

MD Name		MD Signature		
☐ Evaluate and Treat		Frequency:	per week for weeks	
	Patient Pres	scription Information		
Today's Date Name		Date of Birth Ph		e Number
		Diagnosis		
2. 2. 2. 2. 3. 2. 2. 6. 1. 2. 6. 1.		Locations		
☐ Aiea/ Waimalu 98-1247 Ka'ahumanu Street Suite 117A Aiea, HI 96701		☐ Hawaii Kai Retirement Center  Located in Makai Building  446 Kawaihae Street  Hawaii Kai, HI 96825		
		Procedures		
Specialty Procedures		Treatment Procedures		
☐ Balance Program		☐ Cardiac Conditioning		
☐ Parkinson's Program		☐ Post Surgical Protocol		
☐ Gait Training		☐ THR ☐ TKR		
☐ Vestibular Therapy		☐ Pain Management		
☐ Persistent Vertigo Treatment		☐ Epley's Maneuver/ Vertigo Therapy		
☐ Stroke Rehabilitation Program		☐ Head Injury Program		
☐ Neuromuscular Re-education		☐ Fall Prevention		
☐ Geriatric Strengthening and Conditioning		☐ Fear Reduction Therapy		
□ Dementia Fall Prevention		☐ Orthopeadic Injury		
		☐ Therapeutic Activities		
		☐ Therapeutic Exercises		
		☐ Low Back Pain		
		☐ Foot and Ankle Disorder Treatment		

