

CLINIC NAME

ADDRESS

THERAPIST NAME

**CREDENTIALS**

**CONTACT INFO**

**PRIMARY CARE OCCUPATIONAL THERAPY**

**BRIEF WELLNESS SCREEN & INTERVENTION**

**NAME:** @NAME@

**AGE:** @AGE@

**DOB:** @DOB@

**MRN:** @MRN@

**SNAPSHOT/SUMMARY:**

|  |
| --- |
| Visit concerns: \*\*\*  Goal: \*\*\*  Risk Levels: {P5 Risk Level:27552}  Next steps: \*\*\* |

@NAME@ is a @AGE@ @SEX@ seen with {Family Participants:16271} for Occupational Therapy {Screen, eval, intervention:22771} {support family and team:21190} {before, during, after:21193} {primary or well child care:21194} with {S49 visit with:20319}. OT was requested to join the visit \*\*\*

Chief complaint: \*\*\*

**BACKGROUND:**

@DIAGR@

@PROB@

**SCREENINGASSESSMENT:**

Tools used: \*\*\*

Assessment tool results: \*\*\*

Occupational Concerns: \*\*\*

Performance patterns: \*\*\*

Performance Skills and/or Deficits:

@REVFS(114)@ (pull in results from ASQ flowsheet)

- *Physical*: \*\*\*

- *Cognitive*: \*\*\*

- *Psychosocial*: \*\*\*

Caregiver Skills and Deficits:Caregiver {PARENT STRENGTH/DEFICITS:22150} \*\*\*

Environment: \*\*\*

**INTERVENTION:**

1. {ADLs:22420} \*\*\*

**SUMMARY, RECOMMENDATIONS, PLAN, & GOALS**

**Summary:** @NAME@was seen today for OT consult/screen & brief intervention to support health/wellness, to support primary care team, and assist the pt, and/or the family with development of and engagement in health promoting habits/routines. Direct pt care delivered for {consulttimes:21188} minutes.

Discussed management of patient's development, health, safety, and/or medical condition/s and questions were answered. Patient and/or caregiver verbalizes understanding of all recommendations.

**Recommendations & Plan:**

Based on these findings and discussions, I recommend the following:

1. \*\*\*

OT will follow up with the patient and/or family in {0 - 10:13937} {DAYS:13924}.

Patient and/or caregiver states understanding and agreement with all recommendations and plan.

SIGNATURE

**SMART LIST GUIDE**

**P5 Risk Level:27552**

LOW

LOW-MODERATE

HIGH-MODERAT

HIGH

**Family Participants:16271**

brief screen and intervention

consultation

brief evaluation

evaluation

intervention

\*\*\*

**primary or well child care:21194**

primary care visit

Well Child Care visit

doctor visit for \*\*\*

dental visit

**S49 visit with:20319**

Dr. Miller

Dr. Viggiano

Dr. Nguyen

Dr. Smith

Dr. Phillipsen

**PARENT STRENGTH/DEFICITS:22150**

utilizes positive parenting strategies

speaks lovingly to and about child

appears well bonded to child

first time parent

appears to have functional cognition to recall health information and details

verbalizes signs of resiliency

has social support

does not appear to need any additional supports or resources at this time

appears to have difficulty using positive parenting strategies \*\*\*

could benefit from additional resources and support \*\*\*

reports having difficulty controlling temper when child is difficult or misbehaves

reports having difficulty knowing what to do when child is difficult or misbehaves

reports feeling that they believe their child has more meltdowns and tantrums than other children of the same age

**ADLs:22420**

{ADLs:21195}

Development: {OT Intervention Peds:27553}

Dental health: screened needs and went over caries risk assessment. Referred to dental: \*\*\*. Gave dental supplies \*\*\*. Fluoride varnish \*\*\*

Social determinants of health needs: Screened risk/needs. \*\*\*

Activation: Worked on activation by asking parents to consider a self-management health goal. Parent needed \*\*\* support to set a goal for child. \*\*\*

Provided activation focused handout with information on use of advice nurse and call center for support rather than urgent care or emergency department for non-emergent health issues. \*\*\*

Supported family with scheduling of next office visit at end of this visit \*\*\*

Supported family with signing up for MyChart \*\*\*

Habits and routines: discussed the family's daily habits and routines \*\*\*

Warm hand off to \*\*\*

\*\*\*

**{ADLs:21195}**

Sleeping: \*\*\*

Feeding/eating: \*\*\*

Toothbrushing:\*\*\*

Lactation: \*\*\*

Bathing: \*\*\*

Dressing: \*\*\*

Toileting: \*\*\*

Play: \*\*\*

School: \*\*\*

Hand hygiene: \*\*\*

\*\*\*

**OT Intervention Peds:27553**

Went over developmental screen (ASQ). \*\*\*

Development: Went over developmental screen (SWYC). \*\*\*

OT {P5 Discussed, Demod, Practiced:27554} activities, positioning, and strategies to facilitate optimal development. \*\*\*

Provided book to patient through Reach Out and Read program. Educated caregiver about value of reading to/with child for development of communication, cognitive skills, executive functions, and for social interaction. \*\*\*

Referral to early intervention \*\*\*

Referral to Help Me Grow / Swindells \*\*\*

Referral to \*\*\*