

Private & Confidential

DATE

Dear NAME

Re: Participant – NAME
DOB – DD/MM/YYYY
Employer – Barkuma
NDIS No. – 00000000

Thank you for referring NAME for an Activities of Daily Living Assessment. The assessment was undertaken on DATE at LOCATION

Please find the report and recommendations made following this assessment.

If you have any queries or require further assistance please do not hesitate to call me on 1234 5678.

Yours sincerely,

NAME
Occupational Therapist

ACTIVITIES OF DAILY LIVING REPORT
DATE

CLIENT DETAILS

Name
NDIS No.
Date of Birth
Diagnosis
Reports Read
Date of Assessment
Assessor

REASON FOR REFERRAL

An Occupational Therapy assessment was requested by NAME on DATE to review NAME mobility and to make any recommendations to increase safety and independence within home.

SUMMARY

RECOMMENDATIONS

- EXAMPLE: Installation of a vertical grab rail of 600mm in height on the side wall of the shower (1200mm from floor height.)
- EXAMPLE: Installation of a stainless-steel drop-down rail of 800mm in length on the right-hand side of the toilet (750mm from floor height.)

The Occupational Therapist engaged : to quote the above recommendations. COST:

-

BACKGROUND INFORMATION

SOCIAL SITUATION

IDENTIFIED GOALS

DRAFT

MOBILITY

Mobility	Details	Recommendations
Walking		
Bed Mobility		
Transfers		
Fine Motor Capacity		

PERSONAL CARE

Task	Details	Recommendations
Toileting		
Showering		

Dressing		

DOMESTIC ACTIVITIES OF DAILY LIVING

Task	Reported by participant	Recommendations
Laundry (washing & hanging)		
Cleaning		
Meal preparation/cooking		

Recommendations have been detailed on page three of the report.

For any further information regarding the content of this report, please do not hesitate to contact #

Yours sincerely,

NAME
Occupational Therapist

DRAFT