Absolute Physical Rehabilitation

45-1144 Kamehameha Highway Suite 305 Kaneohe, HI 96744
Tel (808) 235-7999 Fax (808) 235-7992
AbsolutePhysicalRehab.com

For your convenience, you can reorder this pad or print on demand at AbsolutePhysicalRehab.com/prescription

PRESCRIPTION & TREATMENT PLAN

Patient's Name _____

Home Phone _____ **Date of Birth** _____

Cell Phone _____ **Employer** _____

Date of Injury / Onset of Illness _____ ○ ○ ○ **No Fault / Work Comp / Private**

Insurance Company _____ **Claim #** _____

Adjuster _____ **Phone** _____ **Fax** _____

Diagnosis:

Special Instructions:

☐ Evaluate & Treat	☐ Stabilization Program	☐ Modalities
☐ Therapeutic Exercise	☐ Home Exercise Program	☐ Aerobic Conditioning
☐ Manual Therapy	☐ Traction	☐ Gait Training

Frequency:

Duration:

Specific Goals:

Pain: _____ Strength: _____

AROM: _____ Function: _____

Referred by Dr. _____ Phone _____ Fax _____

Physician's Signature _____ Date _____