

Kona Rehab, LLC

Physical Rehabilitation Professionals

Crossroads Professional Center
 75-1029 Henry St. • Suite 101 • Kailua-Kona, HI 96740
 (808) 334-0806 • Fax (808) 334-0483

TREATMENT PLAN & PRESCRIPTION

Workmen's Compensation No Fault Other _____

Name _____ Onset Date Illness/Injury/Accident _____
 Phone _____ Surgery Date _____
 Diagnosis _____

Physical Therapy Evaluate & Treat
 Frequency/Duration _____

Restrictions/Precautions _____

Occupational Therapy Evaluate & Treat
 Frequency/Duration _____

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"/> Contrast Bath <input type="checkbox"/> Cold Laser	<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 <input type="checkbox"/> ADL Training	<input type="checkbox"/> Functional Capacity Evaluation (Job Specific/General) <input type="checkbox"/> Work Hardening/Conditioning (1-4 hrs) <input type="checkbox"/> Job Site Evaluation <input type="checkbox"/> Work Transition <input type="checkbox"/> Work Hardening Re-Evaluation	<input type="checkbox"/> Orthotic/Prosthetic Fitting Training and/or Fabrication <input type="checkbox"/> Home Assessment <input type="checkbox"/> Wheelchair Evaluation Physical Perf. Test <input type="checkbox"/> Wheelchair Management/Training <input type="checkbox"/> Vestibular Rehab

Other _____

Physician Name _____ NPI# _____

Physician Signature _____ Date _____

Case Manager (CMRN) _____

Adjuster Name _____ Fax/Phone _____

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