



Occupational Therapy Community Participant Lab Client Information Form

Client

First Name

Last Name

Birth date

Age

Address

Address

City

State

ZIP Code

Gender

Female

Male

Mobile Phone

Home Phone

Email

Caregiver or Emergency Contact

Name

Relationship

Phone

Email

Physician's Information

Physician's Name

Office Phone

Office Fax

Email (if available)

How did you hear
about our lab?

Medical Information

Diagnosis that brings
you to us

When did it start?

Other medical history

Please list your
medications or provide
a separate list

Cautions: Tell us if
there is anything we
shouldn't do or need to
know for your **safety**

Information about your functioning

Do you have trouble
with your **mobility**
(standing, transferring,
walking)? Please
describe

Do you have trouble
with **personal care**
(dressing, bathing,
etc.)? Please describe

Do you have trouble with **home activities** (cooking, cleaning, bills, etc.)? Please describe

How about **accessing the community, working, or having fun**? Please describe your abilities/challenges in these areas

How can we help you?

Please tell us what you would like to gain from working with occupational therapy. What would you like to be able to do or have change as a result of this 9 week session?

What equipment do you have?

Check all that apply

Cane

Walker

Manual Wheelchair

Power Wheelchair

Other

Shower chair/bench

Splint/brace for hand/arm

Splint/brace for foot/leg

Time Preference
Monday Afternoons February-April

Which time blocks are you available?		Notes
	1:30pm-2:20pm	
	2:30pm-3:20pm	
	3:30pm-4:20pm	

Unless otherwise stated, your participation in the community participant lab is based on your self referral. Please contact your doctor if you have any questions about your ability to participate in occupational therapy.

By typing or signing your name below you acknowledge the above and give the occupational therapy program at Samuel Merritt University permission to contact your physician to exchange your medical information, if needed:

Signature

Submitting the Form

Email: OTLab@samuelmerritt.edu

You may email the completed form, however, email may not be secure. Your form contains private health information that is protected by HIPPA. Email is not considered a HIPPA compliant method of communication unless it is encrypted. You may have an email provider that offers you the opportunity to encrypt your message if you wish.

Fax: 510-457-4008

or Mail: OT CPL
450 30th Street, 4th floor
Oakland, CA 94609

Questions? Contact us:

OTLab@samuelmerritt.edu 510-879-9200 x 7456