

Place photo here

Name: _____

DOB: _____ Room No: _____

Place ID label here

RECREATIONAL THERAPY ASSESSMENT:

Client/Resident Profile

Place of Birth

Reason for Placement

Medical

Medical conditions relevant to RT programme

.....

Precautions/Allergies

Dietary requirements

Health professionals involved: Physiotherapist/Occupational Therapist/Speech

Pathologist/Podiatrist / Dietician/Psychologist

Other:.....

Physical Function

Physical impairment.....

Mobility / aides.....

Mobility to indoor activities.....

Mobility to outdoor/community activities

Hearing/aides

.....

Vision /aides.....

Large print publications preferred/offered Yes DAISY books preferred/offered Yes

Needs mail read Yes No If yes, permission for to read mail.

Hand dominance Right Left

Handwriting

Needs assistance with handwriting Yes No Adaptive device Yes No

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Cognitive Function

Literacy and numeracy.....

Orientation to person/place/time.....

Planning and organisation

Memory: Short term.....

Long term.....

Attention:.....

Communication:.....

Telephone and computer use:.....

Needs assistance with telephone/computer Yes No Adaptive device Yes No

Psychological Function

Motivation:.....

Mood:.....

Adjustment to new environment/disability:.....

Sleep regime and fatigue:.....

Behaviour:.....

Anxiety.....

What makes you happy (brings joy to your life)?

.....

.....

What makes you sad?

.....

.....

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Social Profile

Cultural Background.....

Language/s spokenNeed for translator Yes No

Marital status Name of Spouse

Relationship with Spouse

.....

.....

Relationship with children

.....

.....

Relationship with significant others

.....

.....

Occupation/s or volunteer work

.....

War service.....

Wish to discuss and or recognise memorial days.....

Other significant life experiences

Education

.....

Schools/Educational institutions attended

.....

Political views.....Desire to vote

Religious beliefs.....

Religious/spiritual/cultural preferences or participation.....

.....

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Support Systems

Organisational memberships and community involvement.....
.....

Would you like to maintain these memberships etc?
.....

Other support systems
.....

Living arrangements prior to facility placement
.....

Identification with past roles & lifestyle
.....
.....

Strengths & Limitations

Strengths/Skills/Abilities for recreation participation
.....
.....
.....

Barriers to recreation participation
.....
.....
.....

Other Comments

.....
.....

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Completed by:

Signature:

Designation:

Date: