

Occupational Therapy workload form by patient

Statistics

FACE-TO-FACE CONTACT
NO CONTACT

	check mark
	check mark

Assessment

* Assessment

	Minutes
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Documentation

Clinical Documentation/Reporting

	Minutes
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Consultation/Collaboration

Consultation and collaboration

	Minutes
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Planning/Counselling/Teaching

Planning counselling and teaching

	Minutes
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Clinical Practice Development

Clinical Practice Development - OT

	Minutes
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Treatments/Procedures - Individual

****Low activity tolerance - OT**

* Intervention Treatment - Individual

* Intervention Treatment - Prep Time

	check mark
	Minutes
	Minutes

Treatments/Procedures - Group

Intervention Treatment - Group 2:1 (your total time/# of pts) - OT

Intervention Treatment - Group 3:1 (your total time/# of pts) - OT

Intervention Treatment - Group 4:1 (your total time/# of pts) - OT

Intervention Treatment - Group 5:1 (your total time/# of pts) - OT

Intervention Treatment - Group 6:1 (your total time/# of pts) - OT

	Minutes
	Minutes
	Minutes
	Minutes
	Minutes

*****No Therapy Time Statistics**

No therapy time today - OT

Patient sick - OT

Patient Unavailable - OT

Patient Declined - OT

Patient listed as ALC (alternative level of care) - OT

Staffing related - OT

	check mark
	check mark
	check mark
	check mark
	check mark
	check mark

*the minutes recorded in these lines are used to calculate the average therapy the patient received

** Low activity tolerance - Check this box to indicate that the patient did not complete a full session of therapy due to the patient's status (i.e. tired, unwell etc.) and input actual therapy minutes in boxes below.

***"No Therapy Time Statistics" are collected to understand why the patient did not receive therapy.