

Occupational Therapy Priority Checklist Guidelines

This form has been designed for occupational therapists to complete in discussion with someone who is already working with the client being referred

It is not intended to remove the need for a more in-depth assessment of occupational function, but to provide a starting point for the focus of intervention and to screen referrals in order that the best use of scarce occupational therapy resources can be made.

As such, the language of the form has been carefully chosen so that the items consist of commonly understood terms reflecting the focus of traditional occupational therapy. These are organised into four sections that correspond with themes from the Model of Human Occupation: volition, habituation, performance and environment. The occupational therapists' knowledge of these items will assist them to make more detailed enquiries as to their clients' precise needs

VOLITION	
Confidence	'Personal causation': appraisal of ability, expectation of success, realism, understanding of strengths and limitations, sense of control
Interest	enjoyment, satisfaction, curiosity, participation, choices, goals, preferences, sense of purpose, commitment
HABITUATION	
Self-care	independence, activities of daily living responsibilities, roles, routines balance, structure, variety, occupational demands
Productivity (domestic/work/education)	
Leisure	
PERFORMANCE	
Interpersonal skills	'Communication and Interaction skills': non-verbal skills, conversation, vocal expression, relationships
Cognitive ability	'Process skills': knowledge, planning, organisation, problem-solving
Physical ability	'Motor skills': posture, mobility, co-ordination, strength, effort, energy
ENVIRONMENT	
Physical environment (home/work/place of study)	facilities, opportunities, privacy, accessibility, stimulation, comfort, finance, aids and equipment, possessions, transport, safety
Social support	family dynamics, friends, neighbours, peers, work colleagues, expectations and involvement

Having identified the possible needs of the client, the occupational therapist is required to make a professional judgement regarding the need for occupational therapy intervention. This is not necessarily based on the number of ticks in the 'Yes column', but on the perceived urgency/severity of need that is most likely to be apparent in the comments section of the form

Occupational Therapy Referral Priority Checklist

Name of client:

Name of worker with whom referral has been discussed:

Date of birth: ____/____/____

Designation:

Identity number:

Date: ____/____/____

Is there any indication that occupational therapy would be useful to help explore or support the following areas of functioning?

	Yes	No	Don't know	Comments
MOTIVATION				
Confidence				
Interest				
ROUTINE				
Self-care				
Productivity (domestic/work/education)				
Leisure				
PERFORMANCE SKILLS				
Interpersonal skills				
Cognitive ability				
Physical ability				
ENVIRONMENT				
Physical environment (home/work/place of study)				
Social support				

IDENTIFIED NEED FOR OCCUPATIONAL THERAPY

No clear need for OT – no occupational needs identified

Need for minimal intervention/further assessment/consultative OT services to support wellness and/or prevent dysfunction.

Need for OT intervention to restore/improve function

Need for extensive OT intervention to improve function. Referral to follow-up services may also recommended.

Occupational Therapist:

Signature: