

Elks Camp Grassick
PO Box F, Dawson, ND 58428
701-327-4251
campgrassick@gmail.com

Occupational and Physical Therapy Report

OCCUPATIONAL AND PHYSICAL THERAPY REPORT

To be completed if the individual is receiving or could benefit from occupational therapy and/or physical therapy.

Name of Applicant: _____ Date of Birth: _____

Diagnosis: _____

How does this individual ambulate? ☐ Independently ☐ Crutches
☐ Walker ☐ Wheelchair

If the individual uses a wheelchair, how independent is he/she in ADLs, transfers, mobility, etc.

Does this individual wear orthotic devices? ☐ Yes ☐ No

If so, what type? _____

☐ full time ☐ part time ☐ night

OCCUPATIONAL THERAPY INFORMATION

Name of Occupational Therapist: _____

OT Email: _____

School System or Agency of OT: _____

Address: _____

Telephone Number: _____

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OCCUPATIONAL THERAPY INFORMATION CONTINUED

If this individual is accepted, I would like to receive a copy of the report and follow up information after camp: ☐ Yes ☐ No

How would you like to receive information from camp?

☐ I would like to receive paper copies in the mail.

☐ I would like to receive digital copies by email.

☐ I would like to receive paper and digital copies.

Has this individual ever been evaluated for Occupational Therapy? ☐ Yes ☐ No

Is the individual presently receiving Occupational Therapy? ☐ Yes ☐ No

If so, how many times per week? _____ Length of time per session _____

What areas and/or concerns are being addressed in OT? Please give a brief description of therapy this individual is presently receiving.

Please indicate specific areas of concentration you would like addressed or certain skills you would like us to work on while this individual is attending camp.

Please include/attach any other information that you think would be helpful to our staff while working with this individual.

PHYSICAL THERAPY INFORMATION

Name of Physical Therapist: _____

PT Email: _____

School System or Agency of PT: _____

Address: _____

Telephone Number: _____

If this individual is accepted, I would like to receive a copy of the report and follow up information after camp: ☐ Yes ☐ No

How would you like to receive information from camp?

☐ I would like to receive paper copies in the mail.

☐ I would like to receive digital copies by email.

☐ I would like to receive paper and digital copies.

Has this individual ever been evaluated for Physical Therapy? ☐ Yes ☐ No

Is this individual presently receiving Physical Therapy? ☐ Yes ☐ No

If so, how many times per week? _____ Length of time per session _____

What areas and/or concerns are being addressed in PT? Please give a brief description of therapy the child is presently receiving.

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