

ADDRESS

ADDRESS

**PROVIDER NAME**

**Family Practice Occupational Therapist**

**O: 503-**

**F: 503-**

**OCCUPATIONAL THERAPY BRIEF WELLNESS SCREEN & INTERVENTION**

**DURING WELL CHILD CARE VISIT**

**NAME:** @NAME@

**AGE:** @AGE@

**DOB:** @DOB@

**MRN:** @MRN@

**SNAPSHOT/SUMMARY:**

|  |
| --- |
| Visit concerns: \*\*\*Goal: \*\*\*Risk Levels: {P5 Risk Level:27552}Next steps: \*\*\* |

@NAME@ is a @AGE@ @SEX@ seen with {P5 Family Participants:27551} for wellness and developmental screen with brief intervention by OT {support family and team:21190} during Well Child Care visit with {S49 visit with:20319}.

**BACKGROUND:**

@DIAGR@

@PROB@

Developmental history: {typical development and concerns:22348}

Occupational History: Pt is {occupationalhx:21223}

Interests and/or values: \*\*\*

**SCREENING/ASSESSMENT:**

The following is based on a combination of caregiver report, clinical observation, & screening tool results.

**CHILD SKILLS AND DEFICITS**

**Occupational Participation:**

Eating/Feeding:

* {YES\_Concerns/NO\_Concerns:27422}
* \*\*\*

Sleep:

* {YES\_Concerns/NO\_Concerns:27422}
* Goes to bed around \*\*\* and wakes around \*\*\*
* Bedtime routine: {YES/NO/NOT ASKED:9010} \*\*\*
* \*\*\*

Oral Hygiene & Dental Health:

* {YES\_Concerns/NO\_Concerns:27422}
* Brushing routines: {morning/night/both:23225}
* Parent helping brush child's teeth: {YES/NO/NOT ASKED:9010} \*\*\*
* Child is resistive to brushing: {YES/NO/NOT ASKED:9010} \*\*\*
* Caries risk: {ADLs:21199}

Play:

* {YES\_Concerns/NO\_Concerns:27422}
* TV/screen time: {More than, less than:24637} 1 hour per day
* Physical activity: \*\*\*
* \*\*\*

Toileting:

* {YES\_Concerns/NO\_Concerns:27422}
* \*\*\*

Daycare/School:

* {P5 Daycare/School Options:27559}
* {YES\_Concerns/NO\_Concerns:27422}

Other: \*\*\*

DEVELOPMENT:

* {YES\_Concerns/NO\_Concerns:27422}
* \*\*\*
* Tool Used: {ADLs:21199}

BEHAVIOR:

* {YES\_Concerns/NO\_Concerns:27422}
* \*\*\*

**SOCIAL DETERMINANTS OF HEALTH:**

**Caregiver Skills and Deficits:**

These areas may impact caregivers' ability to be successful with the IADL of parenting or health management for self or child.

Parental risk factors:

* {Parent Family Risk factors:24357}
* {Parent Scales:21198}

IADL of Parenting:

* {YES\_Concerns/NO\_Concerns:27422}
* {PARENT STRENGTH/DEFICITS:22150}

IADL of Healthcare Management:

* {YES\_Concerns/NO\_Concerns:27422}
* PPAM\*\*\*

**Environment**

This patient's home, neighborhood, social and/or cultural environments were discussed in order to determine areas that support health or areas that are in need of modification.

Home Environment:

* {P5 Environmental risk factors:27561}

**INTERVENTION:**

1. {OT Intervention Peds:22420}

**SUMMARY:**

@NAME@was seen today for OT consult, screen, and brief intervention to support health/wellness as part of primary care team and assist the patient and family with the development of and engagement in health-promoting habits/routines.

Direct patient care delivered for {consulttimes:21188} minutes.

