



# R.O.C.K. PHYSICAL THERAPY



*DR. JENNIFER M TAVARES-PASAG, PT, DPT*  
*DR. JESSE R PASAG, DPT, OCS*

2-2514 KAUMUALII HWY, STE 211 • KALAHEO, HI 96741  
OFFICE (808) 495-8668 • FAX (808) 495-8669  
EMAIL: [INFO@ROCK-PT.COM](mailto:INFO@ROCK-PT.COM) • [WWW.ROCK-PT.COM](http://WWW.ROCK-PT.COM)

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

Diagnosis & ICD-10 Code: \_\_\_\_\_

Special Considerations: \_\_\_\_\_

- Evaluate and Treat
- Other: (please specify) \_\_\_\_\_

Specialty Rehab Programs / Procedures:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Lumbar Stabilization</b>   | <input type="checkbox"/> <b>Vestibular Rehab</b> | <input type="checkbox"/> <b>Manual Therapy</b> |
| <input type="checkbox"/> <b>Cervical Stabilization</b> | <input type="checkbox"/> Kinesiology Taping      | <input type="checkbox"/> Gait Training         |
| <input type="checkbox"/> <b>Orthotics Management</b>   | <input type="checkbox"/> Electrical Stimulation  | <input type="checkbox"/> TENS Instruction      |
| <input type="checkbox"/> <b>Mechanical Traction</b>    | <input type="checkbox"/> Pediatric Management    | <input type="checkbox"/> P/O ACL Rehab         |
| <input type="checkbox"/> <b>Rotator Cuff Protocol</b>  | <input type="checkbox"/> TKA Protocol            | <input type="checkbox"/> THA Protocol          |
| <input type="checkbox"/> <b>Other:</b> _____           |  |  |

Treatment Frequency

- Therapist Discretion**
- \_\_\_\_\_ **times a week for** \_\_\_\_\_ **weeks**

I certify that the prescribed rehabilitation is medically necessary.

\_\_\_\_\_  
Physician's Name and Signature

\_\_\_\_\_  
Date

