Haleiwa Physical Therapy
Kinesiology Orthopedic Rehab and Fitness
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Hale'iwa HI 96712

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PHYSICAL THERAPY PRESCRIPTION

Patient Name _____ DOB _____

Patient Phone _____

Diagnosis_____ ICD 10 _____

Date of Injury/Surgery_____ Insurance _____

Precautions/ Comments_____

Physician_____Phone/Fax_____

__Evaluate and Treat
__Therapeutic Exercise
__ADL/HEP program
__Gait Training
__Soft Tissue /Myofascial release
__Manual Therapy: Joint mobilization
__Neuromuscular Reeducation
__Active Release Technique
__Graston Technique
__Other_____

__Spinal Decompression
__Spinal Mobilization
__Mobility ROM
__Core strengthening
__Postural Training
__Ergonomics and Lifting
__Balance and Proprioception
__Edema Inflammation
__Bracing/Strapping
__Protocol Included

Please Fax this prescription to 808 564 0050 Thank you!

Signature_____Date_____