**OCCUPATIONAL THERAPY ASSESSMENT REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | |  | | --- | | {name} |  |  | | --- | |  | |
| **Date of birth** | |  | | --- | | {date\_of\_birth} |  |  | | --- | |  | |

**Chief Complaints: {chief\_complaints}**

**Medical History:**

* PRENATAL: {prenatal}

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Sensorimotor** Components | **Response** | **Comments** |
| 1 | Sensory Awareness | {sensory\_awareness\_res} | {sensory\_awareness\_cmp} |