Occupational Therapy Progress Note for Remote Visit Using Telecommunication Technology

Start Time:: _____ End Time: _____

Patient Name	Patient Signature

Treatment - Check All That Apply

Evaluation	ADL Training	Bathing	Dressing	Grooming	Feeding
Transfer Training	Muscle Re-Education	Establish-Upgrade Home Prog		Perceptual Motor Training	
Fine Motor Training	Neuro Development	Sensory Treatment		Orthotics/Splinting	
Adaptive Equipment	Therapeutic exercises	Balance Activities		Other:	

Primary Diagnosis:

Functional Impairments:

Dyspnea on exertion

Pain Assessment: □ No pain Location: Duration: Intensity: □ 1 □2 □3 □4 □5 □ 6 □ 7 □ 8 □ 9 □ 10

Current pain control:

Objective/ Subjective Findings: update comprehensive health assessment

Treatment Provided/Plan of Care:

Technology (application/device) used:_____

Who is onsite with the patient during the visit _____(names)

Assistance provided ❑Yes ❑ No Describe_____

Coordination of Care: NA Dr. RN PT OT COTA OTHER Regarding:

□ 5 day discharge notice given to patient/physician

Therapist's Signature/Date Supervisor Name

HealthCare Consultlink