



Keiki Therapy

KEIKI THERAPY, LLC
Pediatric Occupational and
Physical Therapy Services

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WAIMEA
64-957 Mamalahoa Hwy
Kamuela, HI 96743

HILO
2148 Awapuhi St
Hilo, HI 96720

KONA
Home Visits

Referral Form

Client Name: _____ **Date of Birth:** _____

Parent Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Insurance: Aetna AlohaCare Cigna HMAA HMSA HMSA Quest Kaiser Ohana
 Tricare UHA United Healthcare United Healthcare Quest Other _____

Reason for Referral: _____

Diagnosis (ICD-10 Code): _____

OT Evaluation/Treatment **PT Evaluation/Treatment**

Preferred Location: **WAIMEA Clinic** **HILO Clinic** **KONA Home Visits**

Common Diagnoses for Pediatric Therapy:

OT: Autism, ADHD, Behavioral and Emotional Disorders, Cerebral Palsy, Cognitive Deficit in Executive Functioning, Delayed Milestones in Childhood, Down Syndrome, Emotional Regulation Difficulties, Feeding Difficulties, Fine Motor Delay, Lack of Coordination, Learning Disabilities, Muscle Weakness, Ocular Motor and Functional Vision difficulties, Other Developmental Disorders of Scholastic Skills, Sensory Processing Disorder, Torticollis, Visual Motor Difficulties

PT: Autism, Cerebral Palsy, Delayed Milestones in Childhood, Down Syndrome, Gross Motor Delay, Hypotonia, Hydrocephalus, Lack of Coordination, Muscle Weakness, Muscular Dystrophy, Other Abnormalities of Gait and Mobility, Scoliosis, Specific Developmental Disorder of Motor Function, Spinal Bifida, Toe Walking, Torticollis, Traumatic brain injury, Unspecified lack of expected normal physiological development in childhood

Referring Agency/Physician: _____

Phone: _____ **Fax:** _____

Physician Signature: _____ **Date:** _____