



PHYSICAL THERAPY +  
PERFORMANCE CENTER

556 Reed Lane #201  
Honolulu, HI 96813  
808-599-0177

[SurfAndShorePT.com](http://SurfAndShorePT.com)

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Contact Number

\_\_\_\_\_  
Date of Injury/Surgery

\_\_\_\_\_  
ICD-9 / ICD-10

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
ICD-9 / ICD-10

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Precautions

<input type="radio"/> <b>Physical Therapy</b> _____ x per week for _____ weeks  <input type="radio"/> <b>Return to Sport</b> _____ x per week for _____ weeks	<b>○ Evaluate + Treat</b>			
	<input type="radio"/> <b>Manual</b> <ul style="list-style-type: none"> <li>• Joint Mobilization</li> <li>• Soft Tissue Mobilization</li> <li>• IASTM</li> <li>• Active Release</li> </ul>	<input type="radio"/> <b>Modalities</b> <ul style="list-style-type: none"> <li>• Electrical Stimulation</li> </ul>	<input type="radio"/> <b>Therapeutic Exercise</b> <ul style="list-style-type: none"> <li>• Strengthening</li> <li>• Neuromuscular re-ed</li> <li>• Home Exercise Program</li> </ul>	<input type="radio"/> <b>Return to Sport Training</b>

Post Op ACL protocol \_\_\_\_\_

Return to Sport/Surfing \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (printed)

\_\_\_\_\_  
Physician's Signature



\_\_\_\_\_  
Date

To make an appointment please call  
**808-599-0177**

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*Non-Participating provider with HMSA, UHA, & TriCare*