

Location:

Patient Name:

DOS:

Therapist:

Occupational Profile & History		<input type="checkbox"/> Brief History Including Review of Records Relating to Presenting Problem	<input type="checkbox"/> Expanded Review of Records & add'l review of physical, cognitive, psychosocial hx related to current func. performance	<input type="checkbox"/> Review of Records and Extensive Add'l review of physical, cognitive, psychosocial hx related to current func. performance
Assessment (performance deficits)	Total # of Checks	<p>Body Structure/Function/Physical Skills:</p> <input type="checkbox"/> Balance <input type="checkbox"/> Mobility <input type="checkbox"/> Strength <input type="checkbox"/> Endurance <input type="checkbox"/> FMC <input type="checkbox"/> GMC <input type="checkbox"/> Sensation <input type="checkbox"/> Dexterity <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Vestibular <input type="checkbox"/> Proprioception <input type="checkbox"/> Pain <input type="checkbox"/> ROM <input type="checkbox"/> Tone <input type="checkbox"/> Continence <input type="checkbox"/> Wound <p>Cognitive Skills:</p> <input type="checkbox"/> Attention <input type="checkbox"/> Perception <input type="checkbox"/> Thought <input type="checkbox"/> Understand <input type="checkbox"/> Problem Solve <input type="checkbox"/> Sequencing <input type="checkbox"/> Learn <input type="checkbox"/> Memory <input type="checkbox"/> Emotional <input type="checkbox"/> Consciousness <input type="checkbox"/> Orientation <input type="checkbox"/> Temperment/Personality <input type="checkbox"/> Energy/Drive <p>Psychosocial Skills:</p> <input type="checkbox"/> Interpersonal Interaction <input type="checkbox"/> Habits <input type="checkbox"/> Routines & Behaviors <input type="checkbox"/> Coping Strategies <input type="checkbox"/> Environmental Adaptations		
Clinical Decision Making	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	
	<input type="checkbox"/> Problem Focused Assessment	<input type="checkbox"/> Detailed Assessment	<input type="checkbox"/> Comprehensive Assessment	
	<input type="checkbox"/> Limited # of Treatment Options	<input type="checkbox"/> Several Treatment Options	<input type="checkbox"/> Multiple Treatment Options	
	<input type="checkbox"/> No Comorbidities	<input type="checkbox"/> May have comorbidities impacting occupational performance	<input type="checkbox"/> Presence of comorbidities impacting occupational performance	
	<input type="checkbox"/> No Modification of Tasks or assist necessary to complete evaluation	<input type="checkbox"/> Min-Mod Modification of Tasks or assist with assess necessary to complete eval	<input type="checkbox"/> Significant Modification of Tasks or assist with assess is necessary to complete eval	
Code:	Occupational Profile & History	Performance Deficits	Clinical Decision Making	
Low Complexity -- 97165	<input type="checkbox"/> Brief	<input type="checkbox"/> 1-3	<input type="checkbox"/> Low	
Moderate Complexity--97166	<input type="checkbox"/> Expanded	<input type="checkbox"/> 3-5	<input type="checkbox"/> Moderate	
High Complexity--97167	<input type="checkbox"/> Extensive	<input type="checkbox"/> 5+	<input type="checkbox"/> High	
OT EVAL CPT CODE SUPPORTED: <input type="checkbox"/> 97165 (Low) <input type="checkbox"/> 97166 (Moderate) <input type="checkbox"/> 97167 (High)				