APPLIED HEALTHCARE SOLUTIONS, INC.

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OCCUPATIONAL THERAPY VISIT NOTE

HOMEBOUND REASON

- [x] Needs assistance for all activities
- [x] Residual weakness
- [ ] Requires assistance to ambulate
- [x] Unable to safely leave home unassisted
- [ ] Other:
- [ ] Dependent upon adaptive device(s)
- [ ] Confusion, unable to go out of home alone
- [ ] Severe SOB, SOB upon exertion
- [ ] Medical restrictions

VITAL SIGNS

B/P: 136 / 66 PR: 92
RR: 16 Temp: 97.7
02: Pain: 0 NA
Pain Location:

SKILLED INTERVENTIONS

- [ ] Establish Home Exercise Program
- [x] Activities of Daily Living (ADL) Training
- [ ] Neuro-developmental Treatment
- [ ] Visual/Perceptive Skills
- [ ] Other:
- [x] Home Safety Education
- [ ] Fine Motor (Coordination)
- [x] Therapeutic Exercises for UE's
- [ ] Sensory Treatment
- [x] Patient Education
- [ ] Perceptual Motor Training
- [ ] Adaptive Equipment Training
- [ ] Orthotic/Splinting
- [ ] Cognition

...more

PHYSICAL STATUS EVALUATION

ADL STATUS

Bathing:	--
Groom/Hygiene:	--
UE Dressing:	--
LE Dressing:	--
Eating/Feeding:	--
Toileting:	--
Cooking:	--
Homemaking:	--

FUNCTIONAL MOBILITY:

ADL Ambulation:	--
ADL W/C Ambulation:	--
Chair / W/C Transfers:	--
Bed Transfers:	--
Bed Mobility:	--
Toilet / BSC Transfers:	--
Tub / Shower Transfers:	--
Car / Transportation:	--

MENTAL STATUS

- [x] Oriented: [ ] Person [ ] Place [ ] Time [ ] Situation
- [ ] Disoriented [ ] Alert [ ] Anxious
- [x] Cooperative [ ] Confused [ ] Forgetful
- [ ] Lethargic [ ] Depressed [ ] Restless
- [ ] Unresponsive [ ] Other:

TREATMENT / EDUCATION

Strength: ...more

ROM: ...more

Endurance: ...more

SKILLED CARE PROVIDED THIS VISIT

Instruction on bed mobility skills and correct body mechanics for LB ADLS from edge of bed. Facilitate UE exercises for strengthening, shoulders, biceps and forearm. Performed standing activities to improve balance.

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PATIENT/PCG RESPONSE TO INTERVENTIONS

Good response to treatment.

...more

PROGRESS TOWARDS GOALS

Progress with LB tasks from sitting position.

...more

- [ ] Patient/PCG informed of Next Visit Date:

Plan for Next Visit:

Continue with plan.

...more

- [ ] Discharge Plan discussed with Patient/PCG

Communication with: [ ] Physician [ ] SN [ ] PT [ ] OT [ ] ST [ ] MSW [ ] Aide [ ] Case Manager

Regarding:

OT Supervisory Visit: [ ] Present [ ] Absent

Observation/Teachings of:

Patient Name: Test Patient **MR#:** #0000000000

5/28/2018 09:00 AM - 09:30 AM Test Clinician Visit Type: COTA Visit(G0158) | Insurance: Medicare
Electronically signed by Test Clinician on 05/28/2018