Vancouver Coastal Health

Promoting wellness. Ensuring care.

Mary Pack Arthritis Program

OT 1A-2
Revised 2007

Occupational Therapy Admission Assessment

Patient Name: _____ Chart #: _____

Diagnosis: _____ Date: _____

Referring Doctor: _____ Treatment Requested: _____

_____

_____

Data Base

Patient's Concerns / Goals: _____

_____

_____

_____

_____

_____

_____

_____

History (onset, course of disease, related surgery, previous therapy):

_____

_____

_____

_____

_____

Other Medical Conditions: _____

_____

_____

Arthritis Medications: Current: _____

_____

Previous: _____

Herbs / Supplements: _____

Morning Stiffness: _____

Fatigue / Sleep Patterns: _____

Patient Profile (social support, living situation, ernployment):

Self-management strategies: _____

PEP Classes (Has attended? / Would like to attend?):

Functional Summary

Mobility (walk, drive, stairs, public transport, shopping):

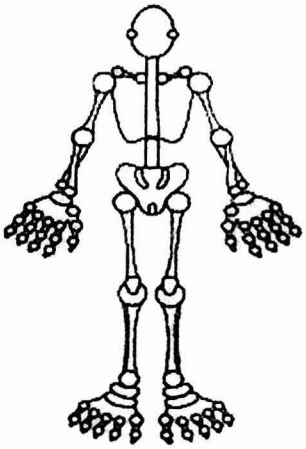
Self-care (dressing, bathing, toileting, feeding, transfers):

Productivity (housework, home maintenance, paid or unpaid work, child care):

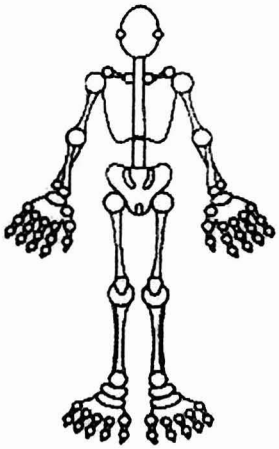
Leisure (reading, hobbies, sports, travel, visiting etc.):

Splints and Adaptive Equipment (present and past):

Musculoskeletal Review and Impact on Function



Active Joints



Damaged Joints

T.M.J.:

Cervical spine:

Back:

Shoulder:

Elbow:

Wrist:

Hands:

Hips:

Knees:

Ankles:

Feet:

Summary / Impression:

Problem List / Treatment Plan:

Consent obtained: Yes ☐ No ☐ Date: _____

OT:_____