Rehabilitation Problem Solving

Assessment Form

Name: _____ **Location:** _____ **Date:** _____

Health Condition:		
	Body, Functions & Structure	**Activities & Participation**
According to Client		
According to Fieldworker		

	Personal Factors	**Environmental Factors**
According to Client		
According to Fieldworker		

Rehabilitation Problem Solving

Activity Form

Name: _____ **Location:** _____ **Date:** _____

Health Condition:		
	Body, Functions & Structure	**Activities & Participation**
Objectives		
Activities		

	Personal Factors	**Environmental Factors**
Objectives		
Activities		