



Amy Mooney, MS OTR/L
www.OT4ME.com

Health & Function Performance Summary

update this information every 4-6 months

Name:

Date:

Primary Diagnosis	Date of diagnosis

Medical Care Team

e.g., primary care, specialty care, therapist, education team

Current Care Team:

Name/discipline	Contact info	Last session date	Upcoming session date

Previous Care Team:

Name/discipline	Contact info	Dates of service



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Health Update

Symptoms:

Top 3-5 most interfering symptoms	Level of severity	Impact on functional performance

Current health status:

Describe changes in your health that have impacted your ability to perform your daily activities.

Medication/Supplement	Dose/Frequency	Medication/Supplement	Dose/Frequency

Treatment/Therapy/Interventions (i.e. procedures/social work, OT, PT, infusion)	Frequency & Support



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Functional Performance Summary

Describe your Activities of Daily Living (ADLs) and level of support:

ADLs	Performance and Support
Feeding	
Hygiene	
Toileting	
Dressing	
Sleep	
other	

Describe your Instrumental Activities of Daily Living (IADLs):

IADLs	Performance and Support
Meal prep & clean up	
Care for others	
Care for home	
Communication & Social engagement	
Mobility/Transportation	
Work/School	
other	

Complete the FUNCAP 55. Send the results to your provider and keep a copy with this form. The FUNCAP is a tool for capturing the consequences of specific types of exertion on your functional performance.

<https://raffbenato.github.io/funcap55/>



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Describe your REST	Strategies, tools, duration, intensity, etc.
Pre-Emptive Rest (rest prior to activity)	
Recuperative Rest (rest after activity)	

Additional Information:

Report Prepared By: