



Wahiawa General Hospital
OUTPATIENT REHABILITATION SERVICES
Rehabilitation Services Prescription

128 Lehua Street 3rd Floor Wahiawa, HI 96786

Phone: (808) 622-8112

Fax: (808) 621-4262

PATIENT NAME	DATE OF BIRTH	PATIENT CONTACT #	DATE OF ONSET/INJURY/SURGERY
MEDICAL DIAGNOSIS	ICD-10 CODE		
TREATMENT DIAGNOSIS	ICD-10 CODE		
PRIMARY INSURANCE	POLICY NUMBER		
SECONDARY INSURANCE	POLICY NUMBER		
REASON FOR REFERRAL			
PRECAUTIONS / SPECIAL REQUESTS			

EVALUATION AND TREATMENT

<u>Physical Therapy Services</u>	<u>Occupational Therapy Services</u>	<u>Speech Therapy Services</u>
Post-op Rehabilitation Gait Training Neurologic Rehabilitation Sports Rehabilitation Stroke Recovery Fall Prevention and Home Safety Vertigo Manual Therapy Vestibular Program Post-Concussion/TBI Osteoporosis Program Incontinence Program Post-COVID Rehabilitation Other:	Activities of Daily Living training Neurologic Rehabilitation Ergonomics/Workstation Assessment Joint Protection Energy Conservation Techniques Manual therapy Other:	Swallow MBS Clinical Swallow Exam Vital Stim Therapy Speech Voice Language / Cognition Post Concussion TBI Augmentative / Assistive Communication Other:

PRINT REFERRING PROVIDER NAME	PHONE #	FAX #
REFERRING PROVIDER SIGNATURE	DATE / TIME	

Please include demographics, recent progress notes, radiology results, & copy of insurance card

Thank you for choosing Wahiawa Outpatient Rehabilitation!

Upon completion of our evaluation, we will promptly fax our Plan of Care (POC).

If approved, please have the Physician print name, sign, and date.

Please fax the POC to our office at your earliest convenience. Mahalo!