

OCCUPATIONAL THERAPY- ARTHRITIS INITIAL ASSESSMENT AND INTERVENTION PLAN

Assessment Date: _____

Referral date: _____

Referral source: _____

Reason for referral: _____

Consent received for assessment Consent given by: Client Substitute Decision Maker

Comments:

CLIENT AND FAMILY GOALS

RELEVANT MEDICAL HISTORY Also see Physiotherapy and Occupational Therapy Arthritis History Form

Diagnosis, onset, course of disease, related surgery, previous therapy, medications – if not covered in History Form

Stiffness: AM PM Mild Moderate Severe **Duration (hours):**

Fatigue: Mild Moderate Severe

Sleep Patterns:

COMMUNICATION Vision, Hearing, Speech

Languages spoken/understood:

ENVIRONMENT

Socio – Cultural & Spiritual

Lives with: Alone Spouse/Partner Parents Other: _____

Supports/ Dependents/ Social Network/ Spiritual Practices:

Physical

City of residence: _____

Apartment Townhouse House | Owns Rents

Stairs: Exterior: # _____ Railings ↑ R L Interior: # _____ Railings ↑ R L

Home Environment:

Community Supports

Funding: _____ Status Number: _____ Extended Health Company: _____

Other:

OCCUPATIONAL THERAPY- ARTHRITIS INITIAL ASSESSMENT AND INTERVENTION PLAN

CURRENT FUNCTIONAL STATUS/OCCUPATIONAL PERFORMANCE

Basic Activities of Daily Living: Sleep, Communication, Feeding/Swallowing, Grooming/Hygiene, Bathing, Dressing, Toileting, Intimacy

Functional Mobility: Transfers, Mobility, Stairs, Falls History & Risk, Driving, Public Transport

IADLs: Technology Use, Medication Management, Meal Management, Laundry, Housekeeping, Shopping, Community Access, Money Management, Home Maintenance/Safety

Wellness/Illness Management: Splints, Insoles/ footwear, Assistive Devices, Pacing, Relaxation, Pain Management, Classes

Productivity: Education, Employment (include ergonomics), Volunteering, Childcare

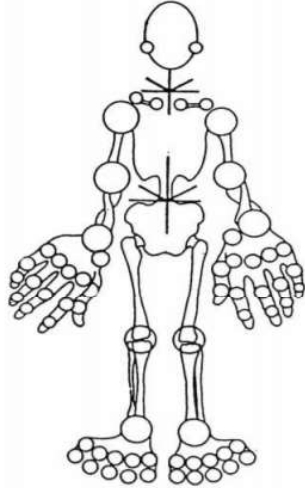
Leisure

CURRENT COMPONENTS AFFECTING OCCUPATIONAL PERFORMANCE Physical, Cognitive, Affective

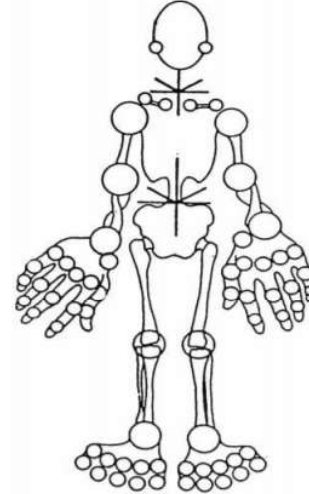
Affective: Mood, Behaviour, Coping, Stress

**OCCUPATIONAL THERAPY- ARTHRITIS
INITIAL ASSESSMENT AND INTERVENTION PLAN**

Physical:



Active Joints



Damaged Joints

TMJ

Cervical Spine

Back

Shoulder

Elbow

Wrist

Hands

OT Arthritis Hand Assessment completed Yes No

Hips

Knees

Ankles

Feet

OT Arthritis Foot Assessment completed Yes No

**OCCUPATIONAL THERAPY- ARTHRITIS
INITIAL ASSESSMENT AND INTERVENTION PLAN**

CLINICAL IMPRESSION AND ANALYSIS

Occupational Performance Issues and Goals

INTERVENTION PLAN

Goals and intervention plan negotiated with client and consent for OT intervention obtained

Comments: _____

Occupational Therapist signature

Printed name

Date