

## OT Treatment Record For Patient: \_\_\_\_\_

**S:** Patient seen at Home / School / Daycare / Other \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

**A:** Alert and Oriented / Lethargic Cooperative / Uncooperative. **VC:** Min / Mod / Max \_\_\_\_\_

**P:** Cont / Hold / D/C (See D/C Sum) due to \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Therapist's Signature: \_\_\_\_\_ Parent / Client Signature: \_\_\_\_\_

Modalities	
	ADL
	Therapeutic Ex
	Cog / Perceptual
	Sensory Integration
	NDT
	Splint
(Total Units)	

**S:** Patient seen at Home / School / Daycare / Other \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

**A:** Alert and Oriented / Lethargic Cooperative / Uncooperative. **VC:** Min / Mod / Max \_\_\_\_\_

**P:** Cont / Hold / D/C (See D/C Sum) due to \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Therapist's Signature: \_\_\_\_\_ Parent / Client Signature: \_\_\_\_\_

Modalities	
	ADL
	Therapeutic Ex
	Cog / Perceptual
	Sensory Integration
	NDT
	Splint
(Total Units)	

**S:** Patient seen at Home / School / Daycare / Other \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

**A:** Alert and Oriented / Lethargic Cooperative / Uncooperative. **VC:** Min Mod / Max \_\_\_\_\_

**P:** Cont / Hold / D/C (See D/C Sum) due to \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Therapist's Signature: \_\_\_\_\_ Parent / Client Signature: \_\_\_\_\_

Modalities	
	ADL
	Therapeutic Ex
	Cog / Perceptual
	Sensory Integration
	NDT
	Splint
(Total Units)	

**S:** Patient seen at Home / School / Daycare / Other \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

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

**A:** Alert and Oriented / Lethargic Cooperative / Uncooperative. **VC:** Min / Mod / Max \_\_\_\_\_

**P:** Cont / Hold / D/C (See D/C Sum) due to \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Therapist's Signature: \_\_\_\_\_ Parent / Client Signature: \_\_\_\_\_

Modalities	
	ADL
	Therapeutic Ex
	Cog / Perceptual
	Sensory Integration
	NDT
	Splint
(Total Units)	