



**sunny days
therapeutics**

RECREATION THERAPY FORM

Name: _____

Gender: Male _____ Female _____ Prefer not to respond _____

Date of Birth: _____

Primary Diagnosis: _____

Recreation Therapy Goals:

Please place a check next to any goals you wish the Recreational Therapist to work on with the participant. Feel free to add any specific details or other information in the space provided below. This list is not all-inclusive, and additional goals may be determined during assessment, treatment sessions, and evaluations.

FUNCTIONAL LEISURE SKILLS	To maintain or increase:
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Cognitive Goals	Physical Goals	Psychosocial Goals
<input type="checkbox"/> Sensory Integration	<input type="checkbox"/> Wheelchair Mobility	<input type="checkbox"/> Social Skills and Interaction
<input type="checkbox"/> Attention to Task	<input type="checkbox"/> Strength and Endurance	<input type="checkbox"/> Coping Mechanisms/skills
<input type="checkbox"/> Memory/Orientation	<input type="checkbox"/> Fine/Gross Motor	<input type="checkbox"/> Frustration Tolerance
<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Relaxation Response	<input type="checkbox"/> Enhance Self-image, Confidence, Esteem
<input type="checkbox"/> Following Directions	<input type="checkbox"/> Balance/Fall Prevention	<input type="checkbox"/> Anxiety and Depression Reduction
<input type="checkbox"/> Communication Skills	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Adjustment to Disability
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

LEISURE EDUCATION	RECREATION PARTICIPATION
To maintain or increase:	To maintain or increase:
<input type="checkbox"/> Leisure Skills/Knowledge	<input type="checkbox"/> Sense of Autonomy by choosing his/her level of participation.
<input type="checkbox"/> Resources Awareness/Utilization	<input type="checkbox"/> Motivation and activity level through successful participation.
<input type="checkbox"/> Planning Skills	<input type="checkbox"/> Adaptive Recreation Skills
<input type="checkbox"/> Safety in Community Setting	<input type="checkbox"/> Relaxation and Stress management
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Please share with us any additional goals or requests you would like to address:

Participant Leisure Interest and Pattern

** The leisure activities listed below may not be used as a direct intervention. However, this information will give the Recreation Therapist guidance in planning related interventions. See the *Recreation Therapy Services Offered* document for specific Recreation Therapy interventions and tools that are being used at Sunny Days Therapeutics at this time.

P - Past Interest

C - Current Interest

W - Would Like to Learn/Do

Place a check mark in the appropriate column to indicate past and current interests, and what the participant would like to learn to do.

Social/Group Activities

	P	C	W
Church/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Gatherings/Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Clubs/Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Solitary Activities

	P	C	W
Watching TV/Movie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Search Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crossword Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Jigsaw Puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Book on Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Meditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solitaire Card Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Physical Activities

	P	C	W
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Archery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball/Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track/Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billiards/Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Badminton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseshoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness/Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf/Miniature Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weightlifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk/Run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Creative Activities

	P	C	W
Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Pottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needlework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Outdoor Activities

	P	C	W
Hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picnics/Cookouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sledding/Tobogganing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horseback Riding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Spectator Events

	P	C	W
Concerts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Sporting Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____		

Passive Games

	P	C	W
Trivia Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Board Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	P	C	W
Classic Board Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bingo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

Please list any special hobbies, talents, or collections.

Please share with us the participant's additional leisure activities/pursuits not stated above.

Additional information you would like us to know:
