WAILEA & LAHAINA
PHYSICAL THERAPY

161 Wailea Ike Place, Suite A105
Kihei, Hawai'i 96753
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:

☐ As Appropriate ☐ ____x per week for ____weeks Total #_____

Comments:

_____ _____

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

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Mailing Address:
161 Wailea Ike Place, Suite A105
Kihei, Hawai'i 96753

Wailea Location:
161 Wailea Ike Place, Suite A105
Kihei, Hawai'i 96753

Kahului Location:
95 Lono Avenue, Suite 202
Kahului, Hawai'i 96732