

# KCC Occupational Therapy Assessment



## Client Details

### Client details

Name

Date of birth

Age

Main Address

Current Address

Summary of Telephone Numbers

Tenure Type

Household Structure

NHS ID

Gender

**Is the gender the person identifies with the same as was registered at birth?**

Yes

No

Ethnicity

Sub Ethnicity

Ethnicity Details (if Other)

[Empty text box for Ethnicity Details]

Religion

[Empty text box for Religion]

Preferred Language

[Empty text box for Preferred Language]

Nationality

[Empty text box for Nationality]

Marital Status

[Empty text box for Marital Status]

Service User Group

[Empty text box for Service User Group]

**Sexual Orientation**

- Hetrosexual or Straight
- Gay or Lesbian
- Bisexual
- Other sexual orientation not listed
- Person asked and does not know or is not sure
- Not stated (person asked but declined to provide a response)
- Not known (not recorded)

**Have you previously served in the UK Armed Forces?**

- Yes, previously served in Regular Armed Forces
- Yes, previously served in Reserve Armed Forces
- Yes, family member previously served
- No

**Assessment details**

Completed by

[Empty text box for Completed by]

Contact details (tel)

Name:

ID:

Role / profession

Team



Assessment date

Location of assessment

### Communication needs

**Do you have any communication needs?**

Yes

No

### Communication Needs - Current

From	Category	Sub-category

Please confirm that communication needs have been reviewed

### Disabilities, Impairments or Health Conditions (Diagnosed)

Does the person have any condition or disability?

Yes

No

#### Conditions / Disabilities

Condition / Disability	Age diagnosed

Please confirm that conditions and disabilities have been reviewed

Height

Weight

Hand dominance

Right

Left

Ambidextrous

Disabilities, impairments and health conditions - Other comments

### Factors Affecting Functioning and Support Needs

Cognitive and perceptual

Yes

No

Details

**a. Does mental capacity or deprivation of liberty need further consideration?**

Yes

No

Details

**b. Is referral to a Care Act Independent Advocate required?**

Yes

No

Details

**Motor and neuromuscular**

Yes

No

Details

**Sensory (including pain)**

Yes

No

Details

**Sensory (hearing, vision)**

Yes

No

Details

**Psychological (including motivation and self-management)**

Yes

No

Details

**Tissue viability**

Yes

No

Details



**Sleep (including fatigue)**

Yes

No

Details

**Medication**

Yes

No

Details

**Social (including communication, reading and writing)**

Yes

No

Details

Name:

ID:

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**Falls**

Yes

No

**Details**

**Health Promotion/Lifestyle**

Yes

No

**Details**

**Social Situation**

Social situation details

Name:

ID:

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**Carer's Support**

Carer's support (record what the carer assists with in more detail in the ADL sections)

If a carer provides any support offer a carer's assessment.

