



Arm and Hand Rehab  
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### Occupational Profile

Occupational Therapy (OT) promotes the health and participation of People through engagement in occupation. In order for your OT practitioner to provide the best and most effective treatments, your responses to the questions below are an essential component in your care and is mandated for insurance coverage. Please help us understand what you would like to get out of therapy by describing your pain, limitations, and concerns. Also, let us know how you occupy your time and how we might help you resume the roles that you occupy by completing this form. Please describe your environment, resources, and adaptations you have made to complete your everyday living tasks (ie: list adaptive equipment, etc).

Do you live in an apartment, condo, or house in a residential area, on acreage, or other?

(describe): \_\_\_\_\_

Do you live alone, or do you live with someone? \_\_\_\_\_

Do you have any one that depends on you for care (include four-legged)? \_\_\_\_\_

How do you best learn? What motivates you? \_\_\_\_\_

What is your vocational background? \_\_\_\_\_

Are you currently able to work?      Yes      No      Do you have access to the internet?      Yes      No

What do you need to be able to do to return to work? \_\_\_\_\_

What do you enjoy doing in your leisure time? \_\_\_\_\_

What are your goals for your therapy? \_\_\_\_\_

Please circle the activities that are difficult for you to perform, or that you perform with adaptations:

Dressing	Childcare	Gardening	Housekeeping	Property Maint.
Cooking	Home Repair	Firewood	Shopping	Other _____
Bathing/Showering	Car Repair	Animal Care	Driving Car	Other _____
Eating	Laundry	Keyboarding	Toileting	Other _____
Writing	Walking	Typing	Telephone	Other _____

List 5 everyday activities that are meaningful that you would like to resume or learn to perform with ease and independence. Rate your current "performance" now compared to how you previously performed that task. Rate your current "satisfaction" (on a 1-10 a scale with 1=not satisfied at all and 10=completely satisfied).

Activity	Performance	Satisfaction
1. _____	/10	/10
2. _____	/10	/10
3. _____	/10	/10
4. _____	/10	/10
5. _____	/10	/10
Total: _____	/50	Total: _____/50