Name: (Client's Initials)		Signature	
Consign data:		Consent for treatment received:Yes No	
Session date: Goals			
Goals (treatment areas) to be address during session:			
Complete profile and build report with client			
2. Provide education on the capstone process and my role at CHOICE, gain consent for			
participation in OT sessions			
3. Begin educational program explaining the importance of the scope of Occupational			
Therapy, and begin discussing goals and intentions			
Treatment activities:	Client response/o	observation:	
0			
Occupational			
Therapy			
Introductory			
information on role of			
the OT			
Other observations and assessment made during session:			
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Homework for client:			
Homework for client.			
Follow up required by therapist:			
Next Visit date:		Signature:	