**Property details**

Tenure

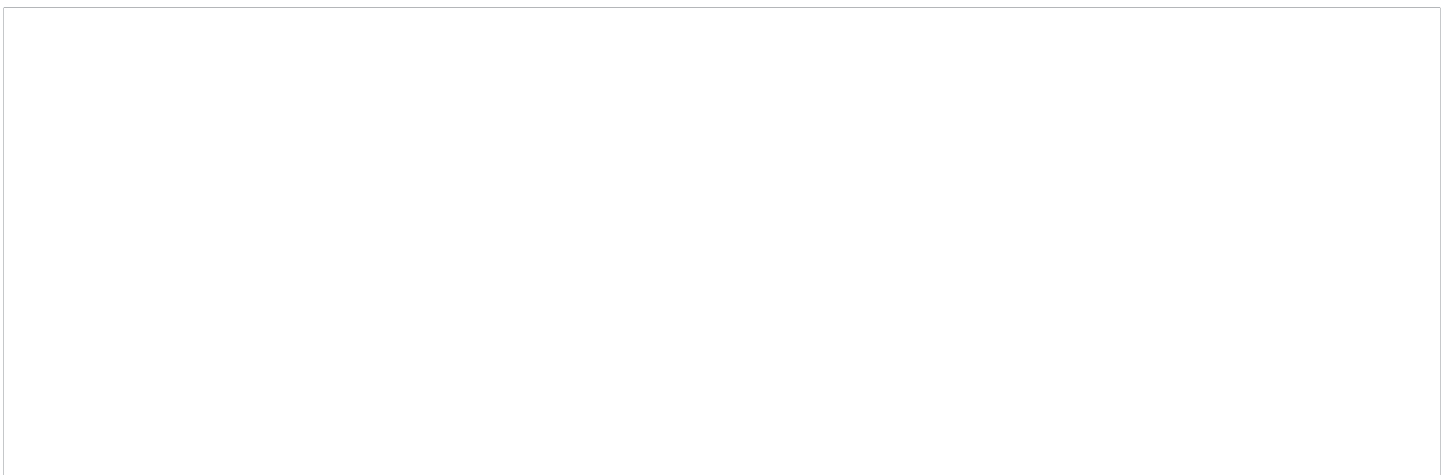
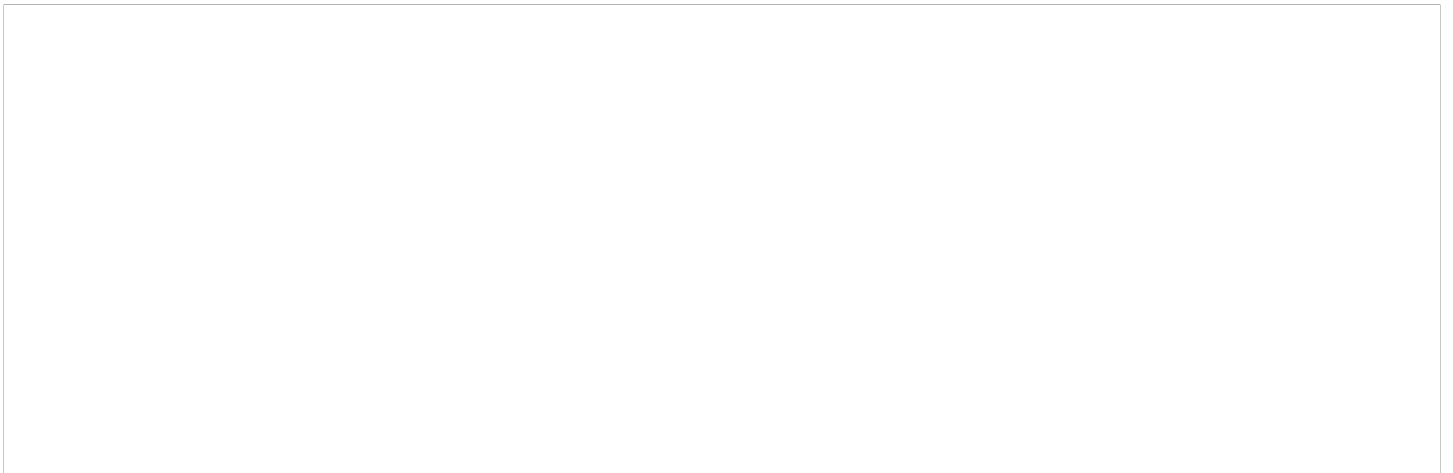
Type of property

Location and layout (include sketch as appropriate)

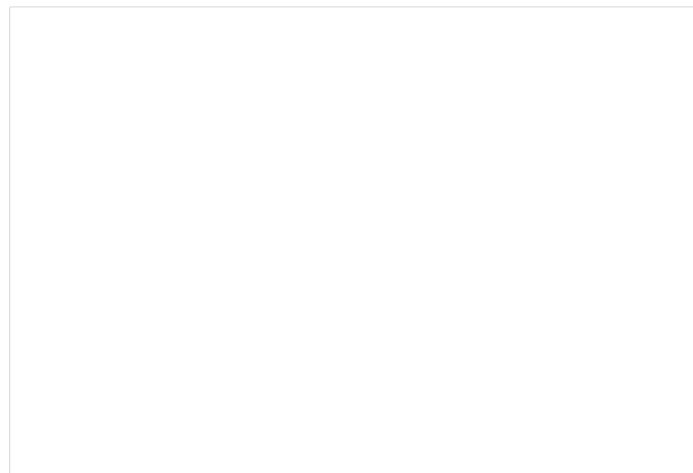
Name:

