



MOLOKA'I GENERAL HOSPITAL

PHYSICAL THERAPY DEPARTMENT
Phone (808) 553-3192 Fax (808) 553-3153
Brianne Childs, PT, DPT

Patient's Name: _____ Phone Number: _____

D.O.B.: _____ Referring Physician: _____ PCP: _____

Referral Date: _____ Primary Insur: _____ 2ndary Insur: _____

Diagnosis: _____

Any Special Instructions / Precautions / Protocols: _____

____ Evaluation (97161/97612/97163) ____ Re-evaluation (97164)

____ Treatment

____ Exercise

____ Passive Range of Motion (97110)

____ Active / Resistive Exercise (97110/97530)

____ Manual Therapy (97140)

____ Balance / Coordination Training (97112)

____ Gait Training (97116)

____ Prenatal / Postpartum Exercises (97110)

____ Prosthetic (97761) / Orthotic Training (97760)

____ Vertigo Correction (95992)

____ Work Conditioning Program (97545)

____ Modalities

____ Ultrasound (97035)

____ Electrical Stimulation / TENs (97014/97032/G0283) or Electrical Current (97033)

____ Cervical / Lumbar Traction (97012)

____ Taping (29799/29530/29540/29240/29260/29280/29200)

____ Aquatic Therapy & Exercise (97113)

____ Assessment for Assistive Device (please circle one) Cane, Walker, W/C, Power W/C (97542)

____ Home Safety Check / Self Care Management (97535)

____ Office / Workstation Ergonomic Check (97537)

____ Wound Care (97597/97598/97602) / Edema Management (29580)

Treatment Frequency: _____ x per week for Duration: _____ Next Doctor's Visit: _____

Physician's Signature: _____ Date: _____