

Occupational Therapy Assessment Report

Date: [Insert Date]

Client Name: [Insert Client Name]

Date of Birth: [Insert Date of Birth]

Referring Physician: [Insert Physician Name]

Background Information

[Brief summary of the client's background, including medical history and reasons for referral]

Assessment Procedures

[Description of assessment tools and methods used during the evaluation]

Results

[Summary of assessment findings, including strengths and areas of concern]

Recommendations

[Specific recommendations for treatment, including goals and interventions]

Plan of Care

[Outline the plan for occupational therapy services and expected outcomes]

Signature

Occupational Therapist