



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

Patient Name: _____ DOB: _____ Primary Contact: _____

Diagnosis: _____
ICD-10 _____

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

Precautions/Special Instructions: _____

Insurance Carrier: _____

EVALUATE & TREAT

PROCEDURES

- Strain/Counterstrain
- Myofascial Release
- ROM/Jt. Mob.
- Soft Tissue Mob.
- Taping/Bracing
- McConnell Taping

THERAPEUTIC EXERCISES

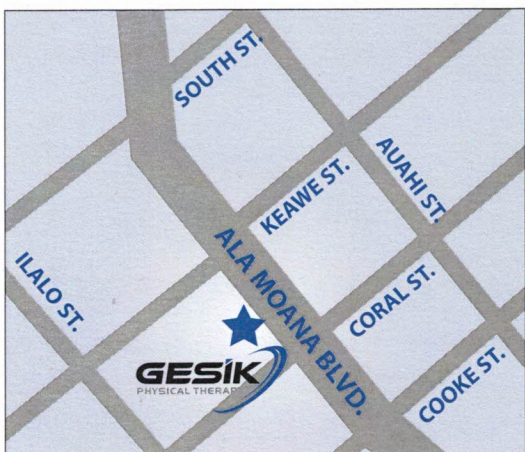
- Home Exercise Program
- Core/Stabilization Training
- Dynamic/Closed Chain Ex's
- Gait Training
- PRE
- ACL protocol
- Postural/Body Mechanics
- Proprioceptive Training
- Rotator Cuff Protocol

MODALITIES

- Iontophoresis
- Traction (cervical/lumbar)
- Electrical Stimulation

Physician's Signature _____

Physician's NPI _____



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Get Better, Stay Better