2025 UK Parkinson's Audit: Occupational therapy - patient audit case sheet Use this to record your patient cases before entering the data on the online tool

| 1. Den | nographics | |
|--------|---|---|
| 1.1 | Patient identifier | |
| 1.2 | Gender | MaleFemaleOther/patient prefers not to say |
| 1.3 | Ethnicity | White O British O Irish O Gypsy or Irish Traveller O Roma O Any other White background Asian/Asian British O Bangladeshi O Chinese O Indian O Pakistani O Any other Asian background Black/Black British/Caribbean/African O African O Caribbean O any other Black background Mixed/Multiple ethnic groups O Asian and White O Black African and White O Black Caribbean and White O Any other Mixed/Multiple background Other ethnic group O Arab O Any other ethnic group Prefer not to say |
| 1.4 | Year of birth | |
| 1.5 | What setting does this patient live in? | Own home Residential care home Nursing home Other (please specify) |
| | | Other (please specify) |

| 1.6 | In what setting was the individual seen? | NHS – outpatient NHS – community Private clinic At home Other (please specify) |
|---------|---|---|
| 1.7 | How was this person assessed? Tick all that apply | In personVirtually - by videoVirtually - by telephone |
| 1.8 | Parkinson's phase | DiagnosisMaintenanceComplexPalliative |
| 2. Refe | rral | |
| 2.1 | Year of Parkinson's diagnosis | |
| 2.2 | Has the person received previous occupational therapy specifically for Parkinson's? | Yes No (skip to Q2.4) Offered but declined (skip to Q2.4) Unknown (skip to Q2.4) |
| 2.2a | If yes, what was the year of first referral? (Year or unknown) | |
| 2.3 | When the person was first referred to any OT service, at what stage of their Parkinson's were they? | DiagnosisMaintenanceComplexPalliativeUnknown |
| Curren | t episode of care | |
| 2.4 | Who made the referral to OT? | Elderly care consultant Neurologist Parkinson's nurse specialist General/non-PDNS nurse GP Allied health professional colleague (physio/SLT) Dietician Social care worker Self-referral/relative Other (please specify) Unknown |

| 2.5 | What was the time between the date of the referral and the date of the initial appointment for this episode of care? | 1 to 4 weeks 5 to 8 weeks 9 to 12 weeks 13 to 18 weeks More than 18 weeks |
|------|--|--|
| 2.6 | What was the reason for referral to OT? Tick all that apply | Staying well: Health and well-being promotion Education Self-management Family roles and relationships Sexual intimacy Work Leisure activities Community skills Driving Optimising function: Mobility Falls prevention Transfers Bed mobility Posture and seating Eating and drinking Personal care Domestic skills Fatigue management Handwriting and communication Cognitive and emotional well-being Engagement / motivation Equipment provision/ environmental adaptations Carer support Moving and handling guidance Pressure care management |
| 2.7 | Was a letter sent to the referrer? | YesNo |
| 2.7a | If no: | Not current practice Therapy ongoing but letter to be sent on completion No requirement as discussed directly with referrer at MDT review |

| | If yes: | |
|---------|--|---|
| 2.7b | Did the letter include details of the therapy assessment? | YesNo |
| 2.7c | Did the letter include therapy outcome scores? | YesNo |
| 2.7d | Did the letter include an intervention plan? | YesNo |
| 2.8 | Was the reason for referral reflective of patient need? | Yes - OT intervention for referral reason only Yes - but additional OT needs identified No - referral to OT was not appropriate |
| 3. Goal | s identified | |
| 3.1 | Were therapy goals set in collaboration with the patient and/or carer? | YesNo |
| 3.2 | Were standardised assessments used with this patient? | YesNo |
| 3.2a | If yes, what areas were you assessing for? Tick all that apply | Activity, function, participation Cognition Mood Fatigue Goal setting Health and wellbeing |
| 4. Inte | rvention strategies used | |
| 4.1 | What was the main approach of your therapeutic interventions? Choose one. | EducationalRestorativeCompensatory |
| 4.2 | Which areas of intervention were addressed? Tick all that apply (continues overleaf) | Staying well: Health and well-being promotion Education Self-management Family roles and relationships Sexual intimacy Work Leisure activities Community skills |

| | | 5 |
|----------|--|--|
| | | o Driving |
| | | Optimising function: Mobility Falls prevention Transfers Bed mobility Posture and seating Eating and drinking Personal care Domestic skills Fatigue management Handwriting and communication Cognitive and emotional well-being Engagement / motivation Equipment provision/ environmental adaptations Carer support Moving and handling guidance Pressure care management |
| 5. About | the Occupational Therapist | |
| 5.1 | What band (grade) is the occupational therapist who carried out the initial assessment of this person? | 4 5 6 7 8a 8b 8c Social service grade – junior occupational therapist Social service grade – senior occupational therapist Other |
| 5.2 | Approximately what percentage of people seen by the audited therapist in a year have Parkinson's? | 0-19% 20-39% 40-59% 60-79% 80-99% 100% Unknown |

| 6. Evidence base | | |
|--|--|--|
| Which of the following did the audited therapist use to inform clinical practice or guide intervention? Tick all that apply | Own Clinical experience Advice from colleague or supervisor Occupational therapy for people with Parkinson's - best practice guide 2nd edition (2018) National Service Framework for Long term Conditions (2005) NICE - Parkinson's disease: diagnosis and management in primary and secondary care (2017) Progressive Neurological Conditions toolkit 2019 Allied Health Professionals' competency framework for progressive neurological conditions Published evidence in a peer reviewed journal (read within last 12 months) Information from Parkison's UK website' Postgraduate training (eg attending course/lectures specific to Parkinson's) within last 24 months Other (please specify) None | |