

# Occupational Therapy Documentation Form



Fax this completed form to 855-662-7969.

Member name \_\_\_\_\_ Authorization number \_\_\_\_\_

Facility name \_\_\_\_\_ Facility contact \_\_\_\_\_

Facility phone \_\_\_\_\_

7=Independent 6=Moderately independent 5=Supervision 4=Minimum assistance 3=Moderate assistance 2=Maximum assistance 1=Total assistance

Initial evaluation status	Date of update				
	Number of days requested				
	<b>Daily living activities</b>				
	Eating				
	Grooming or hygiene				
	Upper body bath				
	Lower body bath				
	Upper body dress				
	Lower body dress				
	Toileting				
	Adaptive equipment				
	<b>Transfers</b>				
	Toilet				
	Bathtub or shower				
	<b>Higher-level functioning</b>				
	Meal preparation				
	Laundry				
	Housekeeping				
	<b>Range of motion and strength</b>				
	Upper extremity, right or left				
	<b>Other</b>				
	Memory or cognition				
	<b>Discharge plan</b>				
Comments					