



## Occupational Therapy Questionnaire

What are your current functional deficits or areas where you could use support?

---

---

---

### Pain

Please describe to your best ability the following:

Location of pain:

(i.e. right shoulder, left hip, etc)

Pain Scale 0-10

(0 = no pain 10 =  
excruciating/unbearable)

Quality of Pain:

(i.e. Burning, sharp, achy, dull)

Frequency:

(per day, per wk, etc)

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Sites of decreased range of motion:

---

---

---

---

Activities which aggravate pain or decrease range of motion:

---

---

---

---

How is your sleep quality?

---



**Check all that apply:**

**Frequency:**

**Intensity:**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Anxiety       | _____ | _____ |
| <input type="checkbox"/> Depression    | _____ | _____ |
| <input type="checkbox"/> Panic Attacks | _____ | _____ |
| <input type="checkbox"/> Other: _____  | _____ | _____ |
| <input type="checkbox"/> Other: _____  | _____ | _____ |

**Sensory Sensitivities:**

- |                                   |       |
|-----------------------------------|-------|
| <input type="checkbox"/> Auditory | _____ |
| <input type="checkbox"/> Tactile  | _____ |
| <input type="checkbox"/> Visual   | _____ |

**Balance:**

In general, how do you feel about your balance?

---

---

---

Have you ever fallen due to unstable balance?

---

---

---

**Goals for therapy:**

---

---

---

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Medical History

Recent Illness? Y N

If answered yes, please specify:

---

---

---

Recent Trauma? Y N

If answered yes, please specify:

---

---

---

Please list ALL medications and reason for taking:

---

---

---

---

Any current/previous diagnosis: \_\_\_\_\_

Have you received specialized services before? (circle)

Occupational Therapy      Speech Therapy      Physical Therapy

Are these ongoing? Y N

If so please describe support given \_\_\_\_\_

---

---

***Thank you for providing the above information.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_