The following risk factors were identified:

Mild risk factors (child and parent): {Mild Risk Factors (Peds):24355}

\*\*\*

Severe risk factors (child and parent): {Severe Risk Factors (Peds):24356}

**IMPRESSIONS:**

Health Complexity: {low mod high:21328}

**PLAN:**

{care as usual or elevated risk:24426}

{low mod high intervention:24424}

\*\*\*

**RECOMMENDATIONS:**

Based on these findings and discussions, I recommend the following:

* **\*\*\***

Patient and/or caregiver states understanding and agreement with all recommendations and plan. All questions were answered.

ADDRESS

ADDRESS

**PROVIDER NAME**

**Family Practice Occupational Therapist**

**O: 503-**

**F: 503-**

**PRIMARY CARE OCCUPATIONAL THERAPY**

**BRIEF EVALUATION & INTERVENTION**

**NAME:** @NAME@

**AGE:** @AGE@

**DOB:** @DOB@

**MRN:** @MRN@

**SNAPSHOT/SUMMARY:**

|  |
| --- |
| Visit concerns: \*\*\*Goal: \*\*\*Risk Levels: {P5 Risk Level:27552}Next steps: \*\*\* |

@NAME@ is a @AGE@ @SEX@ seen with {Family Participants:16271} for Occupational Therapy {Screen, eval, intervention:22771} {support family and team:21190} {before, during, after:21193} {primary or well child care:21194} with {S49 visit with:20319}. OT was requested to join the visit \*\*\*

Chief complaint: \*\*\*

**BACKGROUND:**

@DIAGR@

@PROB@

**SCREENINGASSESSMENT:**

Occupational Concerns: \*\*\*

Current issue or functional deficits: \*\*\*

Performance patterns: \*\*\*

Performance Skills and/or Deficits:

@REVFS(114)@

- *Physical*: \*\*\*

- *Cognitive*: \*\*\*

- *Psychosocial*: \*\*\*

Caregiver Skills and Deficits:Caregiver {PARENT STRENGTH/DEFICITS:22150} \*\*\*

Environment: \*\*\*

**INTERVENTION:** {OT Types of Interventions:24707}

1. {ADLs:22420} \*\*\*

**SUMMARY, RECOMMENDATIONS, PLAN, & GOALS**

**Summary:** @NAME@was seen today for OT consult/screen & brief intervention to support health/wellness, to support primary care team, and assist the pt, and/or the family with development of and engagement in health promoting habits/routines. Direct pt care delivered for {consulttimes:21188} minutes.

Discussed management of patient's development, health, safety, and/or medical condition/s and questions were answered. Patient and/or caregiver verbalizes understanding of all recommendations.

**Recommendations & Plan:**

Based on these findings and discussions, I recommend the following:

1. \*\*\*

OT will follow up with the patient and/or family in {0 - 10:13937} {DAYS:13924}.

Patient and/or caregiver states understanding and agreement with all recommendations and plan.

ADDRESS

ADDRESS

**PROVIDER NAME**

**Family Practice Occupational Therapist**

**O: 503-**

**F: 503-**

**OCCUPATIONAL THERAPY**

**BRIEF WELLNESS CONSULT IN PRIMARY CARE**

**NAME:** @NAME@

**AGE:** @AGE@

**DOB:** @DOB@

**MRN:** @MRN@

**SNAPSHOT/SUMMARY:**

|  |
| --- |
| Visit concerns: \*\*\*Goal: \*\*\*Risk Levels: {P5 Risk Level:27552}Next steps: \*\*\* |

**S:** @NAME@ is a @AGE@ @SEX@ here today for \*\*\* due to \*\*\*

@DIAGR@

@PROB@

OT consult completed due to \*\*\*

**O:** \*\*\*

**A:** \*\*\*

Health Complexity: {low mod high:21328}

{care as usual or elevated risk:24426}

{low mod high intervention:24424}

**P:** Based on these findings and discussion, I recommend the following:

1.

Occupational Therapist will follow up with family {OT FOLLOW UP:22421}

**Self-Management Health Goals:**

To be met by next visit

1. {Peds shared health goals:22773}

All questions were answered. Patient or caregiver verbalizes understanding of all recommendations and plan. Written recommendations/instructions provided as needed.

**Direct patient care time**: {TIME; INTERVALS (15mins - 60mins):26498}