

Occupational Therapy Home Visit Template

Client Name

Date of Visit

Therapist Name

Referral & Reason for Visit

Referral Source

Reason for Home Visit

Client Information

Diagnosis

Age

Contact Number

Other Relevant Medical Information

Home Environment

Type of Residence

Accessibility (ramps, elevators, etc.)

Home Safety Issues

People Living with Client

Functional Assessment

Mobility Around Home

Transfers (bed, chair, toilet, etc.)

Activities of Daily Living (ADLs)

Instrumental Activities of Daily Living (IADLs)

Equipment & Adaptations

Current Equipment Used

Recommendations for Equipment/Adaptations

Goals & Recommendations

Client & Family Goals

Therapist Recommendations

Summary & Plan

Summary of Findings

Follow-Up Actions / Referrals

Signature

Date