

REHABILITATION REFERRAL

- Workers' Compensation
 No Fault

- Private
 Other

Patient Information

Date: _____

Name: _____ D.O.B. _____ ICD-9 Code: _____

Diagnosis/condition: _____

Surgical procedures/precautions: _____

Evaluate and treat (with re-evaluation every 30 days)

Frequency and duration _____ times per week for _____ weeks

Treatment Goals & Measurable Objectives

Decrease

- Pain [level ____]
 Swelling
 Dysfunction
 Other [_____]

Increase

- ROM/Mobility [____ deg.]
 Strength/Stability [____/5]
 Functional Capacity
 Return to Work

Educate

- Home Exercise Program
 Posture Education
 Body Mechanics/ADL
 Other [_____]

Treatment Modalities & Procedures

- Ultrasound
 Moist Hot Packs
 Cryotherapy
 Patient Education
 Phonophoresis
 Other [_____]

- Therapeutic Exercise
 Manual Therapy
 Joint Mobilization
 Massage
 Gait Training
 Myofascial Release

- Iontophoresis
 Traction (manual)
 Traction (mech. _____ lbs)
 TENS (home/clinic)
 Electric. Stim. (home/clinic)
 Soft Tissue Mobilization

Additional Comments:

Physician's Signature _____

Date of Physician Follow-up Appointment _____

Physical Therapist's Signature _____

Date of Commencement _____ Date of Termination _____

Honolulu Office
John A. Burns School of Medicine
Wellness Center • 651 Ilalo Street
Honolulu, Hawaii 96813
Tel: 753-4060 Fax: 263-5633

Kailua Office
Uluniu Square
415 Uluniu Street, Suite A
Kailua, Hawaii 96734
Tel: 262-8808 Fax: 263-5633

Our Goal

We are here to assist you in preventing further injury and returning to your previous level of function as quickly and safely as possible. Utilizing our expertise in rehabilitating surgical and non-surgical conditions, we will develop an individualized program designed to help reduce pain, enhance movement, and increase muscle strength and endurance.

Coordinated Care

Upon referral from your physician, we will assess your condition, establish your goals and begin your specifically tailored rehabilitation program. Throughout your program, we will communicate with your physician and provide copies of your progress reports. This enables us to offer personalized care that is coordinated with your physician and meets your long-term rehabilitative goals.

Insurance and Fees

We will request payment from your insurance carrier. You will be responsible for any co-payments not covered by your insurance plan.

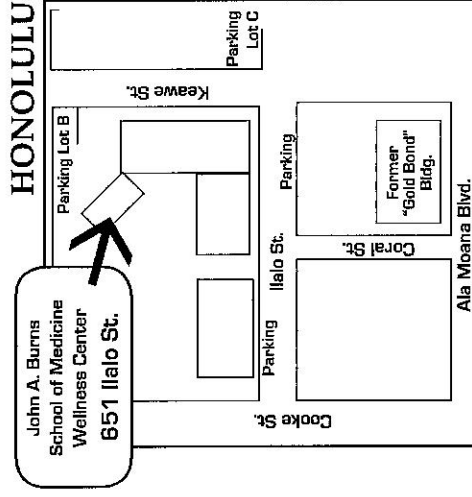
Appointments

Please call us to schedule an appointment at a time and location that is convenient for you. If you are unable to keep an appointment, please notify us 24 hours in advance.

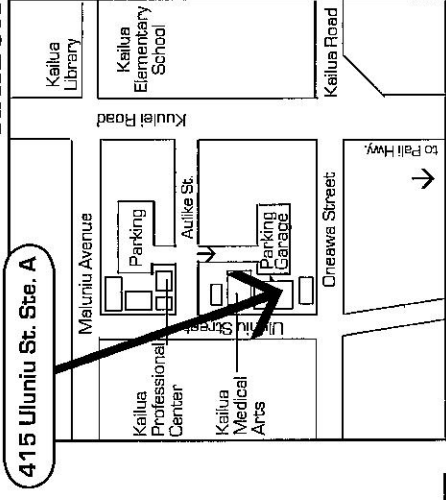
Locations

We are located at the Kakaako Campus of the John A. Burns School of Medicine at 651 Ilalo St., Honolulu, HI. This is parallel to Ala Moana Blvd, one block towards the ocean next to Keawe St. behind the "Gold Bond" building. We are in the single-story wing on the ewa-makai (south-west) part of the campus, just behind the ocean end of the Hawaiian herbal gardens. There are three sets of double-doors as you face the building from the center of campus. Through the right-hand doors you will find the Wellness Center.

Parking can be found on Ilalo Street (metered) or in the Keawe Street Parking Lot.



KAILUA



Dr. Michael McCarthy is a physical therapist, massage therapist and athletic trainer. A board certified clinical specialist in Physical Therapy, he draws upon his 25 years of experience in the treatment of patients with musculoskeletal disorders. Dr. McCarthy obtained a bachelor's in physical therapy and a master's in exercise physiology at the University of Oklahoma. He then completed a doctorate in orthopedic rehabilitation and sports medicine at the University of Virginia. He has worked at the Olympic Training Center and U.S. Olympic Festival, and also served as a clinical instructor for the University of Hawaii and several mainland universities. Dr. McCarthy has authored numerous papers and continues to lecture on topics related to rehabilitation.