

Tel:
Fax:

OT MHSU ASSESSMENT

Name:	Age:	PARIS ID:	
DOB:		PHN:	
Gender:		Phone:	
Home Address:		GP/NP:	GP/NP Phone:

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

Allergies - Current

Date Entered	Allergen	Category	Source	Reaction	Reaction Details
--------------	----------	----------	--------	----------	------------------

Assessment

REFERRAL REASON AND PRESENTING SITUATION

Background/Relevant Medical History

Relevant medication and functional impact

Communication

Tools used for information gathering

ENVIRONMENT

Housing History

OT MHSU ASSESSMENT

Name:	PARIS ID:
-------	-----------

Assessment (continued)

Physical Environment

Community Supports

Professional

Organizations

Social Environment

Personal

Family

Cultural Environment

Spirituality

OT MHSU ASSESSMENT

Name:	PARIS ID:
-------	-----------

Assessment (continued)

OCCUPATIONAL PERFORMANCE - physical, cognitive, affective

BASIC ACTIVITIES OF DAILY LIVING

Sleep

Hygiene/Bathing

Dressing

Toileting

Mobility

Feeding/Eating/Swallowing

Skin/Wound Management

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Daily Routine

OT MHSU ASSESSMENT

Name:	PARIS ID:
-------	-----------

Assessment (continued)

Wellness/Illness Management

Medication Management

Meal Management/Food Security

Money Management

Housekeeping/Laundry

Household Safety

Community Access

Technology Use

Substance Use

OT MHSU ASSESSMENT

Name:	PARIS ID:
-------	-----------

**Assessment (continued)
PRODUCTIVITY**

LEISURE

**Assessment Continued
CLIENT AND FAMILY GOALS**

CLINICAL IMPRESSION/ANALYSIS

OCCUPATIONAL PERFORMANCE ISSUES

BARRIERS TO DISCHARGE

OCCUPATIONAL PERFORMANCE GOALS/INTERVENTION PLAN

Authorization Details

Carried Out By:

Date:

Closing Authorizer:

Date:

Notes:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----