**ANSIE VAN ZYL**

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**Occupational Therapy Medico Legal Report**

|  |  |
| --- | --- |
| Name:  Date of birth:  ID:  Age:  Address:  Date of injury:  Date of assessment:  Date of report:  Prepared for:  Prepared by:  **Ref:** | {fullName}  {dateOfBirth}  {IdNumber}  {age} years  {line1}  {line2}  {city}  {postalCode}  {dateOfInjury}  {assessmentdate}  {today}  {attorney}  {lawFirm}  {lawFirmCity}  Ansie van Zyl Occupational Therapist 28 7th Avenue, Newton Park Port Elizabeth  **{ref}** |

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1. **Purpose of report**

The report is aimed at providing details on the impact of the claimant's injuries on her pre-accident roles and circumstances, with specific reference to:

−Activities of daily living  
−Leisure and recreational activities  
−Work

The need for assistance at home, adaptive equipment and the loss of life amenities suffered from, as a result of injuries sustained, will also be reported on.

**2. Sources of Information**

**2.1 Interview and assessment:**

The writer consulted with {fullName} on {assessmentDate} at 28 7th Avenue, Newton Park, for interview and assessment.

**2.2 Documentation Received**

|  |  |  |
| --- | --- | --- |
| **Date Description Author** | | |
|  |  |  |
| {#documents}{date\_authored} | {file\_name} | {author\_name}{/documents} |
|  |  |  |

**3. History**

**3.1 Personal History**

**3.1.1 Early Childhood:**

{earlyChildhood}

**3.1.2 Family:**

{family}

**3.1.3 Home environment:**

{homeEnvironment}

**3.1.4 Educational:**

{educational}

**3.1.5 Work:**

3.1.5.1 Premorbid:

{premorbid}

3.1.5.2 Postmorbid:

{postmorbid}

**3.1.6 Social habits:**

{socialHabits}

**3.2 Medical history**

**3.2.1 Past medical history**

3.2.1.1 Previous injuries:

{previousInjuries}

3.2.1.2 Medical conditions:

{medicalConditions}

**3.2.2 Current history**

{currentHistory}

3.2.2.1 Medication:

{medication}

**3.3 Work History**

{workHistory}

**4. Components of Assessment**

**4.1 Current complaints** (reported by the claimant)

{currentCompaints}

**4.2 Clinical observations**

{clinicalObservations}

4.3 Physical assessment

4.3.1 General appearance

4.3.2 Muscle power

4.3.3 Range of motion

**Forearm and wrist**

Knee

4.3.4 Pain

4.3.5 Balance

Berg Balance Scale

**4.3.6 Sensation**

**4.3.7 Co-ordination**

**4.3.8 Posture**

**4.3.9 Mobility**

**4.3.10 Gait**

couple of steps.

**4.4 Cognitive assessment**

**4.4.1 Attention and Concentration**

**4.4.2 Memory**

4.4.2.1 Short term:

4.4.2.2 Long term:

**4.4.3 Insight**

4.4.4 Reading

4.4.5 Speech

4.4.6 Writing

**4.4.7 Visual perception**

**4.5 Affect**

**4.6 Motivation**

**4.7 Functional**

**4.7.1 Personal care:**

**4.7.2 Sleeping**

**4.7.3 Home management:**

**4.7.4 Leisure:**

**4.7.5 Driving:**

**4.8 Work Assessment**

**4.8.1 Job Description**

4.8.1.2 Work assessment

**5. Summary**

**5.1 Discussion**

5.1.1. Loss of amenities

5.1.2 Residual work capacity

**5.2 Recommendations**

**5.2.1 Future Medical Expenses**

**5.2.2 Future Medication and Surgical Intervention**

**5.2.3 Supplementary Health Services**

**5.2.4 Physiotherapy**

* + 1. **Psychology**

{psychology}

* + 1. **Occupational Therapy**

{occupationalTherapy}

**5.2.7 Special and Adapted Equipment**

{specialEquipment}

**5.2.8 Assistance Required**

5.2.8.1 Case Management

{caseManagement1}

5.2.8.2 {caseManagement2}

**5.2.9 Transportation Costs**

{transportationCosts}

The writer reserves the right to alter her opinion if any new information comes to hand.

Please contact me for further information if necessary.

Thank you for the referral.



Ansie van Zyl

Occupational Therapist