

JACO

CALL OR TEXT (808) 381-8947 TOLL FREE FAX 1 (800) 586-4356 LOCAL FAX (808) 548-0425 JACOREHAB.COM

HOURS: MONDAY – FRIDAY 6AM – 9PM, SATURDAY 7AM – 5PM, SUNDAY 8AM – 4PM

PLEASE SPECIFY IF YOU ARE CALLING FOR HONOLULU, WAIKELE, MILILANI OR KAPOLEI LOCATION

PARTICIPATING WITH: HMSA, AKAMAI, HMAA, UHA, HMA, UNITED HEALTH CARE, MEDICARE, TRICARE, W/C & MOST PRIVATE INSURANCE

JACO HONOLULU

HALE PAWA'A
1401 S. BERETANIA ST. SUITE 550
HONOLULU, HI 96814

JACO WAIKELE

WAIKELE CENTER
94-849 LUMIAINA ST. SUITE 101
WAIKELE, HI 96797

JACO MILILANI

GATEWAY MAUKA/LIBERTY DIALYSIS BLDG.
95-1105 AINAMAKUA DR. SUITE 203
MILILANI, HI 96789

JACO KAPOLEI

KAPOLEI MEDICAL PARK
599 FARRINGTON HWY. SUITE 206
KAPOLEI, HI 96707

☐ INITIAL REQUEST ☐ EXTENSION ☐ PVT ☐ W/C ☐ OTHER:

PATIENT:

NAME: _____ DOB: _____ PHONE: _____

MD: _____ DATE OF SURGERY: _____ POST OP START DATE: _____

AREAS TO BE TREATED / DIAGNOSIS / ICD-10 CODE:

TREATMENT OBJECTIVES:

INSTRUCTIONS / PRECAUTIONS:

THERAPEUTIC INTERVENTIONS:

- ☐ STRENGTHENING / PRE'S ☐ GAIT TRAINING
☐ CONDITIONING ☐ SOFT TISSUE / JOINT MOBILIZATION
☐ BALANCE / COORDINATION
☐ PROPRIOCEPTION / STABILIZATION
☐ ROM

SPECIALTY PROGRAMS:

- ☐ PELVIC HEALTH
☐ RETURN TO SPORT
☐ WORK CONDITIONING (TRIPLE 3 PROGRAM)
LIFTING _____ LBS.
PUSHING / PULLING _____ LBS.

FREQUENCY:

_____ TIMES A WEEK FOR _____ WEEKS. _____ TOTAL NO. OF SESSIONS

☐ I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE.

PHYSICIAN'S SIGNATURE : _____ DATE: _____

WORKERS' COMPENSATION:

CLAIM #: _____ DATE OF INJURY: _____ DATE OF SURGERY: _____

W/C INSURER: _____ EMPLOYER: _____

ADJUSTER: _____ PHONE NUMBER: _____

☐ REQUEST APPROVED ☐ REQUEST DENIED

ADJUSTER / NCM SIGNATURE: _____ DATE: _____