



REHABILITATION HOSPITAL OF THE PACIFIC

226 North Kuakini Street • Honolulu, Hawaii 96817
www.rehabhospital.org

TREATMENT PLAN & PRESCRIPTION

☐ Nuuanu (fax: 535-2018)
Phone: 544-3310

☐ Aiea (fax: 486-8987)
Phone: 486-8000

☐ Hilo (fax: (808) 961-6473)
Phone: 808-973-4229

Primary Insurance: _____

Secondary Insurance: _____

Tertiary Insurance: _____

Name _____ Onset Date Illness/Injury/Accident _____

Phone _____ Surgery Date _____

Precautions _____

Diagnosis _____

☐ **PHYSICAL THERAPY EVALUATE & TREAT**
Frequency/Duration _____

☐ **SPEECH/COGNITIVE THERAPY EVALUATE & TREAT**
Frequency/Duration _____

☐ **OCCUPATIONAL THERAPY EVALUATE & TREAT**
Frequency/Duration _____

☐ Dysphagia Eval & Treat ☐ Modified Barium Swallow
☐ Speech/Cognitive Treatment

☐ **HAND THERAPY EVALUATE & TREAT**
Frequency/Duration _____

MODALITIES	THERAPEUTIC PROCEDURE	RETURN TO WORK	OTHER SERVICES
<input type="checkbox"/> Thermal Agents <input type="checkbox"/> Ultrasound <input type="checkbox"/> Electric Stim <input type="checkbox"/> Traction <input type="checkbox"/> Paraffin <input type="checkbox"/> Iontophoresis - Dexamethasone - Other _____ <input type="checkbox"/> Fluidotherapy	<input type="checkbox"/> Therapeutic Exercise/Activities <input type="checkbox"/> Manual Therapy - Joint Mobilization - Soft Tissue Mobilization - Myofascial Release <input type="checkbox"/> Gait Training <input type="checkbox"/> Neuromuscular Reeducation <input type="checkbox"/> ADL Training <input type="checkbox"/> Development of Cognitive Skills	AIEA/HILO ONLY <input type="checkbox"/> Functional Capacity Evaluation (Up to 5 hours) <input type="checkbox"/> Work Hardening Evaluation (1 hour) and Treatment (1-4 hours) <input type="checkbox"/> Job Site Evaluation <input type="checkbox"/> Work Transition	<input type="checkbox"/> Orthotic/Prosthetic Fitting, Training and/or Fabrication <input type="checkbox"/> Aquatic Therapy (Nuuanu Only) <input type="checkbox"/> Drivers Evaluation/Training (Nuuanu Only) <input type="checkbox"/> Wheelchair Evaluation (Physical Performance Test) (Nuuanu/Hilo Only) <input type="checkbox"/> Wheelchair Management/Training <input type="checkbox"/> Vestibular Rehab <input type="checkbox"/> Lymphedema Management (Nuuanu/Hilo Only) <input type="checkbox"/> Incontinence Management (Nuuanu Only)

Other _____

Physician Name _____ NPI# _____ Physician Signature _____ Date _____

Case Manager (CMRN) _____

Adjuster Name _____ Fax//Phone _____

FOR WORK COMP ONLY: Estimated Cost: _____ (estimated by treating therapist)

OUTPATIENT SERVICES

KJ & Beatrice Luke Specialty Clinic

(formerly REHAB at Nuuanu)

