

# OCCUPATIONAL THERAPY PROGRESS STATUS

Month/Year: \_\_\_\_\_

|                      |             |                 |           |
|----------------------|-------------|-----------------|-----------|
| Treatment Diagnosis: | Onset Date: | Admission Date: | SOC Date: |
|----------------------|-------------|-----------------|-----------|

|   |                     |
|---|---------------------|
| Discharge Outcome/Setting/Long Term Goal: | Frequency/Duration: |
|---|---------------------|

OT Goal(s)/Justification to Continue:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

|              |           |
|--------------|-----------|
| Precautions: | Barriers: |
|--------------|-----------|

| TREATMENT MODALITIES                             | INITIAL EVAL STATUS | DATE: | DATE: | DATE: | DATE: | DATE: |
|--|---------------------|-------|-------|-------|-------|-------|
| Bathing<br>CPT:                                  |                     |       |       |       |       |       |
| Cognition/Safety<br>CPT:                         |                     |       |       |       |       |       |
| Dressing<br>Upper Body<br>Lower Body<br>CPT:     |                     |       |       |       |       |       |
| Eating<br>CPT:                                   |                     |       |       |       |       |       |
| Grooming & Hygiene<br>CPT:                       |                     |       |       |       |       |       |
| Home Management<br>CPT:                          |                     |       |       |       |       |       |
| Neuro Reeducation<br>CPT:                        |                     |       |       |       |       |       |
| Therapeutic Exercise<br>CPT:                     |                     |       |       |       |       |       |
| Toileting<br>CPT:                                |                     |       |       |       |       |       |
| Transfers<br>Bed<br>Toilet<br>Tub/Shower<br>CPT: |                     |       |       |       |       |       |
| CPT:   |                     |       |       |       |       |       |
| Caregiver Training                               |                     |       |       |       |       |       |
| Progress Note                                    |                     |       |       |       |       |       |
| OT/COTA Conference                               |                     |       |       |       |       |       |
| Physician Orders                                 |                     |       |       |       |       |       |
| Initials   |                     |       |       |       |       |       |

| INITIALS | THERAPIST NAME/TITLE | INITIALS | THERAPIST NAME/TITLE | INITIALS | THERAPIST NAME/TITLE |
|----------|----------------------|----------|----------------------|----------|----------------------|
|          |                      |          |                      |          |                      |
|          |                      |          |                      |          |                      |
|          |                      |          |                      |          |                      |

|           |       |        |                     |            |          |
|-----------|-------|--------|---------------------|------------|----------|
| NAME—Last | First | Middle | Attending Physician | Record No. | Room/Bed |
|-----------|-------|--------|---------------------|------------|----------|

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## COMMENTS

Date and sign each comment recorded

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©SAMPLE  
(800) 247-2343

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed