

Clinical Assessment Form Sample for Occupational Therapy

The **clinical assessment form** sample for occupational therapy streamlines the evaluation process by systematically capturing patient information and functional status. This form aids therapists in designing personalized intervention plans based on comprehensive data. Utilizing a standardized template ensures consistency and accuracy in documenting patient progress.

Patient Information

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Assessment Date:	<input type="text"/>
Referring Physician:	<input type="text"/>		

Medical & Occupational History

Diagnosis:	<input type="text"/>
Relevant Medical History:	<input type="text"/>
Current Medications:	<input type="text"/>

Occupational Performance

Area of Occupation	Current Level of Function	Barriers/Support
Self-care (ADLs)	<input type="text"/>	<input type="text"/>
Productivity (Work/School)	<input type="text"/>	<input type="text"/>
Leisure/Social	<input type="text"/>	<input type="text"/>

Assessment Tools Used

- Manual Muscle Testing (MMT)
- Range of Motion (ROM)
- ADL Assessment
- Other:

Summary of Findings

Intervention Plan

Therapist Details

Therapist Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		