



677 Ala Moana Blvd. · Suite 725 · Honolulu, HI 96813  
Phone: 808.734.0010 · Fax: 808.734.0013

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 \_\_\_\_\_

Frequency/ Duration: \_\_\_\_\_ Times per week for \_\_\_\_\_ Weeks **OR** \_\_\_\_\_ total visits

Precautions/Special Instructions: \_\_\_\_\_

**EVALUATE & TREAT**

**PROCEDURES**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Strain/Counterstrain | <input type="checkbox"/> ROM/Jt. Mob.     | <input type="checkbox"/> Taping/Bracing   |
| <input type="checkbox"/> Myofascial Release   | <input type="checkbox"/> Soft Tissue Mob. | <input type="checkbox"/> McConnell Taping |

**THERAPEUTIC EXERCISES**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Home Exercise Program       | <input type="checkbox"/> Gait Training | <input type="checkbox"/> Postural/Body Mechanics |
| <input type="checkbox"/> Core/Stabilization Training | <input type="checkbox"/> PRE           | <input type="checkbox"/> Proprioceptive Training |
| <input type="checkbox"/> Dynamic/Closed Chain Ex's   | <input type="checkbox"/> ACL protocol  | <input type="checkbox"/> Rotator Cuff Protocol   |

**MODALITIES**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Iontophoresis | <input type="checkbox"/> Traction (cervical/lumbar) | <input type="checkbox"/> Electrical Stimulation |
|--|---|---|

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



677 Ala Moana Blvd. · Suite 725  
Honolulu, HI 96813  
Phone: 808.734.0010 · Fax: 808.734.0013  
GesikPT.com

*Get Better, Stay Better*