



354 Uluniu St., Suite 404 Kailua, HI 96734 * Ph:(808)262-1118 * Fax:(808)262-0045

WORKER'S COMP

NO FAULT

PRESCRIPTION/TREATMENT PLAN

NAME: _____ PHONE: _____ DOB: _____
 PHYSICIAN: _____ PHONE: _____ FAX: _____
 DIAGNOSIS/ICD-10 CODES: _____ ONSET: _____
 PRECAUTIONS/COMMENTS: _____
 INSURANCE: _____ CLAIM #: _____ ADJ: _____
 FREQUENCY & DURATION: _____

PHYSICAL THERAPY

- EVAL AND TREAT
- CONTINUATION OF PT SERVICES

PROCEDURES

- THERAPEUTIC EXERCISE
- GAIT TRAINING
- MANUAL THERAPY
- MYOFASCIAL RELEASE
- NEURO RE-ED, BALANCE/COORDINATION
- AQUA THERAPY (**
- PROSTHETIC TRAINING
- ORTHOTIC FITTING / TRAINING / FABRICATION
- ADAPITIVE EQUIPMENT TRAINING
- FUNCTIONAL MOBILITY
- BACK SCHOOL
- MASSAGE
- LYMPHEDEMA TREATMENT (KAILUA ONLY)**

MODALITIES

- ULTRASOUND
- ELECTICAL STIMULATION
- HOT/COLD PACK
- TENS
- IONTOPHORESIS
- TRACTION

START DATE: _____ END DATE: _____ ESTIMATED COST \$ _____
 COMMENTS _____

PHYSICIAN'S SIGNATURE

DATE: