

PLACE LABEL HERE.

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



0300003

PSYCHIATRIC OCCUPATIONAL THERAPY LIFE SKILLS ASSESSMENT

DATE AND SESSION ATTENDED	MODALITIES	LENGTH OF TIME IN SESSIONS	ACTIVE ENGAGEMENT/ ATTENTION SPAN	SOCIAL ENGAGEMENT	AFFECT
Living Skills Assessment					

KEY:

- 0 = UNABLE TO ACCOMPLISH
- 1 = REQUIRES PHYSICAL ASSIST
- 2 = REQUIRES VERBAL CUE
- 3 = CAN PERFORM INDEPENDENTLY WITH SOME DIFFICULTY
- 4 = INDEPENDENT OR PERFORMS WITH NO DIFFICULTY
- N/A = NOT APPLICABLE
- N/O = NOT OBSERVED

COMPONENT	0	1	2	3	4	NA/NO	COMMENTS
COMMUNICATION							
Expresses self clearly (articulation, not content)							
Expresses self through writing							
Reads							
Listens to others							
Maintains eye contact							
Able to follow simple verbal instruction							
MONEY MANAGEMENT							
Identifies coins							
Makes change							
Performs addition							
Performs subtraction							
Performs multiplication							
Performs division							
Writes checks accurately							
Balances checkbook							
TELEPHONE							
Finds specific number in phone book							
Knows how to contact operator							
Dials number							
Identifies who to call in case of emergency							
MEDICATION MANAGEMENT							
Identifies current prescribed medications							
Identifies purpose of medication							
Identifies possible side effects of medication							
Identifies process of securing medication after d/c if needed							

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COMPONENT	0	1	2	3	4	NA/NO	COMMENTS
PERSONAL HEALTH CARE							
Identifies how to care for superficial laceration							
Recognizes symptoms of common cold and flu							
Identifies ways to care for self with common cold or flu							
SAFETY & FIRST AID							
Identifies first aid for burns							
Identifies first aid for choking on food							
Identifies first aid for bleeding							
Identifies safe use of electrical appliances							
Demonstrates awareness of fire safety							
Demonstrates awareness of precautions to increase home security							
HOMEMAKING							
Demonstrates ability to do laundry							
Demonstrates ability to iron							
Demonstrates ability to mend tear or sew button							
Demonstrates ability to use broom & dustpan							
Demonstrates ability to make bed							

A: _____

RECOMMEND:

- Comprehensive OT ADL Evaluation
- OT Cooking Skills Assessment
- Further Medication Teaching/Review by Nursing Staff
- Further ADL training in the following areas:

P: _____

Signature _____ Date _____ Time _____