Occupational Therapy
Experience and Documentation Survey

Name of Candidate: ____________________________________________

Directions: Nature’s Edge Therapy Center prides itself as a center that embraces providing the best possible treatment with the best possible trained therapy staff. Documentation that our staff provides for each patient proves the effectiveness of the treatment we provide. It is necessary, then, that our documentation be succinct, accurate and articulate that a skilled therapist provided the treatment and documentation.

Please help us by letting us know of your documentation style and previous treatment history. For each category below, please √ the boxes where you have established/had experience in the field of Occupational Therapy. Next, on the line that follows, indicate how much time you have developed/spent in that practice area. Please only indicate areas where you have served for an entire case (evaluation through discharge or 1 month of continuous treatment).

Category 1: Population

☐ Neonatal (premature babies-up to 3 months old) ____________
☐ Infants (birth to 1 year old) ____________
☐ Toddlers (1-3 years old) ____________
☐ Pre-school aged (3-5 years old) ____________
☐ Elementary school aged (5-10 years old) ____________
☐ Middle school aged (10-13 years old) ____________
☐ High school aged (13-18 years old) ____________
☐ Young adults (18-21 years old) ____________
☐ Adults (22-35 years old) ____________
☐ Mid-life adults (35-45 years old) ____________
☐ Pre-retirement adults (45-65 years old) ____________
☐ Retired adults (65-75) ____________
☐ Seniors (75-85 years old) ____________
☐ Seniors plus (85+ years old) ____________

Category 2: Diagnoses

☐ Genetic Disorders (Ex. autosomal recessive inheritance, chromosomal abnormalities) ____________
☐ Neoplasms (Ex. tumors, cancers) ____________
☐ Infection ____________
☐ Trauma ____________
☐ Immune Disorders (Ex. allergy, autoimmunity, immunodeficiency) ____________
☐ Mental and Emotional Disorders ____________
□ Respiratory Disorders ____________________
□ Musculoskeletal Disorders _______________
□ Neurologic Disorders (Ex, brain, spinal cord, peripheral disorders)
□ Gastrointestinal Disorders
□ Hepatobiliary Disorders (Ex. diseases of the liver, gallbladder and ducts)
□ Renal and Urologic Disorders _______________
□ Endocrine Disorders ____________________
□ Metabolic and Nutritional Disorders ____________________
□ Obstetric and Gynecologic Disorders ____________________
□ Sexual Disorders ____________________
□ Hematologic Disorders ____________________
□ Cardiovascular Disorders ____________________
□ Eye Disorders ____________________
□ Ear, Nose and Throat Disorders ____________________
□ Sensory Disorders ____________________
□ Skin Disorders ____________________

Please list the 5 most frequent (therapy) diagnoses treated in your current or recent practice experience:

1. 
2. 
3. 
4. 
5. 

Category 3: Settings

□ Neonatal Intensive Care Unit ____________________
□ Intensive Care, pediatric-adolescent, □ Intensive Care, adult _______________
□ Birth to Three programming, in-home or public setting _______________
□ Early Education, public or private setting _______________
□ School intervention ____________________
□ Nursing Home, Long-term care_________________
□ Assisted Living_________________
□ Home Health Care_________________
□ Rural Hospital, □ Swing-bed □ Urban Hospital _______________
□ Out-patient orthopedics, □ In-patient orthopedics _______________
□ Upper extremity rehabilitation _______________
□ General rehabilitation, □ in or □ out patient based _______________
□ Specialized rehabilitation _______________
□ Sensory Integration focused _______________
□ Animal-Assisted therapy ____________________
□ Hippotherapy ____________________
□ Horticulture therapy ____________________
□ Splinting, □ Static, □ Dynamic □ custom (other) _______________
□ Mobility services (wheelchairs, power chairs, personal mobility devices) _______________
□ Adaptive devices, including mechanical (lifts) _______________
□ Prosthesis _______________
□ Industry, □ Work rehabilitation _______________
□ Driver Rehabilitation_________________
□ Vision Rehabilitation_________________
Category 4: Documentation methods

- SOAP note (daily)
- Narrative note (daily)
- Check-the-box form note (daily)
- Other daily note
- Evaluation: Narrative or Form
- Home evaluation: Narrative or Form
- Progress Summary: Narrative or Form
- Discharge: Narrative or Form
- Goal Writing: Narrative or Form
- Medicare documentation: Narrative or Form
- Medicaid documentation: Narrative or Form
- Other

Case Study

Directions: Please read through the following case study, then answer the questions following it.

Michael is a 3-year-old boy who just celebrated his birthday yesterday. His mother states that he is unable to dress himself, and “puts up a fuss” each time she tries to brush his teeth and clip his nails. He communicates with grunting sounds, screams and with crying. He does not use any words but “me” and “bye-bye”. He is able to focus on a task for a limited time. He prefers to eat only bread and noodles and uses his fingers to feed himself. He wears a diaper and is not toilet trained. He does follow directions at times, however his attention seems to be problematic. He is able to walk and run. He enjoys being in “motion,” like swinging on swings, but hasn’t been to the park in a long time as it is so difficult for his mother to bring him there due to his increased fits of kicking, screaming and hitting when the family wants to go somewhere. He is currently seeing school-based therapy service.

1. What assessment tools/techniques would you apply during an evaluation with this patient?

2. Based on your educated knowledge of assessment tools and probable results (and the case study), what are the patient’s problem areas?
3. Write a goal for each problem area.

4. What treatment techniques/modalities would you use?

5. Do you need more information? Who would you contact? What would you ask?

**Attachments:** Please attach to this completed document:

- A narrative-style evaluation/assessment report that you composed
- A daily note or treatment summary that you composed
- A discharge report that you composed

*Please remove all personal identifying information on the above requested documents to assure privacy and confidentiality.*