



Imoto Physical Therapy

Sheraton Princess Kaiulani Hotel
120 Kaiulani Ave kw#10&11 Honolulu HI 96815
Tel: 808-304-6676 Fax: 808-800-2654

Physical Therapy Referral

Patient's Name _____ Phone _____

DOB _____ Insurance _____

Diagnosis/ICD-10 code _____ Frequency ___x/week for _____ weeks

Instructions

- Initial Evaluation & Treatment
- Strengthening Exercises
- Stretch
- Manual Therapy/Soft Tissue Work
- Joint Mobilization
- ROM exercises
 - AROM _____
 - PROM _____
 - AAROM _____
- Others _____
- Balance Program
- Gait Training
- Vestibular Treatment
 - BPPV
 - Vestibular hypofunction
- Weight Bearing Status to _____
 - Weight Bearing Tolerated
 - Partial Weight Bearing
 - Toe Touch Weight Bearing
 - Non Weight Bearing

Physician Name _____ Date _____

Physician's Signature _____