

**Rehabilitation Assistant workload form by patient**

**Statistics**

FACE-TO-FACE CONTACT - OT	<input type="checkbox"/>	check mark
NO CONTACT - OT	<input type="checkbox"/>	check mark
FACE-TO-FACE CONTACT - PT	<input type="checkbox"/>	check mark
NO CONTACT - PT	<input type="checkbox"/>	check mark

**Documentation**

Clinical Documentation/Reporting - OT	<input type="checkbox"/>	Minutes
Clinical Documentation/Reporting - PT	<input type="checkbox"/>	Minutes

**Consultation/Collaboration**

Professional Consultation - OT	<input type="checkbox"/>	Minutes
Professional Consultation - PT	<input type="checkbox"/>	Minutes

**Treatments/Procedures - Individual**

<b>**Low activity tolerance - OT</b>	<input type="checkbox"/>	check mark
<b>**Low activity tolerance - PT</b>	<input type="checkbox"/>	check mark
Hydrotherapy - OT	<input type="checkbox"/>	Minutes
Hydrotherapy - PT	<input type="checkbox"/>	Minutes
* Intervention/Treatment - Individual - OT	<input type="checkbox"/>	Minutes
* Intervention/Treatment - Individual - PT	<input type="checkbox"/>	Minutes
* Prep Time - OT	<input type="checkbox"/>	Minutes
* Prep Time - PT	<input type="checkbox"/>	Minutes

**Treatments/Procedures - OT Group**

Intervention Treatment - Group 2:1 (your total time/# of pts) - OT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 3:1 (your total time/# of pts) - OT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 4:1 (your total time/# of pts) - OT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 5:1 (your total time/# of pts) - OT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 6:1 (your total time/# of pts) - OT	<input type="checkbox"/>	Minutes

**Treatments/Procedures - PT Group**

Intervention Treatment - Group 2:1 (your total time/# of pts) - PT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 3:1 (your total time/# of pts) - PT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 4:1 (your total time/# of pts) - PT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 5:1 (your total time/# of pts) - PT	<input type="checkbox"/>	Minutes
Intervention Treatment - Group 6:1 (your total time/# of pts) - PT	<input type="checkbox"/>	Minutes

**\*\*\*No Therapy Time Statistics**

No Therapy time today - PT	<input type="checkbox"/>	check mark
Patient Sick	<input type="checkbox"/>	check mark
Patient Unavailable	<input type="checkbox"/>	check mark
Patient Declined	<input type="checkbox"/>	check mark
Patient listed as ALC (alternative level of care)	<input type="checkbox"/>	check mark
Staffing related	<input type="checkbox"/>	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.