



# GOT QUALITY M A S S A G E L L C

## MASSAGE REFERRAL FORM

**Harbor Centers**

**Rehab of the Pacific**

**Kapiolani Business Plaza**

98 027 Hekaha St.  
Bldg 3 Suite 21  
Aiea, HI 96701

226 Kuakini St  
Honolulu, HI 96817

1580 Makaloa St  
Suite 880  
Honolulu, HI 96814

**Phone: (808) 722-5182 \* Fax: (808) 5950509 \* Email: [gotqualitymassage@icloud.com](mailto:gotqualitymassage@icloud.com)**

Patient's name: \_\_\_\_\_ DOI: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Adjuster: \_\_\_\_\_ Phone: \_\_\_\_\_

Claim # : \_\_\_\_\_ { } Auto Accident { } Work Comp. { } Other

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Massage Services:

{ } Swedish { } Shiatsu { } Deep Tissue { } Myofascial { } Other

Frequency and Duration:

{ } 15 Visits (1 x 2/wk)

{ } 20 Visits (1 x 2x/wk)

{ } Other Frequency \_\_\_\_\_

Estimated Cost: As per worker's Comp Fee Schedule

Physician : \_\_\_\_\_

Date: \_\_\_\_\_