ID:

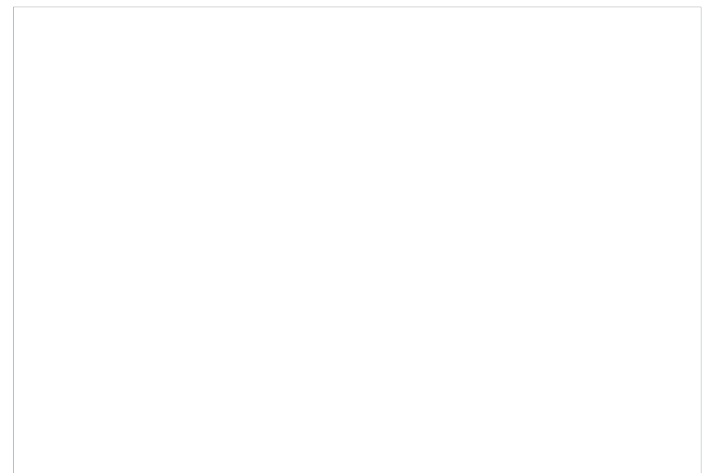
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Front external access (level, stepped or ramped)



Back external access (level, stepped or ramped)



Internal access (level or stepped)

Stairs (including number of treads, width and number of flights)

Name:

ID:

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## Functional Assessment and Activities of Daily Living

### Mobility

#### Indoor mobility and aids used

##### Reported or observed

X - Not Assessed

R - Reported

O - Observed

#### Comments

### Stair mobility

##### Reported or observed

X - Not Assessed

R - Reported

O - Observed

#### Comments

**Entering and exiting home**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Outdoor mobility and aids used**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

## Transfers

### Bed - type, method and equipment used

#### Reported or observed

X - Not Assessed

R - Reported

O - Observed

#### Comments

### Chair/posture/seating - type, method and equipment used

#### Reported or observed

X - Not Assessed

R - Reported

O - Observed

#### Comments

### WC - type, method and equipment used

#### Reported or observed

X - Not Assessed

R - Reported

O - Observed

#### Comments

**Bath/shower - type, method and equipment used**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Self-Care**

**Eating and drinking**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments



**Toilet hygiene and continence**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Washing**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Dressing

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Personal grooming (including mouth care and foot care)

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Personal health care (including medication and dressings)

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Domestic Activities**

**Preparing snacks and drinks**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Preparing meals**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Housework and laundry**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Garden and home maintenance**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Financial situation and money management (include paying bills)

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Use of heating

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Family, Community and Work Activities

#### Shopping

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Getting to appointments**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Use of public transport / car**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Recreation and leisure

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Employment / training / education / volunteering

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

### Caring responsibilities the adult has for a child

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Developing and maintaining family or other relationships**

**Reported or observed**

X - Not Assessed

R - Reported

O - Observed

Comments

**Moving and handling**

Equipment used

Risks identified



Risk assessment(s) completed (including where completed assessment(s) can be found)

Moving and handling plan(s) completed

**Assistive technologies**

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Lifeline / Telecare

Environmental control systems

Internet / telephone use

**Eligibility Criteria (if OT service is not a preventative service)**

**Please complete the Care Needs Eligibility step if required.**

**Occupational Therapy Action / Intervention Plan**

**Goals and Actions - 0**

Goal	Action

Goal	Action

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintaining personal hygiene</li> <li><input type="checkbox"/> Managing toilet needs</li> <li><input type="checkbox"/> Managing and maintaining nutrition</li> <li><input type="checkbox"/> Making use of necessary facilities in the local community</li> <li><input type="checkbox"/> Accessing and engaging in work, training, education or volunteering</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Being appropriately clothed</li> <li><input type="checkbox"/> Being able to use the home safely</li> <li><input type="checkbox"/> Maintaining a habitable home environment</li> <li><input type="checkbox"/> Developing and maintaining family and other relationships</li> <li><input type="checkbox"/> Carrying out any caring responsibilities the adult has for a child</li> </ul> |
|--|--|

Action / Intervention rejected and reason

**Completion Details**

Name

Job Title

Team

Date