



# Absolute

## Physical Rehabilitation

45-1144 Kamehameha Highway Suite 305 Kaneohe, HI 96744

Tel (808) 235-7999 Fax (808) 235-7992

[AbsolutePhysicalRehab.com](http://AbsolutePhysicalRehab.com)

*For your convenience, you can reorder this pad or print on demand at [AbsolutePhysicalRehab.com/prescription](http://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
- ☐ Therapeutic Exercise
- ☐ Manual Therapy

- ☐ Stabilization Program
- ☐ Home Exercise Program
- ☐ Traction

- ☐ Modalities
- ☐ Aerobic Conditioning
- ☐ Gait Training

Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_

Specific Goals: \_\_\_\_\_

Pain: \_\_\_\_\_ Strength: \_\_\_\_\_

AROM: \_\_\_\_\_ Function: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_