



**LAULIMA**  
 PHYSICAL THERAPY  
 & REHABILITATION

**Martina Chavis, PT, DPT**  
 Office : (808) 367-0986  
 eFax : (808) 356-0939

**458 Manawai St. Unit 1203, Kapolei, HI 96707**

*Physical Therapy Referral Form*

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient's Phone \_\_\_\_\_ Surgery date \_\_\_\_\_

Diagnosis /ICD10  
 \_\_\_\_\_

- PT Evaluation/Treatment \_\_\_\_\_ x a week/ \_\_\_\_\_ weeks
- Massage Evaluation/ Treatment \_\_\_\_\_ x a week/ \_\_\_\_\_ weeks

Instructions/precautions \_\_\_\_\_

Insurance information

- MVA/Work Comp DOI \_\_\_\_\_ Claim # \_\_\_\_\_
- Medicare
- Insurance company \_\_\_\_\_

Therapeutic procedure

- Therapeutic exercise/activities
- Neuromuscular re-education
- Manual therapy
- Modalities \_\_\_\_\_
- Gait training
- Other \_\_\_\_\_ FAX \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_