**OCCUPATIONAL THERAPY ASSESSMENT REPORT**

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| --- | --- | --- | --- |
| **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} |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Sensory Processing** | | **Response** | | **Comments** | |
| 1 | Tactile | | {tactile\_res} | | {tactile\_cmp} | |
| 2 | Vestibular | | {vestibular\_res} | | { vestibular\_cmp} | |
| 3 | Proprioceptive | | {proprioceptive\_res} | | { proprioceptive\_cmp} | |
| 4 | Visual | | {visual\_res} | | {visual\_cmp} | |
| 5 | Auditory | | {auditory\_res} | | {auditory\_cmp} | |
| 6 | Gustatory | | {gustatory\_res} | | {gustatory\_cmp} | |
| 7 | Olfactory | | {olfactory\_res} | | {olfactory\_cmp} | |
|  | |  | |  | |
| **Sr. No.** | **Neuromusculoskeletal** | | **Response** | | **Comments** | |
| 1 | Reflex | |  | |  | |
| 2 | Range of Motion(ROM) | |  | |  | |
| 3 | Muscle Tone | |  | |  | |
| 4 | Strength | |  | |  | |
| 5 | Endurance | |  | |  | |
| 6 | Postural Control | |  | |  | |
| 7 | Postural Alignment | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Cognitive** | | **Response** | | **Comments** | |
| 1 | Level of Arousal | |  | |  | |
| 2 | Attention Span | |  | |  | |
| 3 | Initiation of Activity | |  | |  | |
| 4 | Termination of Activity | |  | |  | |
| 5 | Memory | |  | |  | |
| 6 | Sequencing | |  | |  | |
| 7 | Sitting tolerance | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Motor** | | **Response** | | **Comments** | |
| 1 | Gross Coordination | |  | |  | |
| 2 | Crossing the Midline | |  | |  | |
| 3 | Bilateral Integration | |  | |  | |
| 4 | Motor Control | |  | |  | |
| 5 | Praxis | |  | |  | |
| 6 | Fine Coordination/ Dexterity | |  | |  | |
| 7 | Visual-Motor Integration | |  | |  | |
| 8 | Oral-Motor Control | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Speech & Communication** | | **Response** | | **Comments** | |
| 1 | Receptive | |  | |  | |
| 2 | Expressive | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Psychological** | | **Response** | | **Comments** | |
| 1 | Self-regulation | |  | |  | |
| 2 | Eye contact | |  | |  | |
|  | |  | |  | |
| **Sr. No.** | **Social** | | **Response** | | **Comments** | |
| 1 | Self-Expression | |  | |  | |