GIFTRAP OCCUPATIONAL THERAPY EVALUATION

Patient Name:_____ Evaluating Therapist:_____

Evaluation Date:_____ Certification Dates: _____ to _____

GENERAL:
Physician:_____
Medical Dx:_____ ICD code:_____
Treatment Dx:_____ ICD code:_____

ASSESSMENT:
Factors Supporting Medical Necessity:

Reason for Referral: _____

Hx of Present Illness: _____

Past Medical Hx/Complexities: _____

Precautions: _____

Prior Living Envirnmnt: Home(I) Home+ Family ILF ALF Grp Hm This LTC Oth LTC Other_____

D/C Plan: Home(I) Home+ Family ILF ALF Grp Hm This LTC Oth LTC Other_____

Cognition:
Follows Directions: Multi-Step 2-Step 1-Step Tactile Cues DNT
Safety Awareness: Intact Impaired
Oriented To: All concepts Person Place Time Orientation x 0

Upper Extremity ROM:
RUE ROM: WNL WFL IMP _____
LUE ROM: WNL WFL IMP _____

Lower Extremity ROM:
RLE ROM: WNL WFL IMP _____
LLE ROM: WNL WFL IMP _____

Upper Extremity Strength:
RUE Strength: 5 4+ 4 4- 3+ 3 3- 2+ 2 2- 1 0 _____
LUE Strength: 5 4+ 4 4- 3+ 3 3- 2+ 2 2- 1 0 _____

Lower Extremity Strength:
RLE Strength: 5 4+ 4 4- 3+ 3 3- 2+ 2 2- 1 0 _____
LLE Strength: 5 4+ 4 4- 3+ 3 3- 2+ 2 2- 1 0 _____

Underlying Impairments:
Fine Motor Coordination: Intact Impaired
Skin Integrity: Intact Reddened areas Bruises Tears Breakdown Wound Other _____
Edema: None Slight 1+ 2+ 3+ 4+ Wpg
Sensation/Sensory Processing: Intact Impaired
Pain Intensity: 0 1 2 3 4 5 6 7 8 9 10
Pain Location: _____
Does pain limit pt's functional activities? YES NO _____

W/C Mobility – Body Alignment:
Primary Means of Locomotion – PLOF: _____
Primary Mean of Locomotion Current: _____
W/C Use: Never L/D Only Always

W/C Mobility – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

W/C Mobility: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Method of Propelling: (B)UE (B)LE RUE/LE LUE/LE RUE/LLE LUE/RLE 1 ARM DR JOY ST OTHER _____

Distance: _____

Propulsion Indoors: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Negotiating Obstacles: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Propulsion Outdoors: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

W/C Management: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Sitting Balance:
Static Sitting during ADLs: Norm Good Good- Fair+ Fair Fair- Poor+ Poor Unbl DNT

Dynamic Sitting during ADLs: Norm Good Good- Fair+ Fair Fair- Poor+ Poor Unbl DNT

Standing Balance:
Static Standing during ADLs: Norm Good Good- Fair+ Fair Fair- Poor+ Poor Unbl DNT

Dynamic Standing during ADLs: Norm Good Good- Fair+ Fair Fair- Poor+ Poor Unbl DNT

Bed Mobility:
Bed Mobility – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Bed Mobility: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Rolling: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Bridging: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Scooting: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2 Mod/Max(A) Max(A) TD DNT N/A _____

Sit → Supine: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Supine → Sit: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Transfers:

Transfers – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Transfers: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Sit → Stand: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Stand Pivot: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Squat Pivot Transfer: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Bed/Mat <> Chair/WC: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

AD Used During Bed Mob/Transfers: _____

Other Mobility:

Fxnal Mob During ADLs - PLOF : I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Fxnal Mob During ADLs Current: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Self – Feeding:

Self Feeding – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Self Feeding: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Hygiene / Grooming:

Hygiene/Grooming – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Hygiene/Grooming: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Bathing:

Shower Tub Transfers: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Toileting:

Toileting – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Toileting: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Ability to Assume/Maint Posture: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

UB Dressing:

UB Dressing – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

UB Dressing: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

LB Dressing:

LB Dressing – PLOF: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

LB Dressing: I SUP CGA CG/MinA Min(A) Min/Mod(A) Mod(A) Mod(A)x2
Mod/Max(A) Max(A) TD DNT N/A _____

Assessment Summary:

Social History: _____

Assessment/Recommendations: _____

Pt/Caregiver participated in establishing POT: Yes No

Potential for Achieving Goals: Excellent Very Good Good

Plan of Treatment – Goals:

Frequency: _____ Duration: _____

HCPCS Codes/Plan of Care: 97110-therex 97112-neuro re-ed 97530-ther activities 97535-self care trng
97150-group tx 97542-WC mgmnt trng Other:_____

Short Term Goals: Target date:_____

1._____
2._____
3._____
4._____

Long Term Goals: Target date:_____

1._____
2._____
3._____
4._____

Therapist Signature/License #: _____ Date:_____