UNIVERSITY OF VIRGINIA HEALTH SYSTEM

0900000

PLACE LABEL HERE.

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PSYCHIATRY SERVICES — RECREATION THERAPY PROGRESS RECORD

Date: _____

S: _____

O: Record of Recreation Therapy Participation

Sessions and Dates Attended	Modalities	Length of Time in Sessions	Active Engagement/ Attention Span	Social Engagement	Affect

Additional Comments: _____

☐ Pt has met the following goals this week A: _____

Patient ☐ Can benefit / ☐ Has benefited from recreational therapy services to develop/improve functioning in the following areas:

☐ Socialization/Social Skills	☐ Dev. Structure to Daily Lifestyle	☐ Sensori-Motor Stimulation
☐ Physical Development	☐ Leisure Education	☐ Increased Activity Participation
☐ Community Reintegration	☐ Attention Span	☐ Other _____
☐ Stress Management	☐ Reality Orientation	_____
☐ Self-Esteem	☐ Cognitive Stimulation	_____
☐ Communication	☐ Relaxation Techniques	_____

P: ☐ See RT component of interdisciplinary team plan ☐ Patient discharged

☐ Additional RT goals ☐ Patient does not require RT services

Signature: _____ Date: _____

Title: _____

RECREATION THERAPY PROGRESS RECORD