Occupational Therapy

Functional Capacity Assessment Report

Date of report:

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| Client name |  |
| Date of Birth |  |
| Contact |  |
| Address |  |
| NDIS number |  |
| NDIS plan date |  |
| Initial Assessment date |  |
| Present at assessment |  |

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| Purpose of report:   * To provide an overview of XXX’s current functional capacity. * To provide assessment and recommendations for further and ongoing therapy and intervention required. * To provide recommendations regarding additional supports. | |
| Medical History | |
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| Social | |
| Family and Living Arrangement |  |
| Supports |  |
| Education |  |
| Interests |  |
| Personal Activities of Daily Living | |
| Mobility and transfer |  |
| Grooming |  |
| Dressing |  |
| Toileting |  |
| Showering |  |
| Eating |  |
| Sleeping |  |
| Taking Medication |  |
| Domestic Activities of Daily Living | |
| Shopping |  |
| Cleaning and Laundry |  |
| Meal Preparation |  |
| Financial Management |  |
| Transport |  |
| Fine motor | |
| Gross motor | |

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| Cognition |
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| Communication |
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| Behaviour |
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| Sensory / emotional regulation |
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| Play/ social |
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| Mental health and well being |
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| Current Equipment |
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| Standardised Assessment |
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| Summary of Therapy |
| **Time:** X was seen over 6 months for approximately 1 hour once a week  **Strategies used:** this is what you did as a therapist to achieve goals, what you implemented as best practice  **Discuss:** AT, home mod, training of staff, family |

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| NDIS Goals | |
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| Occupational Therapy Goals | |
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| Recommendations |
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| Summary |
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| Clinician Details | |
| Daisy Wang  A black text on a white background  Description automatically generated  Happy Therapy Australia  Occupational Therapist | Phone: 0451599130  Email: admin@happytherapyaustralia.com.au |