**Occupational Therapy Mental Health Assessment**

Name of Client: DOB:

Therapist: Date of Assessment:

Reason/Source of Referral:

Chief Concern/Clients personal goal:

Current Medical Diagnosis/Behavioral Health Diagnosis:

OT Treatment Diagnosis:

Medications:

Assessment Tools Used:

* General Self Assessment
* Allen Cognitive Level Screening (ACLS)
* Sensory Profile
* Canadian Occupational Performance Measure (COPM)
* Cognistat Neurobehavioral Cognitive Status Exam
* Lifestyle Balance Inventory (LBI)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Auditory Paragraph Recall
* Dual Attention Task
* Visual Memory for 20 Objects
* Occupational Self Assessment (OSA)
* Quick Neurological Screening (QNST)
* Motor Free Visual Perceptual Test (MVPT-3)
* Occupational Performance History Interview (OPHI)
* Levels of Alertness Map
* Montreal Cognitive Assessment (MoCA)
* Independent Living Skills Assessment (ILSA)
* Observations
* Other:

Frequency and Duration:

* Consult only with ongoing assessment as needed
* Individual OT intervention with ongoing assessment as needed

**Mental Status/Behavioral Observations “MSE-OT”** (Kneuer, 2015)**:**

**Personal Care:**

(Showering, dress, teeth, hair, general appearance)

**Cognition:**

(Memory, orientation, attention, problem solving, level of consciousness, executive functioning, flexibility, form)

**Language Processing/Interactive Skills:**

(Receptive/expressive, non-verbal, perception, behavior, attitude)

**Sensorimotor Regulation:**

(Sensitivity, distractibility, processing, verbal latency, regulating energy/alertness)

**Socio-Emotional/Affect:**

(Eye contact, activity level, mood, motivation)

**Motor Skills:**

(Dexterity, praxis, stamina, response time)

**Strengths:**

(Interpersonal, adaptive capacity, assets, awareness, insight, personal effectiveness)

**Safety/Judgement:**

(Risk assessment for self/others, insight, sequencing, impulsivity, judgement)

* Further Risk Assessment is needed

**Behavioral Health**

**Concerns/Symptoms:**

**Additional Collateral Information from Initial Behavioral Health Assessment:**

**Occupational Functioning**

ADL’s:

IADL’s:

Work/School:

Play:

Leisure:

Other:

**Performance Patterns**

Habitual behaviors

Routines

Life Roles

Rituals

**OT Assessments Results Summary**

**Family Systems Review**

(General Hx, Mental Health Hx, Environment, Internal/External Supports, Cultural/Spiritual Identity, Occupational Decline, Strengths)

**Community Life Functioning**

(Stability, Supports for family/individual)

**Recommendations/Plan**

**Referrals Given**

**1.**

**2.**

**3.**

**Signature**

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 QMHP Occupational Therapist (date)

Reference:

American Occupational Therapy Association (2008). Occupational therapy practice framework: Domain and process 2nd edition.

 *American Journal of Occupational Therapy,* 62, 625-668

Developed by Tania Kneuer, OT/L QMHP

Bend, Oregon

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