



AUSTOMS FOR OCCUPATIONAL THERAPY

Data Collection Form

AFFIX CLIENT RECORD STICKER HERE

ICD-10 CODES **1.** **2.** **3.** CARER: (e.g. husband, sister)

TIME: (Total face to face contact with client or caregiver) hours. GROUP OR INDIVIDUAL THERAPY:

TYPES OF THERAPY: **1.** **2.** **3.** **4.** **5.**

AusTOMs Ratings

Scale No.	Goal Start Date	Impairment	Activity Limitation	Participation Restriction	Distress/ W. Client	Distress/ W. Carer	Goal End Date	Impairment	Activity Limitation	Participation Restriction	Distress/ W. Client	Distress/ W. Carer

Discharge Code (Please tick one):

1. Treatment complete <input type="checkbox"/>	2. Therapist ceased treatment <input type="checkbox"/>	3. Client did not attend <input type="checkbox"/>	4. Treatment stopped, transferred to other service <input type="checkbox"/>
5. Acute episode (further event) but remained at facility <input type="checkbox"/>	6. Treatment stopped, client self discharge <input type="checkbox"/>	7. Deceased <input type="checkbox"/>	8. Other (Specify) <input type="checkbox"/>