REHAB Hospital of the Pacific
Dedicated to Rebuilding Lives

TREATMENT PLAN & PRESCRIPTION

☐ **Nuuanu** Fax: 808-535-2018 Phone: 808-544-3310

☐ **Hilo** Fax: 808-961-6473 Phone: 808-961-5776

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

Tertiary Insurance: _____ ID#: _____

Subscriber Information* Name: _____ Date of Birth: _____

**Only if patient is not the subscriber*

Patient Name: _____ Phone: _____ Date of Birth: _____

Address: _____ State: _____ Zip Code: _____

Onset Date Illness/Injury/Accident: _____ Surgery Date: _____

ICD-10: _____ Precautions: _____

Diagnosis: _____

_____

_____

☐ PHYSICAL THERAPY EVALUATE & TREAT
Frequency/Duration _____

☐ OCCUPATIONAL THERAPY EVALUATE & TREAT
Frequency/Duration _____

☐ HAND THERAPY EVALUATE & TREAT
Frequency/Duration _____

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

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

MODALITIES	THERAPEUTIC PROCEDURE	RETURN TO WORK	OTHER SERVICES
□ Thermal Agents □ Ultrasound □ Electric Stim □ Traction □ Paraffin -Dexamethasone -Other _____ □ Fluidtherapy	□ Therapeutic Exercise/Activities □ Manual Therapy □ Joint Mobilization □ Soft Tissue Mobilization □ Myofascial Release □ Gait Training □ Neuromuscular Reeducation □ ADL Training □ Development of Cognitive Skills	HILO ONLY □ Functional Capacity Evaluation (Up to 5 hrs) □ Work Hardening Evaluation (1 hr) and Treatment (1-4 hrs) □ Work Transition	□ Orthotic/Prosthetic Fitting, Training, and/or Fabrication □ Aquatic Therapy* □ Drivers Evaluation/Training* □ Wheelchair Evaluation (Physical Performance Test) □ Wheelchair Management Training □ Vestibular Rehabilitation □ Lymphedema Management □ Incontinence Management *Nuuanu Only

Other: _____

Case Manager/Adjuster: _____

Fax: _____ Phone: _____

PHYSICIAN SIGNATURE REQUIRED

Physician Name: _____ **NPI#:** _____

Physician Signature: _____ **Date:** _____

Physician Fax: _____ **Physician Phone:** _____

OUTPATIENT CLINICS

REHAB Hospital of the Pacific
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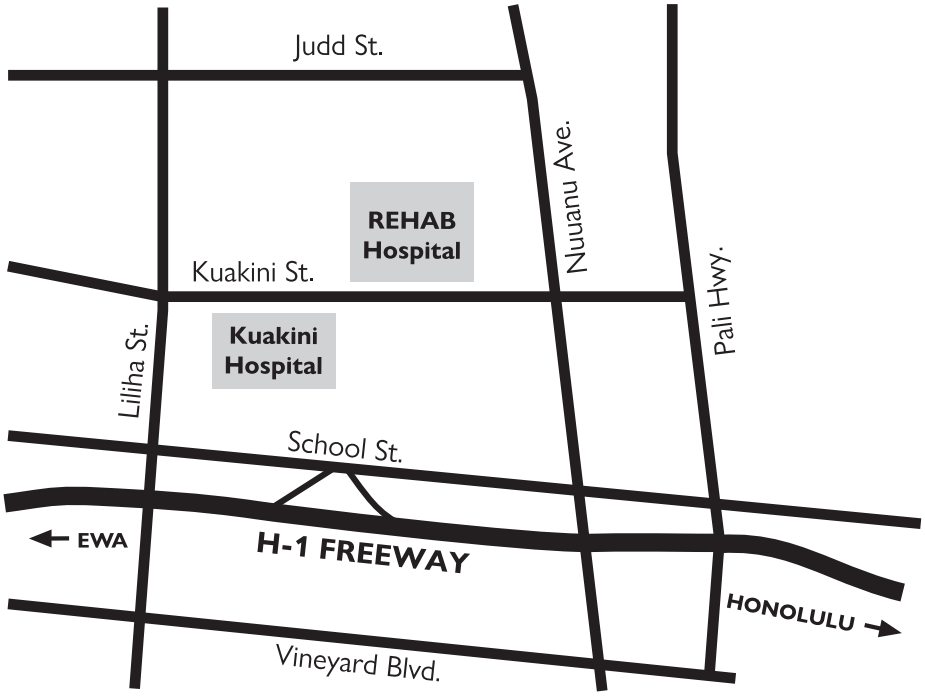
REHAB at Nuuanu

226 North Kuakini Street
Honolulu, Hawaii 96817

Ph: (808) 544-3310
Fax: (808) 535-2018



REHAB at Hilo

REHAB at Hilo

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Hilo, Hawaii 96720

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