



863 Halekauwila Street, Honolulu, Hawaii 96813 • (808) 597-1555
 Visit us online at: www.ActionRehabHawaii.com

Patient Name: _____

Phone #: _____ Date of Birth: _____

Please call patient to schedule Patient to call and schedule

Date of Injury: _____ Adj./Claim #: _____

Insurance Company: _____

Diagnosis/ICD10 code: _____

Duration of Treatment: _____ times a week for _____ weeks

(or) Total visits: _____

Special Instructions: _____

Physician's signature: _____ **Date:** _____

**Please sign and fax to: (808) 597-1596
 or email to: actionrehabinc@aol.com**

Your Appointment



You have been scheduled for an initial evaluation on:

Date: ____/____/____

Time: _____

Please register online at ActionRehabHawaii.com prior to your first appointment, or arrive 10 minutes early to fill out required forms.

You will need to wear loose and comfortable clothing.

If you have any questions, call us at: (808) 597-1555

Procedures Requested:

Active Exercise Programs

- Therapeutic exercises
- Core stabilization
- ROM
- Strengthening
- Stretching
- Neuro muscular re-education
- Gait training
- Postural awareness
- ADL/Functional training
- Fall screening
- Home exercise program
- Back / Neck program
- _____

Industrial Therapy

- FCE (certified)
- PRE/employment
- Work hardening (job specific)
(3-5x/wk, 1-6 hrs/day)
- Work conditioning
- _____

Modalities

- Ultrasound
- Electrical stimulation
- US/Estim combo
- Russian stimulation
- Mechanical traction:
cervical & pelvic
- _____

Manual Therapy

- Soft tissue mobilization
- Traction: cervical & pelvic
- Friction mobilization
- Manual stretching
- Massage therapy
- _____

Educational Programs

- Injury prevention
- Pain management
- Body mechanics
- Back school
- _____

SUPPLIES

- Ice
- Foam roll
- _____