**OT Treatment Plan**

Patient/Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Functional Short Term Goals**  | **Occupational Performance Problem** (problem and causes: client factors, skills, patterns, context) |

**Treatment**

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| **Interventions** (Specific for each problem area | **Alternate Plan** (what to do if intervention does not work) | **Effectiveness** (Do you need to adapt, progress, or eliminate?) |