

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	
	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	
	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														
										Higher Level Cognition														
										Sensory														
										Visual														
										Perception														
										Pain														
										Skin Integrity														
										Comments														
	Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post		Pre	Post				
HR			O ₂			RPD				HR			O ₂			RPD								

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.