

East Oahu Physical Therapy  
 Aina Haina Professional Bldg  
 850 West Hind Dr. #201  
 Honolulu, HI 96821

To Schedule an Appointment  
**CALL 377-5605**  
 or  
**FAX 377-5604**



**PHYSICAL THERAPY REFERRAL**

Patient Name:	Phone:
Date of Birth:	Insurance:
Dx:	Date of Injury:
Frequency/Duration:	Next Doctor's Visit:

**TREATMENT PROCEDURES**

EVALUATE & TREAT PROCEDURES	THERAPEUTIC EXERCISE	MODALITIES	OTHER
	Passive ROM	Ultrasound	Massage
Func Capacity Screen	Progressive Resistance Ex	Hot/Cold Pack	Sports Specific Training
Manual Therapy	Pelvic Stabilization	Iontophoresis	Aqua Therapy
Myofascial Release	ACL Protocol		
Joint Mobilizations	Postural Training	ELECTRICAL STIMULATION	Brace Fitting
	Balance Training	TENS/IFC	
	Back School		
	Stretching	TRACTION	
	Home Exercise Program	Cervical	
		Lumbar	

**TREATMENT GOALS MEASUREABLE OBJECTIVES**

DECREASE	INCREASE	EDUCATE
Pain Level	Range of Motion	Home Exercise Program
Swelling	Mobility	Posture
Dysfunction	Strength /Stability	Body Mechanics/ADLs

Additional Comments / Precautions / Special Instructions:

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Physician Signature:	Date:	Provider Stamp or Print Address Phone & Fax Number:
Physician Printed Name:		