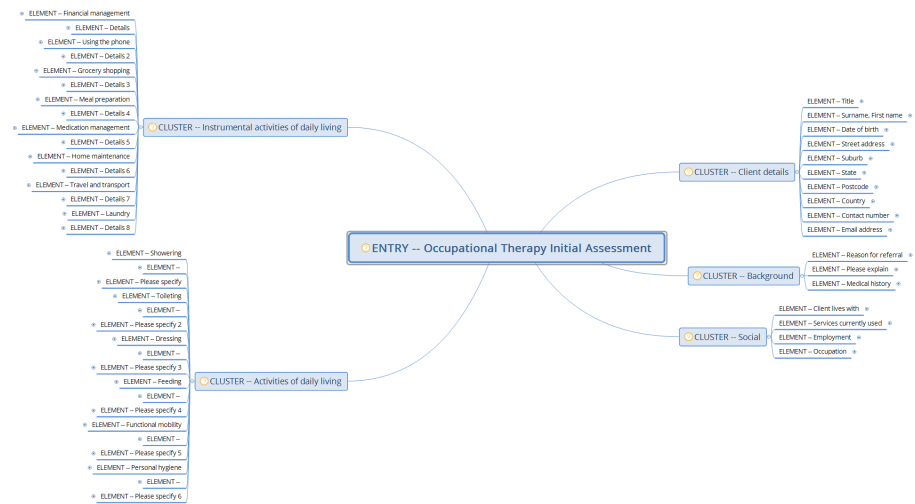


Occupational Therapy Initial Assessment

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	Occupational Therapy Initial Assessment
Clinical Area(s)	Occupational Therapy
Description of Use	OT new client initial assessment
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div><div>OCCUPATIONAL THERAPY INITIAL ASSESSMENT</div><div><div>CLIENT DETAILS</div><div><div>TITLE</div><div></div></div><div><div>SURNAME, FIRST NAME</div><div>TEST Patient</div></div><div><div>DATE OF BIRTH</div><div>12/12/1990</div></div><div><div>STREET ADDRESS</div><div>12 Demo Street MAROOCHYDORE QLD 4558 AUS</div></div><div><div>SUBURB</div><div></div></div><div><div>STATE</div><div></div></div><div><div>POSTCODE</div><div></div></div><div><div>COUNTRY</div><div></div></div><div><div>CONTACT NUMBER</div><div></div></div><div><div>EMAIL ADDRESS</div><div></div></div></div><div><div>BACKGROUND</div><div><div>REASON FOR REFERRAL</div><div></div></div><div><div>MEDICAL HISTORY</div><div></div></div></div><div><div>SOCIAL</div><div><div>CLIENT LIVES WITH</div><div></div></div><div><div>SERVICES CURRENTLY USED</div><div></div></div><div><div>EMPLOYMENT</div><div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div></div></div><div><div>ACTIVITIES OF DAILY LIVING</div><div><div>SHOWERING</div><div><div><input type="radio"/> Independent</div><div><input type="radio"/> Dependent</div></div></div></div></div>
Report Preview	<div><div><div>Mrs Patient: Marie TEST</div><div>Born 12-Dec-1990 (31y) Gender Female 31y at the time of observation</div></div><div><div>Address 12 Demo Street MAROOCHYDORE QLD 4558</div><div>Phone (07)54566000</div><div>Medicare No 460868371/1</div></div><div><div><div>Specimen</div><div>Lab No DBE15A39-818E-41A7-ABDA-2E5D1AB94D82</div><div>Request Date 9/09/2022 2:27 PM</div><div>Effective Date 9/09/2022 2:27 PM</div><div>Generated Date 9/09/2022 2:24 PM</div></div></div><div><div>Occupational Therapy Initial Assessment (E DAY)</div><div><div>CLIENT DETAILS</div><div><div>Title</div><div>Miss</div></div><div><div>Surname, First name</div><div>TEST Patient</div></div><div><div>Date of birth</div><div>12/12/1990</div></div><div><div>Street address</div><div>12 Demo Street MAROOCHYDORE QLD 4558 AUS</div></div><div><div>State</div><div>Queensland</div></div><div><div>Postcode</div><div>4558</div></div><div><div>Country</div><div>AUSTRALIA</div></div><div><div>Contact number</div><div>0478526412</div></div><div><div>Email address</div><div>hello@outlook.com</div></div></div><div><div>BACKGROUND</div><div><div>Reason for referral</div><div>Functional Assessment</div></div><div><div>Medical history</div><div>ASD</div></div></div><div><div>SOCIAL</div><div><div>Client lives with</div><div>Family</div></div><div><div>Services currently used</div><div>Dietetics</div></div><div><div>Employment</div><div>No</div></div></div><div><div>ACTIVITIES OF DAILY LIVING</div><div><div>Showering</div><div>Independent</div></div><div><div>Toileting</div><div>Independent</div></div><div><div>Dressing</div><div>Independent</div></div><div><div>Feeding</div><div>Independent</div></div><div><div>Functional mobility</div><div>Independent</div></div><div><div>Personal hygiene</div><div>Independent</div></div></div></div></div>

Mind Map



Excel File /Structure

CEN.OccupationalTherapyInitialAssessment.v1.xlsx

Editor Screenshot

