**OCCUPATIONAL THERAPY ASSESSMENT REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | |  | | --- | | hima |  |  | | --- | |  | |
| **Date of birth** | |  | | --- | | 2025-07-25 |  |  | | --- | |  | |

**Chief Complaints: na**

**Medical History:**

* PRENATAL: no

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Sensorimotor** Components | **Response** | **Comments** |
| 1 | Sensory Awareness | Fair | has things |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Sensory Processing** | **Response** | **Comments** |
| 1 | Tactile | Good | asa |
| 2 | Vestibular | Fair |  |
| 3 | Proprioceptive | Fair |  |
| 4 | Visual | Fair | aaa |
| 5 | Auditory | Fair | aa |
| 6 | Gustatory | Good | aa |
| 7 | Olfactory | Good | aaa |