OCCUPATIONAL THERAPY CONTACT NOTES **MONTH(S):_____**

NAME/SS#: **Therapist/Agency**:

Dates Seen/Data

Therapy Objectives/Activities						

Date	**Loc.**	**Time**	**OT Contact Notes**	**Units**

DP = Day Program **HM** = Home **W** = Work **C** = Community

_____

Therapist Signature

(NOTE: ***This is a SAMPLE FORMAT only. Not a required format. Reports must meet current NM DD Waiver Standards.)***