

Client Name: _____

THERAPEUTIC RECREATION & LEISURE - CLIENT INTERVIEW

Primary Language _____
Secondary Language _____
Birthplace: _____
Religious Preference _____

Occupation _____

Personality: Sociable Quiet Loner Other: _____

Prefers: Group 1:1 Both

Education Level _____

Veteran: yes no

Can read: yes no

Can write: yes no

Hearing impairment: yes no left right both

Vision impairment: yes no

Significant Other: _____

Patient's Expressed Needs: _____

Patient Appears:

responsive verbal non-verbal

alert oriented confused

withdrawn lethargic resistant

agitated anxious content

Other: _____

Physical Limitations: _____

Recreation/Leisure Interests:

Art Music

Reminiscing Plants/Gardening

Crafts Reading

Writing, journal Socializing, who: _____

Word games Sports, specify: _____

Games/Cards TV/Movies

Spirituality Volunteer opportunities

Painting Nature walks/outdoor

Exercise Puzzles

Cooking/Baking Computers

Music or singing Yoga/Tai Chi

Carpentry Pets/animals, specify: _____

Jewelry making Ceramics, clay modeling

Discussion groups Photography

Current news Sharing memories

Fashion/beauty Collecting (stamps, coins, etc)

Sewing, crocheting, knitting, etc

Other: _____

Previous Leisure Interests:

Present Leisure Interests:

Caregiver interest:

List activities you enjoy doing with your loved one: _____

Presenting Problem(s): Patient:

experiences increased confusion and memory loss

but remains fully responsive

is unable to express needs

not interested or refuses to engage in leisure activities

participates in leisure activities but has difficulty being active

frequent sleeping, difficulty communication

due to physical limitation(s) _____

has difficulty self-starting leisure activities

has difficulty remembering schedule or times of events

frequently wanders

has difficulty focusing on tasks

is adjusting to major life change or new environment

List current barriers to leisure enjoyment: _____

Goal(s):

Time frame: 30 days 60 days 90 days _____

Patient will:

participate in recreation/leisure activities 3x a week

patient will show positive response to TR programs

choose at least 2 recreational activities weekly

display a restored sense of purpose

participate in meaningful social interactions

display overall increased life satisfaction

respond to auditory and tactile stimulation seen by _____

complete at least 2 cognitive activities per week

complete at least 2 reality orienting activities per week

Other: _____

Staff Intervention Plan:

Schedule a client and/or family follow up with CTRS

Collaborate with interdisciplinary team

Provide 1:1 therapeutic recreations programs

Encourage participation in social activities/events based on leisure interests

Other: _____

Recreation Therapy Orientation to:

Patient Family Both

Resources Provided:

Therapeutic Recreation Plan

Provide personalized schedule of recreation/leisure activities

Adaptive Equipment

Personalized TR activity kits

Customized photo products

Family/CG TR training

Voter Registration

Other: _____

Recreation Therapist Reviewed

Date

Client Name: _____

Do you have a nickname you prefer to be called? _____

What is your favorite food? _____

When are you most happy? _____

What makes you sad? _____

How do you relax? _____

Were you (or are you) part of any clubs or organizations? _____

Do you have any children? (if so, how many) _____

List ages and names of children:

Have you received any awards? _____

What is your happiest life memory? _____

What are your favorite hobbies? _____

What is your favorite type/genre of music? _____

List your top 3 favorite songs/artists:

1) _____

2) _____

3) _____

What do you feel is your biggest challenge? _____

List your top 3 favorite places to travel:

1) _____

2) _____

3) _____

What are your favorite holidays to celebrate, and why? _____
