

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				
	Daily living activities				
	Eating				
	Grooming or hygiene				
	Upper body bath				
	Lower body bath				
	Upper body dress				
	Lower body dress				
	Toileting				
	Adaptive equipment				
	Transfers				
	Toilet				
	Bathtub or shower				
	Higher-level functioning				
	Meal preparation				
	Laundry				
	Housekeeping				
	Range of motion and strength				
	Upper extremity, right or left				
	Other				
	Memory or cognition				
	Discharge plan				
Comments					