

THERAPY PRESCRIPTION



FUKUJI & LUM
PHYSICAL THERAPY

(808) 261-4321
 (808) 261-4320
 malama@fukujilumpt.com
 www.fukujilumpt.com

Kailua Clinic
Kailua Medical Arts Bldg
407 Uluniu Street, Suite 301
Kailua, HI 96734

Kaneohe Pool

Kaneohe Clinic & Windward Occupational Rehab Center (W.O.R.C.)
Kokokahi YWCA
45-035A Kaneohe Bay Drive
Kaneohe, HI 96744

COMMERCIAL insurance _____
Policy # _____

NO FAULT TREATMENT PLAN
Claim # _____

WORKERS COMPENSATION
TREATMENT PLAN
Claim # _____

PATIENT'S INFORMATION

Full Name: _____ Date of Birth: _____

Patient's Contact Number: _____ Date of Injury/Surgery: _____

ICD Code: _____ Diagnosis: _____

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Precautions: _____

EVALUATE & TREAT per therapist's Plan of Care

PHYSICAL THERAPY (Land)

AQUATIC PHYSICAL THERAPY (Pool)

Integrated Land & Aquatic Therapy Program

_____ x per week for _____ weeks. Total _____

Neuromuscular Re-Ed

Coordination/Proprioception
Movement Training
Biofeedback
CVA/Stroke Recovery

Therapeutic Exercises

Manual Therapy

Vestibular

Dizziness/Vertigo Treatment
Gait Training
Balance Training

Graston/IASTM

(Instrument Assisted
Soft Tissue Mobilization)

SPECIALIZED PROGRAMS

WORK HARDENING

WORK CONDITIONING

FUNCTIONAL CAPACITY EVALUATION (F.C.E.)

General Job Specific

MASSAGE THERAPY by a Licensed Massage Therapist
Workers Comp/No Fault Insurance

PELVIC FLOOR PHYSICAL THERAPY

_____ x per week for _____ weeks. Total _____

Special Instructions/Comments:

Physician's Signature _____ Date: _____

Physician's Name (Print) _____ Phone: _____ Fax: _____

WORKERS COMPENSATION / NO FAULT CLAIMS

Treatment plan dates _____ to _____ Estimated cost \$ _____

Company: _____ Claim # _____

Adjuster/Case Manager Signature: _____ Date: _____

Phone: _____ Fax: _____ Approved Denied