--|
| | Higher Level Cognition | |
| | Sensory | |
| | Visual | |
| | Perception | |
| | Pain | |
| | Skin Integrity | |
| | Comments | |

| | Pre | Post | | Pre | Post | | Pre | Post | | Pre | Post | | Pre | Post | | Pre | Post |
|----|-----|------|----------------|-----|------|-----|-----|------|----|-----|------|----------------|-----|------|-----|-----|------|
| HR | | | O ₂ | | | RPD | | | HR | | | O ₂ | | | RPD | | |

| | | |
|--|----------|--|
| | Comments | |
|--|----------|--|

Client Name: _____ Client #: _____

Initial Comments

Discharge Comments

How do the risks interfere with participation in occupation?

How has occupational therapy facilitated participation in occupation in client's environment?

Equipment:

Equipment provided:

Goals met:

Goals not met:

ELOS:

Number of visits:

Reason for discharge:

D/C recommendations/referrals:

Therapist's Signature

Date

Therapist's Signature

Date

Note. ADLs = activities of daily living; E/W/S = edge of bed/wheelchair/supine; UB = upper body; LB = lower body; TX = transfer; HR = heart rate; O₂ = oxygen; RPD = rate of perceived dyspnea; ELOS = estimated length of stay; D/C = discharge.