



## **Occupational Therapy Return to Work Risk Assessment**

**Client:**

Date of report:

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**Name**

**DOB**

**Diagnosis**

**Medical history**

**Social history**

### **1. Purpose of assessment**

(state purpose of assessment/ reason for referral)

Location

Date

Present

### **2. Subjective Assessment: Medical Notes and Interview**

(summarise findings from review of medical notes, professional reports, and client and employer perspectives)

### **3. Current Functional Ability**

Mobility

- 
- 

Personal Care

- 
- 

### **4. Previous Roles and Proposed Roles**

(state previous job role/ description)

(state suggested new job role if applicable)

## 5. Risk Assessment

### 5.1 General

#### A. Toilet facilities

**Assessment**

- e.g. the toilet is currently unsuitable due to low height and lack of grab rail

**Risk Identified**

1. X being unable to get off the toilet.
- 2.

**Modification to Minimise Risk**

1. Installation of a higher toilet and a fixed grab rail are required.
- 2.

**Action Recommended**

By Employer:

1. Provide accessible toilet facilities, including a higher toilet seat and fixed drop down rail.
- 2.

By Employee

- 1.

**Review plan**

Regular informal review with line manager.

One month formal review with manager and relevant parties.

Three month review with occupational therapist.

#### B.

**Assessment**

- 

**Risk Identified**

- 1.

**Modification to Minimise Risk**

- 1.

**Action Recommended**

By Employer:

By Employee:

- 1.

**Review plan**

## 5.2 Duty Specific

A.

<b>Assessment</b> •
<b>Risk Identified</b> 1.
<b>Modification to Minimise Risk</b> 1.
<b>Action Recommended</b> By Employer: 1.  By Employee: 1.
<b>Review plan</b>

B.

<b>Assessment</b> •
<b>Risk Identified</b> 1.
<b>Modification to Minimise Risk</b> 1.
<b>Action Recommended</b> By Employer: 1.  By Employer: 1.
<b>Review plan</b>

## **5.3 Risk Assessment: Falls Prevention Guidelines**

### **6. Summary**

#### **6.1 Overview**

Overall impression / recommendation

#### **6.2 Working Pattern**

#### **6.3 Duties**

(list of duties possible to return to with modification)

Signed