

Clinical Evaluation Form Sample: Occupational Therapy

The **clinical evaluation form** sample for occupational therapy is designed to systematically assess a patient's functional abilities and therapeutic needs. This template ensures comprehensive documentation of progress, challenges, and treatment goals. Utilizing a standardized form enhances communication between therapists and supports effective care planning.

Patient Information

Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Patient ID:	<input type="text"/>	Evaluation Date:	<input type="text"/>

Referral Information

Referral Source:	<input type="text"/>
Reason for Referral:	<input type="text"/>

Clinical History and Medical Background

Functional Assessment

Area	Assessment Findings	Notes/Comments
Self-care (ADLs)	<input type="text"/>	<input type="text"/>
Mobility	<input type="text"/>	<input type="text"/>
Upper Extremity Function	<input type="text"/>	<input type="text"/>
Cognition	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Challenges & Barriers

Treatment Goals

Therapist Recommendations

Therapist Information

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