Mr. President, ladies and gentlemen: I want to assure you at the outset that my report is not long. As we have had a lengthy session I sympathize with you, and shall not take a great deal of your time. Doctor Dunton has kindly passed to you some mimeographed sheets, which will be helpful to you, in understanding the few things I have to say. If you think these sheets are worth while, I should be very glad to have you take them home with you. I might say, before you look at them, that they are not complete in themselves; they need some explanation, and amplifications, but they are the best the committee could do.

Your committee on records and statistics held one formal meeting and several informal conferences during the year. Unfortunately some of the members appointed on the committee were not able to take part in its deliberations. These members, however, gave the committee many helpful suggestions.

In starting our work as your committee, we took it for granted that some records in occupational therapy were essential. We then asked two questions. First: what records are necessary and, second, what record forms will best serve the purpose. In answer to the first question it was decided that two classes of records were desirable, the one primarily therapeutic, and the other administrative. Without some accounting of the treatment of individual patients, the work would hardly deserve the name of therapy, and without some definite records of the organization and conduct of the work, it would soon become a confused jumble.

The problem then arose of meeting the needs of occupational therapy departments in various kinds of institutions. After some debate we decided to present a few basic forms that might be used in any department of occupational therapy, and to leave the
special auxiliary records to be worked out to meet the demand of particular situations or conditions.

We did not try to create something new, but, rather, to adapt to the needs of the members of the association, forms that had already been used and found fairly satisfactory.

**FORM 1: PRESCRIPTION FOR OCCUPATIONAL THERAPY**

Taking up the therapeutic records, we began with the prescription form which we have designated as Form 1. As the occupational therapist to do her work efficiently must know the patient she treats, we have provided on Form 1, for certain data that are deemed essential for the therapist. These data are also necessary for statistical purposes. The form provides for ample directions from the physician to the therapist.

The committee recommends that the prescription form be made out in duplicate by the physician in charge of the patient, and that one copy be kept in an index file, in the office of the chief therapist, and that the other be made a part of the case record of the patient. The prescription form, as you will note on the sample furnished you, provides for the name of the ward in which the patient is located, the name of the patient, the date of the prescription and the date of admission of the patient to the hospital. Other facts relating to the patient include case number, identification number, sex, age, diagnosis, race, physical disorders, diseases and defects not indicated under diagnosis, mental traits and characteristics, previous vocation, special aptitudes and interests, conditions to be treated and special results desired. Directions concerning treatment to be given by the physicians include duration and frequency of treatment, physical exercises and recreations, and warnings, suggestions and special instructions.

**FORM 2: PROGRESS RECORD—OCCUPATIONAL THERAPY**

The second therapeutic form recommended by the Committee we have called the Progress Record. This form is to be made out periodically (weekly or monthly), by the therapist and submitted by her to the chief therapist, who, in turn, after ex-
Form 3 is the administrative card record which the committee recommends for the use of chief occupational therapists in keeping an account of the individual patients under her supervision. The form provides important reference data taken from the prescription card and for a monthly record of the attendance and progress of the patient for a period of two years. It is planned to have the card kept ready for reference in an alphabetical index file in the office of the chief therapist.

Form 4: Occupational Therapy Register

The form of register recommended by the committee is quite similar to registers used in educational institutions. It provides for a complete record of attendance, grade, kind of work, project and progress of each patient in an occupational therapy class for a period of one month. At the end of the month, the record would be handed to the chief occupational therapist, and entry therefrom would be made by a clerk on the administrative cards.

Form 5: Statistical Card—Occupational Therapy

The purpose of the statistical card is to provide in definite form for tabulating important facts concerning the results of treatment in the occupational therapy department during the year. The data called for by the card, if well recorded, would enable the chief therapist or the physician in charge to make a thorough analysis of the results of the work, and should indicate the extent of success or failure with various types of patients. It is planned to have a card made out at the end of each year for each patient treated in occupational therapy classes during the year. The card, when filled out indicates clearly the diseases and defects of the patients at the beginning of treatment and his mental traits and characteristics. These items are followed by a record of
treatment during the year and these by a record of results. The card makes possible a large number of tables. The committee, however, in this report makes no attempt to set forth the tables that are most desirable. If these forms are adopted the matter of standard statistical tables might well be taken up by the committee next year.

FORM 6: MONTHLY RECORD OF ARTICLES COMPLETED

It was thought desirable to have a simple record form to show the periodic output of occupational therapy departments. This the committee has endeavored to furnish in Form 6. The form provides for a record of each article completed under the following headings: Date, identification number, name of article, selling price or value, cost of material, amount to be paid maker, and remarks. At the end of each month the record would be handed to the chief therapist, by the therapist in charge of each class.

FORM 7: MONTHLY RECORD OF DISPOSAL OF ARTICLES

In case the therapist in charge of classes or chief therapist conducts the sale of articles, it is desirable to have a form for a chronological record of such sale. Form 7, submitted by the committee provides for a record of disposal of articles under the following headings: Date, identification number, name of article, sold, cash received, used in hospital, value and remarks.

Forms 6 and 7 could be kept in permanent binders by the chief therapist and would be of great assistance to her in making up her annual report.

The committee realizes that several other forms might be used to advantage in some occupational therapy departments. For example occupational therapy departments carrying on active commercial transactions could keep a columnar cash book, day book, ledger, and stock book. Standard forms for these are readily available.

In presenting this report, your committee would emphasize the desirability of uniform basic records and reports in occupational therapy. The committee believes that the forms here
submitted are worthy of a trial and it trusts that some steps may be taken to make them available to all occupational therapy departments desiring them.

These forms in slightly modified make-up are now in use in several large departments of occupational therapy. Some of them are used by the Veterans Bureau, and some by the Illinois State Hospital System, by the New York State Hospital System, and other departments, so that a good start toward uniformity has already been made. As I have mentioned before to this association, we need uniformity so that results in one hospital may be compared and combined with those in another; also so that the results of one year may be compared with the results of other years. We ought to proceed cautiously but after getting satisfactory forms we ought to keep them long enough to show whether they are yielding the desired data.

The committee greatly appreciates the many valuable suggestions it received from different members during the past year.