226 North Kuakini Street

Honolulu, Hawaii 96817

Ph: (808) 544-3310

Fax: (808) 535-2018

Toll Free: 1-800-973-4229



REHAB at Hilo

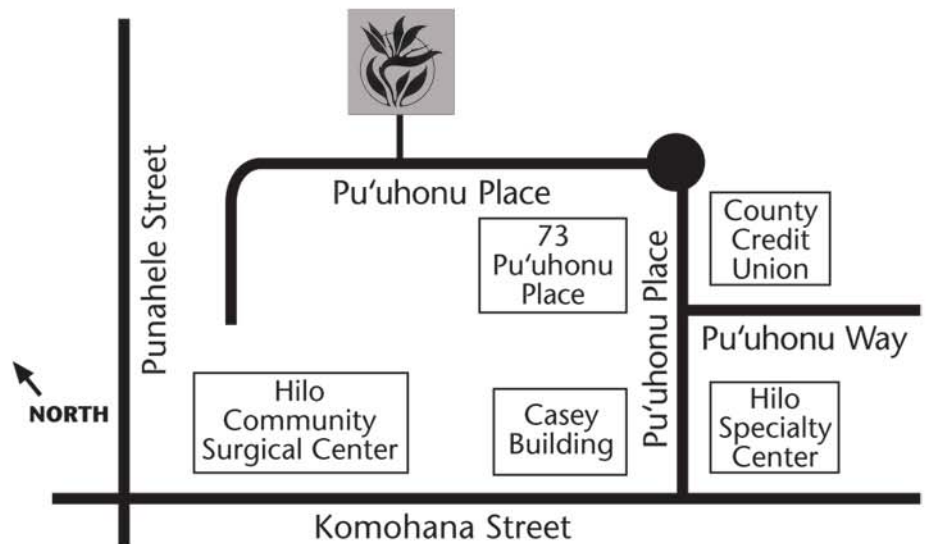
76 Puuhonu Place

Hilo, Hawaii 96720

Ph: (808) 961-5776

Fax: (808) 961-6473

Toll Free: 1-800-973-4229



REHAB at Aiea

98-1005 Moanalua Rd., Suite 425

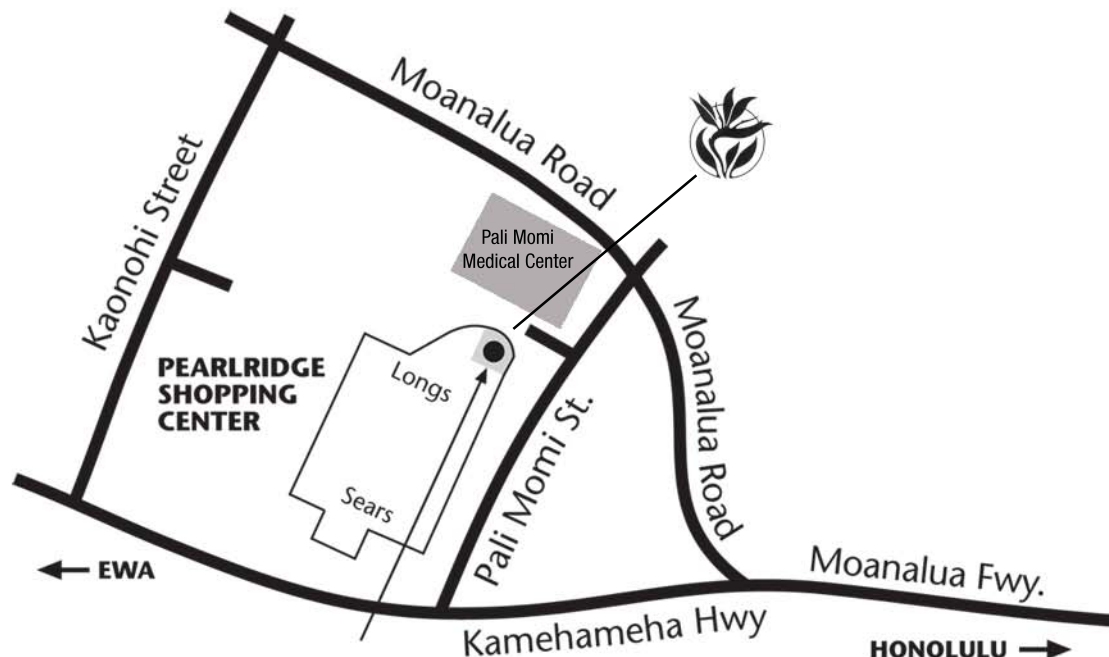
Pearlridge Center, Phase II (Downtown)

Level One

Aiea, Hawaii 96701

Ph: (808) 486-8000

Fax: (808) 486-8987



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OF THE PACIFIC

Rebuilding Lives Together