## OPT OOT OST

## THERAPY 30-DAY FUNCTIONAL REASSESSMENT

Date of last therapy evaluation:	
Functional task:	
Prior functional status for the indicated task:	
Evidence-based test used:	Results:
Current functional status for the indicated task:	
Evidence-based test used:	Results:
Functional task:	
Prior functional status for the indicated task:	
Evidence-based test used:	Results:
Current functional status for the indicated task:	2 13
Evidence-based test used:	Results:
How have the provided interventions improved the patient's condition and/or quality of life? (must specifically address the tasks indicated above, in addition to any other relevant information)	
Based on the reassessment, the following is recommended:	
O Continue therapy services, patient is progressing at a normal pace	
O Discussed lack of progress with physician, agreed to continue therapy services and change plan of care	
to try to effect change by performing	
O Discontinue therapy services per □ Patient request □ Physician request	
Signature/Title:	Date:
PATIENT NAME – Last, First, Middle Initial	ID#