Pulmonary Rehab Referral

HOLOMUA
PHYSICAL THERAPY
MOVE FORWARD

Patient Name: _____

Phone: _____

Date of Birth: _____

Insurance: _____

DIAGNOSIS

- ❑ Chronic Obstructive Pulmonary Disease (COPD)
- ❑ Interstitial lung disease
- ❑ Pulmonary Fibrosis
- ❑ Pulmonary Hypertension
- ❑ Acute Respiratory Distress Syndrome (ARDS)
- ❑ Bronchiectasis
- ❑ S/P Lung transplant/Lung cancer
- ❑ Post-Pneumonia
- ❑ Asthma
- ❑ Other: _____

Precautions or Pertinent Medical History:

_____

_____

_____

_____

Physical Therapy _____ per week/month

for _____ weeks/months

_____

Physician's Signature Date

_____

Referring M.D.

TREATMENT

- ❑ Evaluate and treat
- ❑ Other: _____

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- *Complimentary Visitor Parking is available on the upper deck of the building. Enter on Aala Street, 2nd driveway (Mauka of Vineyard) and park in stalls #101-110.*
- *Do not attempt to access the gated parking located beneath the building.*
- *Street parking in the C&C Honolulu metered parking stalls are available on Aala St. Credit card payment is accepted.*