



1350 South King Street #300, Honolulu, HI 96814

Phone: (808) 348-6336

100 North Beretania Street #116, Honolulu, HI 96817

Phone: (808) 518-9807

Fax: (808) 744-8571

Hours: Monday – Saturday 8am – 6pm

## Doctor Referral Form

Please check:  **Physical Therapy**  **Chiropractic**  **Massage**

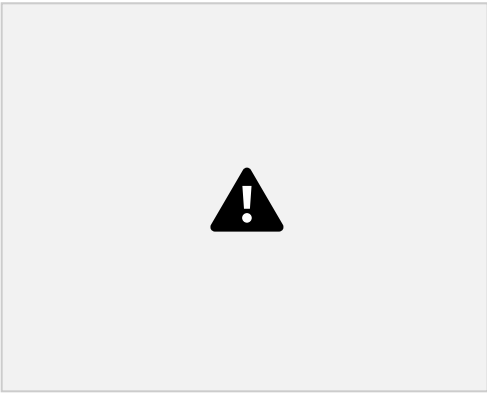
Patient name: \_\_\_\_\_ Insurance: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Date of surgery/incident: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10 code: \_\_\_\_\_

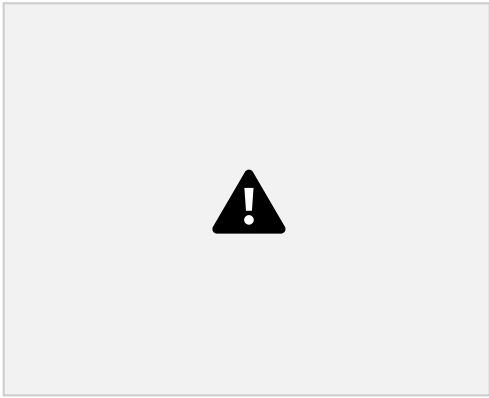
Specific instructions: \_\_\_\_\_



Contraindication/precautions: \_\_\_\_\_ Frequency/Duration: \_\_\_\_\_

x/week for \_\_\_\_\_ weeks Treatment:      Goals:

- Examine & Treat
- Therapeutic Exercises
- Soft Tissue Mobilization
- Postural Education
- Gait/Balance Training
- Joint Mobilization
- Modalities
- Relieve Pain
- Restore Function
- Teach Self-Treatment



- Improve Body MechanicsIncrease Strength
- Enhance ROM
- 

Physician Signature

Date