



Haleiwa Physical Therapy

Kinesiology Orthopedic Rehab and Fitness

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Haleiwa, HI 96712

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www.haleiwaphysicaltherapy.com

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 Re-education
____ Active Release Technique
____ Graston Technique
____ Other _____

____ Spinal Decompression
____ Spinal Mobilization
____ Core Strengthening
____ Postural Training
____ Ergonomics and Lifting
____ Balance and Proprioception
____ Edema Inflammation
____ Bracing / Strapping
____ Protocol Included
____ Mobility ROM

Please FAX this prescription to 808-564-0050 Thank you!

Provider Signature _____ Date _____