PT Hawaii-Waipahu
Waipahu Professional Center
94-801 Farrington Hwy, Waipahu, HI 96797
Phone: (808)680-9123 • Fax: (808)680-9889
www.pthawaii.com

☐ Workers Compensation _____
Employer _____
☐ No Fault (Auto) _____
☐ Private _____
☐ Medicare _____

Rehabilitation Referral and Treatment Plan

Patient Name:_____
Date of Birth:_____
Phone (Home): _____ (Work) _____
Date of Injury/Surgery: _____

Diagnosis/ICD-9 code _____
_____
_____
_____

☐ **EVALUATE AND TREAT**

☐ **PHYSICAL THERAPY**

- ☐ **Therapeutic Exercises**
  HEP, postural education/ergonomics
- ☐ **Modalities**
  Mechanical traction, electrical stimulation, ultrasound, heat & cold
- ☐ **Manual Therapy**
  Joint mobilization, manual traction, myofascial release, Strain-counterstrain
- ☐ **VESTIBULAR/NEUROMUSCULAR REHAB**
  Canalith repositioning, balance/gait training, vertigo, functional re-training.
- ☐ **STRAPPING**
  McConnell, K-tape, Sports Tape, Leukotape

☐ **WORK CONDITIONING:** (3 days/week) 2 Hour treatment will Include strengthening and conditioning, initiating specific job simulation activities.

☐ **AQUACARE**
Aquatic Therapy in a 100,000 gallon chlorinated salt water (solar heated) pool. Utilizing specifically designed activities to aid in the restoration, maintenance, and quality of function for patients with acute or chronic disabilities.

☐ **MASSAGE THERAPY**
Myofacial release, Triggerpoint release, and more.

☐ **PRECAUTIONS/SPECIAL INSTRUCTIONS**
Operation report

_____
_____
_____

MEASUREABLE GOALS/OBJECTIVES

Decrease:	Increase:	Increase:	Educate:
☐ Tenderness/Tightness	☐ Endurance	☐ Functional Activity Tolerance	☐ Home Exercise Program
☐ Swelling	☐ ROM/Mobility	☐ Strength/Stability	☐ Body Mechanics/ADL's
☐ Pain			☐ Symptom Management
____fr____to____	____fr____to____	____fr____to____	
	____fr____to____	____fr____to____	

Treatment Frequency_____visits/week for_____weeks. Total Visits:_____

Estimated Treatment dates_____to_____ Estimated cost $_____

Adjuster (print)_____Signature_____Phone:_____Fax:_____

Claim No._____ ☐ Approved ☐ Denied

Physician Name (print):_____Signature_____Date_____

PT Hawaii-Waipahu
Waipahu Professional Center·
94 - 801 Farrington Hwy,
Waipahu, Hawaii 96797
Phone: (808) 680-9123 ·
Fax: (808) 680-9889

Home of the AquaCare™ Program