



239 Upper Kimo Drive  
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 Fax (808) 442-7250  
 www.steadfastpt.com

PATIENT NAME \_\_\_\_\_  
 PATIENT PHONE \_\_\_\_\_  
 PHYSICIAN NAME \_\_\_\_\_  
 DIAGNOSIS \_\_\_\_\_  
 FREQUENCY/DURATION \_\_\_\_\_ PER WK FOR \_\_\_\_\_ WKS

PHYSICIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

EVALUATE & TREAT AS INDICATED

OTHER \_\_\_\_\_

**POST SURGICAL STATUS**

- ABDOMINOPLASTY
- PROSTATECTOMY
- LUMPECTOMY/MASTECTOMY
- BREAST SURGERY/RECONSTRUCTION
  - IMPLANT
  - TRAM
  - LAT
  - TISSUE EXPANDER
- AXILLARY NODE DISSECTION (# \_\_\_\_\_)
- SN BIOPSY
- HYSTERECTOMY
  - ABDOMINAL
  - VAGINAL
- UROGYN \_\_\_\_\_
- C-SECTION
- HEMORRHOIDECTOMY
- OTHER \_\_\_\_\_

**MEDICAL DIAGNOSIS (check all that apply)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> PELVIC FLOOR DYSFUNCTION           <ul style="list-style-type: none"> <li><input type="radio"/> PELVIC FLOOR MUSCLE WEAKNESS 728.87</li> <li><input type="radio"/> PELVIC FLOOR MUSCLE WASTING 728.2</li> <li><input type="radio"/> PELVIC FLOOR INCOORDINATION 781.3</li> <li><input type="radio"/> FEMALE STRESS INCONTINENCE 625.6</li> <li><input type="radio"/> URGE INCONTINENCE 788.31</li> <li><input type="radio"/> PELVIC PAIN 625.9</li> <li><input type="radio"/> VAGINISIMUS 625.1</li> <li><input type="radio"/> VULVODYNIA/VESTIBULITIS 625.9</li> <li><input type="radio"/> RECTOCELE 618.04</li> <li><input type="radio"/> CYSTOCELE 618.02</li> <li><input type="radio"/> UTERINE PROLAPSE 618.1</li> <li><input type="radio"/> COCCYXODYNIA 724.79</li> <li><input type="radio"/> OTHER _____</li> </ul> </li> <li><input type="checkbox"/> SCAR DYSFUNCTION           <ul style="list-style-type: none"> <li><input type="radio"/> CONTRACTURE OF FASCIA 728.89</li> <li><input type="radio"/> MYALGIA 729.1</li> <li><input type="radio"/> NEURALGIA 729.2</li> <li><input type="radio"/> KELOID SCAR 709.4</li> <li><input type="radio"/> ADHERENT SCAR 709.2</li> <li><input type="radio"/> OTHER _____</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> BREAST SURGERY RELATED DYSFUNCTION           <ul style="list-style-type: none"> <li><input type="radio"/> CONTRACTURE OF FASCIA 728.89</li> <li><input type="radio"/> LATE EFFECTS OF PERIPHERAL NERVE INJURY 907.3</li> <li><input type="radio"/> MYALGIA 729.1</li> <li><input type="radio"/> NEURALGIA 729.2</li> <li><input type="radio"/> BRACHIAL PLEXUS NERVE INJURY 953.4</li> <li><input type="radio"/> LATE EFFECTS OF NERVE INJURY (TRUNK) 907.3</li> <li><input type="radio"/> KELOID SCAR 709.4</li> <li><input type="radio"/> ADHERENT SCAR 709.2</li> <li><input type="radio"/> LYMPHEDEMA (SECONDARY) 457.2</li> <li><input type="radio"/> OTHER _____</li> </ul> </li> <li><input type="checkbox"/> PREGNANCY/POSTPARTUM DYSFUNCTION           <ul style="list-style-type: none"> <li><input type="radio"/> BACK PAIN 724.2</li> <li><input type="radio"/> JOINT PAIN (PELVIS) 719.45</li> <li><input type="radio"/> BLOCKED LACTATION DUCTS</li> <li><input type="radio"/> OTHER _____</li> </ul> </li> <li><input type="checkbox"/> OTHER _____</li> </ul> |
|---|---|

**PRECAUTIONARY CONDITIONS**

- PREGNANCY
- OSTEOPOROSIS
- CANCER TREATMENT
  - CHEMOTHERAPY
  - RADIATION
- MEDICATIONS \_\_\_\_\_
- OTHER \_\_\_\_\_

**DIRECTIONS TO OFFICE**

1. From Hana HWY (36) turn up Haleakala HWY (37)
2. Travel up to the Old Haleakala HWY Intersection
3. Turn Left onto Upper Haleakala HWY (377)
4. Travel past King Kekaulike School & *STAY RIGHT* on Upper Haleakala HWY (377). Travel just past 5 mile marker
5. Turn Left at Upper Kimo Drive. Turn Left at 239 Upper Kimo Dr.
6. Drive Slowly Please & Park to the Right after the rock wall