

IDA'S CLINICAL RECORD OF OCCUPATIONAL PERFORMANCE PROFILE

Part I

Client Examiner
1. Name Name
2. Gender 3. Age..... Date
4. Address

5. Form of residence
 Living alone Living with parents Living in group service Other

6. Anamnesis and significant care or life incidents. History and present status of living conditions.
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.....

7. Taking medicines
 Yes No
If yes, which.....
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.....

8. Additional handicapping conditions
 Yes No

9. If yes, tick the following alternatives
 Allergy Autism Behavioural problems Communication disorder
 Epilepsy Mobility difficulties Visual reduction Other

Comments.....
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10. General description of how the client shows and manages feelings.
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11. General description of how the client initiates and conducts his/her contacts with the personal and physical environment.
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12. General description of what the client likes and dislikes.

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13. General description of how the client's ability/disability influences the actual rehabilitation programme.

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14. Access to adaptive and assistive equipment or technology.

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15. Additional needs for devices for assistance or environmental adaptation.

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16. Has an individual care or rehabilitation plan been done for the client?

Yes

No

If yes attach to the record.

17. Other comments (for example, what are client's or his or her legal representative's goals, special requirements, requested rehabilitation programme, etc.).

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Part II

Ratings:

1 = Deficient performance/does not perform the activity at all/dependent/not examined

2 = Ineffective performance/very poor performance/needs personal assistance

3 = Questionable performance/some deficient performance/needs verbal assistance

4 = Competent performance/normal, satisfactory realization/independent with or without aid

Items	Ratings				Comments
	1	2	3	4	

Sensory processing

Visual	1. Long distance vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Close-up vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

