Solas
Rehabilitation

Occupational Therapy Initial Assessment Report

Client:
DOB:

Date of Assessment:

Date of Report:

Aisling van der Walt, BSc(OT), MCOT, MSSNP
Specialist Occupational Therapist in Neurorehabilitation

Patient Information
Name:
Address:
DOB:
Diagnosis: **Date of onset:** **Past medical history:**

Background

Include reason for referral, early management and initial treatment after injury/ onset.

Current Ability

Transfers and mobility

Personal care & grooming

Toileting & continence

Feeding

Meal Preparation

Work and Study

Leisure

Community access

Sleep

Current Impairments

Upper Limb

Upper Limb Assessment
Passive range of motion
Active range of motion
Strength
Tone
Sensation & Proprioception

Sensorimotor

Cognition & Communication

Interpersonal

Priority areas for Occupational Therapy Input

Client Perspective

Family Perspective

Goals and Recommendations

1. State goal
Current ability:
Recommendation/ Proposed intervention:

Proposed Input for Occupational Therapy

Number of sessions anticipated and priority areas

Signed:

Aisling van der Walt, BSc(OT), MRCOT