



# Holcomb Physical Therapy Plus

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Precautions: \_\_\_\_\_

PHYSICAL THERAPY	SPECIALTY PROGRAMS
<input type="checkbox"/> EVALUATE AND TREAT	<input type="checkbox"/> Arthritis Program
<input type="checkbox"/> Therapeutic Exercise	<input type="checkbox"/> Balance/ Fall Prevention
<input type="checkbox"/> Functional Activities (Gait, Balance, ADL)	<input type="checkbox"/> Concussion Rehabilitation
<input type="checkbox"/> Manual Therapy (Joint & Soft Tissue Mobilization)	<input type="checkbox"/> Men's Health s/p Prostatectomy, Abdominal pain, Hernia
<input type="checkbox"/> Neuromuscular Re-education (FES, NMES, biofeedback)	<input type="checkbox"/> Osteoporosis Program
<input type="checkbox"/> Visceral manipulation	<input type="checkbox"/> Pilates Rehabilitation
<input type="checkbox"/> Modalities (E-Stim, Ultrasound, heat, ice)	<input type="checkbox"/> Post-Mastectomy Care
<input type="checkbox"/> Comments: _____ _____ _____	<input type="checkbox"/> Prenatal Programs Carpal Tunnel Syndrome Low Back/Pelvic Pain
	<input type="checkbox"/> Sports Injury Prevention Program
	<input type="checkbox"/> TMJ/ Headache Program
	<input type="checkbox"/> Vestibular Rehabilitation
	<input type="checkbox"/> Women's Health (Pelvic pain Incontinence, etc)

Frequency: \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Validated parking is located in the garage under the building. Entrance is on Wilhemina Rise side of the building.

Submit Form

