

## Occupational Therapy Evaluation: Patient Information Form

Patient name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Patient's age: \_\_\_\_\_

Background information: \_\_\_\_\_

**(Please answer questions to the best of your ability)**

1. Was the patient born full term? How many weeks gestation? \_\_\_\_\_
2. Is there any significant birth history? Were there complications? \_\_\_\_\_
3. What was the patient's birth weight? \_\_\_\_\_
4. Are there any previous surgeries or significant medical history? \_\_\_\_\_
5. Has the patient received previous services or evaluations for therapy (speech, physical or occupational)?  
If so, where from and how often? \_\_\_\_\_
6. Is the patient currently taking any medications? If yes, please list: \_\_\_\_\_
7. Does the patient have a medical diagnosis? \_\_\_\_\_
8. When did the patient reach the below developmental milestones: \_\_\_\_\_  
Roll over: \_\_\_\_\_  
Sit up independently: \_\_\_\_\_  
Self-feed: \_\_\_\_\_  
Crawl: \_\_\_\_\_  
Walk: \_\_\_\_\_  
Say first words: \_\_\_\_\_

**ADLS/Self Help Skills:**

1. Can your child self-feed (use utensils appropriately)? If no, please explain: \_\_\_\_\_
2. Does your child tolerate a variety of textures? (Food and clothing)? If no, please explain: \_\_\_\_\_
3. Can your child manipulate fasteners (buttons, zippers, or snaps)? \_\_\_\_\_
4. What articles of clothes can your child remove; how much assistance is needed? \_\_\_\_\_
  - a. Shoes & socks: \_\_\_\_\_
  - b. Shirt: \_\_\_\_\_
  - c. Pants: \_\_\_\_\_
  - d. Underwear: \_\_\_\_\_
5. What articles of clothes can your child put on; how much assistance is needed? \_\_\_\_\_
  - a. Shoes & socks: \_\_\_\_\_
  - b. Shirt: \_\_\_\_\_
  - c. Pants: \_\_\_\_\_
  - d. Underwear: \_\_\_\_\_
6. Does your child participate in bathing, grooming, and hygiene; how much assistance? \_\_\_\_\_
7. Is your child potty trained? Or is this skill emerging? Can they indicate when diaper is wet/dirty? \_\_\_\_\_

## Social/Emotional:

1. What is your child's current living situation? \_\_\_\_\_
2. Does your child have siblings? If yes, ages of siblings: \_\_\_\_\_
3. What are your child's hobbies, likes, or interests? \_\_\_\_\_
4. Does your child have a favorite toy? If yes please describe: \_\_\_\_\_
5. Does your child have trouble following directions? If yes please describe: \_\_\_\_\_
6. Does your child appear clumsy or uncoordinated? If yes please describe: \_\_\_\_\_
7. Does your child play with or alongside peers? \_\_\_\_\_
8. Do they attend a preschool or daycare? \_\_\_\_\_
9. Will they play on playground equipment without hesitation? \_\_\_\_\_
10. Is your child a picky eater? \_\_\_\_\_
11. Does your child have trouble paying attention? \_\_\_\_\_
12. Is your child able to transition with ease? \_\_\_\_\_
13. What would you say your child's strengths are? \_\_\_\_\_
14. What are your main concerns for your child? \_\_\_\_\_
15. What are your goals for treatment? \_\_\_\_\_

## Concerns and development history

Which description(s) below sound like your child? (circle or highlight all that apply)

- Mostly quiet
- Restless
- No fear
- Easily frustrated
- Clumsy
- Tires easily
- Frequent tantrums
- Very talkative
- Resistant to change
- Lacks awareness
- Unusual fears
- Notices everything
- Frequent unsafe behaviors
- Difficulty learning new things
- Overly active
- Often happy
- Nervous
- Impulsive
- Forceful
- Short attention span

Please indicate your concerns (circle or highlight all that apply)

- **Fine Motor:**
  - Grasping
  - Reaching
  - Writing/drawing
  - Cutting
  - Using both hands together
  - Other
- **Gross motor**
  - Walking
  - Running
  - Jumping
  - Throwing/catching
  - Coordination
  - Other

### • **Social participation**

- Shy
- Aggressive
- Enjoys playing alone
- Enjoys playing with others
- Plays near others, but not with peers

### • **Education**

- Poor handwriting
- Poor memory
- Right/left confusion
- Letter recognition
- Poor concentration

### • **Communication/hearing**

- Following directions
- Hearing loss
- Answering questions
- Making sentences
- Pictures/gestures