LAHAINA PHYSICAL THERAPY

180 Dickenson Street, Suite 206
Lahaina, HI 96761
Fax: (808) **661-5264**
Phone (808) 661-5266

Referral for Physical Therapy / Treatment Plan

Name _____ Phone _____ DOB _____

Diagnosis _____

Surgical Procedure(s) & Date(s) _____

X-ray, CT, MRI results _____

Medications _____ Precautions/Contraindications_____

Treatment Goals and Objectives

▼ **Decrease**	▲ **Increase**	**Educate**
☐ Pain	☐ ROM	☐ Home Program & Self Care
☐ Swelling	☐ Strength	☐ Postural Re-education
☐ Dysfunction	☐ Mobility & Function	☐ Body Mechanics
☐ Other		

Treatment Plan

☐ **Evaluate and Treat**

☐ Other (please specify) _____

- ☐ **Manual Therapy:** Joint and Soft Tissue Mobilization
- ☐ **Therapeutic Exercise: ROM:** Passive, A/A, Active, **Strengthening, Conditioning, Functional**
- ☐ **Modalities p.r.n.:** Ultrasound, Electrical Stimulation, Traction, Heat/Cold, Paraffin, Phonophoresis
- ☐ **Patient Education:** Home Program, Posture, Self Care, Functional Activities, Gait Training

Frequency: ☐ 3x per week for 4 weeks
☐ As Appropriate ☐ ____x per week for ____weeks Total #_____

Comments:

_____ _____

Therapist's Signature Date **Physician's Signature** **Date**

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Office Info: ☐ Worker's Compensation ☐ No-Fault ☐ Other _____
Insurance Carrier: _____ Claim #_____ Date of Injury: _____
Adjuster: _____ Phone:_____ Start/End Date: _____
Employer: _____ Phone:_____ Estimated Cost: $_____

(Map on Back)

Lahaina Physical Therapy, LLC

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Please visit our website www.lahainaphysicaltherapy.com and download our Patient Information forms for your first visit

Located in Dickenson Square
Upstairs (Suite 206)

Take stairs or elevator next to
Lahaina Coolers Restaurant

Clinic directly above Hale Zen
Facing stairway and Dickenson Street on 2nd floor