

Home Health OT Eval Template **By Monika Lukasiewicz**

An online template serves as a shortcut. It preserves your time and sanity, by helping you remember what to include in your OT evaluations. Below is one of the templates I use in my own practice, along with information about how I leverage it.

Why use templates for documenting?

A quality documentation template allows the occupational therapist more energy to use for the other highly creative or challenging parts of the job (of which there are plenty), while providing prompts to help keep the bar high for quality professional standards. Call it a form of energy conservation.

Where should I store the templates?

I personally store this particular evaluation template in a few places for easy updates and different uses. One copy is in Google Drive for easy updates. Another copy is kept in the company documentation system (i.e. it pops into the window when I type .mhomevisit). The company calls it a dotphrase. It is a literal dotphrase that triggers a pre-made template to fill the documentation box with a meaningful structure and asteriks to prompt quick customization (by using F2 to skip to different areas).

Perhaps overdoing it, I also keep a copy of this template in a “notepad” on the desktop of the computer for easy copy/pasting and even pre-filling prior to evaluations (i.e. PMH, reason for eval) as well as deleting low priority areas or objective measures (see below for details).

How do I use this template?

When it's time to do an OT eval, I copy/paste this electronic template into an online notepad and begin filling in basic medical data. If I know the key area is fall risk and not fine motor, I'll delete the area for “Nine Hole Peg Test.”

Upon arrival to the home, I copy the updated version into the actual electronic note summary. It keeps me focused and skilled. Plus, it inspires me to consider updates for the future, as well as possible modifications for use during 30-day re-assessments, discharge summaries, etc.

Remember, it's all about learning to be a growth oriented professional, not a perfect one.

Got questions or want to connect with a fellow home health OT who can relate to HH productivity demands? Email othomehealthboutique@gmail.com, or connect via [Facebook](#) or [LinkedIn](#).

This is a *** year old fe***male referred to Home Health OT ***. Pt prefers to go by the name ***.

HISTORY OF CURRENT ILLNESS: ***

PERTINENT MEDICAL HISTORY includes: ***

OCCUPATIONAL PROFILE: ***

PT STATED GOAL: ***

FALL HISTORY:

Patient has had *** falls in past *** 6 months.

Falls occurred: ***

CURRENT ADL AND IADL LEVELS: See full OT assessment for specific performance levels at eval.

ENVIRONMENT SETUP FOR ENTRY/EXIT: ***

CAREGIVER ASSISTANCE:

Pt has *** caregivers. Assist is needed for ***. Current caregiving schedule is:

Monday: ***

Tuesday: ***

Wednesday: ***

Thursday: ***

Friday: ***

Saturday: ***

Sunday: ***

BATHROOM ADL FUNCTION AND DME:

Toileting: ***

Tub/shower: ***

See DME tab ***

OBJECTIVE MEASURES:

Modified Falls Efficacy Scale (MFES): *** (with score of <8 indicating a fear of falling)

MoCA: ***

SLUMS: ***

Modified Barthel Index: ***

Hypothesized ACL scoring range: *** due to observations of ***

Pain: ***

ROM: ***

MMT: ***

Level of assist needed for ***: ***

9 Hole Peg test (for fine motor): ***

Daily weights for CHF: ***

Ability to manage toileting: ***

KEY AREAS OF CONCERN FOR CURRENT LEVEL OF OCCUPATIONAL FUNCTION: ***

Patient would benefit from SKILLED OT for ***