### OCCUPATIONAL & RECREATIONAL THERAPY ASSESSMENT FORM

**I. ADL's/Selfcare:**
- [ ] Appropriate
- [ ] Unkempt
- [ ] Disheveled
- [ ] Inappropriate
- [ ] Poor Hygiene
- [ ] Hospital Gown
- [ ] Not taking care of self

**II. Affect:**
- [ ] Depressed
- [ ] Euphoric
- [ ] Flat
- [ ] Labile
- [ ] Anxious
- [ ] Inappropriate
- [ ] Angry
- [ ] Blunted

**III. Memory/Orientation:**
- [ ] Alert
- [ ] Oriented (Person, Place, Time)
- [ ] Confused
- [ ] Intermittently Confused

**IV. Personality Characteristics:**
- [ ] Appropriate
- [ ] Loose
- [ ] Hallucinating
- [ ] Agitated
- [ ] Hyperverbal
- [ ] Somatic
- [ ] Superficial
- [ ] Tangential
- [ ] Paranoid
- [ ] Acts out
- [ ] Impulsive
- [ ] Guarded
- [ ] Confused
- [ ] Grandiose
- [ ] Negative
- [ ] Ambivalent
- [ ] Manipulative
- [ ] Religiously Preoccupied
- [ ] Anxious
- [ ] Delusional
- [ ] Dependent
- [ ] Passive
- [ ] Concrete
- [ ] Sexually Preoccupied

**V. Work Habits/Cognitive Skills:** (P: Poor; F: Fair; G: Good)
- [ ] Planning/Organization
- [ ] Decision Making
- [ ] Motivation
- [ ] Frustration Tolerance
- [ ] Ability to Follow Directions
- [ ] Problem Solving Skills
- [ ] Concentration
- [ ] Recognition of Mistakes

**VI. Self-esteem:**
- [ ] Confident
- [ ] Self Deprecating
- [ ] Poor
- [ ] Suicidal
- [ ] Vague
- [ ] Grandiose

**VII. Coping Skills:** Stressors/Reason for Hospitalization:
- [ ] Constructive Outlets
- [ ] Limited Positive
- [ ] Negative Outlets
- [ ] Unable to Identify Outlets

List:

**VIII. Support System:**
- [ ] None
- [ ] Limited
- [ ] Good

List:

**IX. Interpersonal/Social:**
- [ ] Isolative
- [ ] Withdrawn
- [ ] Poor Social Skills
- [ ] Good/Appropriate Interaction

**X. Life Management Skills:**

A. Employment:
- [ ] Works Full Time
- [ ] Works Part Time
- [ ] Unemployed
- [ ] Retired

B. Leisure Interests:
- [ ] Varied Interests
- [ ] Limited Interests
- [ ] Regular Involvement
- [ ] Sporadic Involvement
- [ ] No Involvement

**XI. Functional Skills:** (To be completed by APSU only)

A. Current Living Environment:

B. Activities of Daily Living: (I: Independent; A: with Assistance; D: Dependent)
- [ ] Bathing
- [ ] Dressing
- [ ] Money Management
- [ ] Housekeeping/Laundry
- [ ] Toileting
- [ ] Functional Mobility
- [ ] Meal Preparation
- [ ] Shopping

C. Comments:

O.T. Signature: ___________________________
XII. Treatment Goals – The patient needs to increase/improve in the following areas:

- Positive stress management/coping techniques
- Manageability and expression of emotions
- Positive relaxation techniques
- Positive communication skills
- Problem solving skills
- Decision making skills
- Anger management
- Time management
- Reality orientation
- Responsibility for own actions
- Goal directed behavior
- Assertiveness skills
- Self confidence
- Self esteem
- Independence
- Self care/ADL's
- Positive support system
- Organization skills
- Impulse control
- Frustration tolerance
- Motivation
- Positive use of leisure time
- Insight
- Judgement
- Socialization skills
- Interpersonal interaction
- Ability to accept/function within structure
- Reality-based thinking
- Self awareness
- Concentration

XIII. Treatment Plan: The patient will be involved in any or all of the following OT/RT Structured Group Activities

7 days a week:
- Living Skills group
- Stress Management group
- Socialization group
- Cooking group
- Task Skills group
- Gross Motor group
- Leisure Awareness group
- Community Reintegration group
- Individual treatment sessions

Signature:____________________________________ Date:__________________________