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PATIENT IDENTIFICATION

Activity History and Assessment Form

Psychiatric Unit

Section I: Daily Activity Pattern

Work Time - Describe the type of work and identify whether it is full or part time. Include volunteer work and school.

Non-Work Time - Describe the type and amount of non-work activities such as self-care, home-care, interests, hobbies, sports, church, etc..

Rest and Sleep Time - Describe the normal number of hours of sleep daily. Identify any difficulties falling or staying asleep and whether the patient awakes rested.

Section II: Ability to Function

Self-Care - State whether the patient can accomplish self-care & home-care.

Communication Skills - State whether the patient can make his or her needs known.

Relationship Skills - State whether the patient can interact appropriately with others.

PART OF THE MEDICAL RECORD

Activity History and Assessment Form

Psychiatric Unit

Section II: Ability to Function (continued)

Patient's Perception of Self Care - State whether the patient thinks that he or she can accomplish self-care.

Section III: Patient's Stated Strengths and Weaknesses

STRENGTHS	WEAKNESSES

Section IV: Treatment Plan Checklist

<input type="checkbox"/> Relaxation Group	<input type="checkbox"/> Expressive Group	<input type="checkbox"/> Community Resource Development
<input type="checkbox"/> Communications Group	<input type="checkbox"/> Coping Skills Group	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ceramic/Craft Group	<input type="checkbox"/> Recreation Skills Group	<input type="checkbox"/> Other _____
Signature and Credentials of Activity Therapist Completing Section III:		Date and Time:
Patient Signature:		Date and Time:

PART OF THE MEDICAL RECORD