



1281 South King Street
Honolulu, Hawaii 96814
808-593-8866

Eligibility Verified _____

American Specialty Health (ASH) Intake Worksheet

Medical Insurance Provider _____

MEMBER Number: _____

Phone Number: _____ - _____ - _____

A.S.H. CONTROL NUMBER _____

Fax Number: _____ - _____ - _____

Patient Name: _____

Date of Birth: ___ / ___ / ___

Address: _____

City: _____ State: _____ ZIP _____

Phone Number: _____ - _____ - _____

Cell Phone: _____ - _____ - _____

Email Address: _____

Employer Information: _____ Company Address: _____

City: _____

State: _____ Zip: _____

HR Department Representative: _____ Phone Number: _____ - _____ - _____

FAX Number: _____ - _____ - _____

Primary Medical Complaint: _____

Referring Physician Data

_____, MD Phone Number: _____ - _____ - _____

FAX Number: _____ - _____ - _____

Physician's Diagnostic Assessment: (Description and ICD-9 / ICD-10 Codes)

Assessment	Code	Assessment	Code
1.		4.	
2.		5.	
3.		6.	

RX: MEDICAL THERAPEUTIC MASSAGE for 50 Minutes (50 minute session) to Increase Circulation, Reduce Pain and Increase R.O.M.

Note: Medical Therapeutic Massage includes but is not limited to: Effleurage, Petrissage, Trigger Point therapy (per Simons and Travell), Deep Tissue, Myofascial Release, Therapeutic Stretching and other appropriate treatments within the scope of practice.

Patient Signature: _____ Date: _____

(Additional treatments may be prescribed by the referring Physician after further evaluation)