

TIRR Memorial Hermann Orders for Outpatient Therapy Services

Please fax this form to us at 713.797.5988 or email to Tirradmissionsintake@memorialhermann.org and keep for your records.

Top section must be completed to process a referral. Specific services can be selected in the form below.

Date: _____ Preferred Start Date: _____
Patient name: _____ DOB: _____ Ph#: _____
Diagnosis: _____ ICD 10 Code(s): _____

EVALUATION AND TREATMENT:

- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech-Language Therapy
- ☐ Seating and Mobility
- ☐ Challenge Program (PT, OT, SLP, NP, SW)
- ☐ Strength Unlimited (wellness program)
- ☐ Rehabilitation Psychology/Neuropsychology

TIRR Memorial Hermann preferred location:

- ☐ Greater Heights
- ☐ Katy-Rehabilitation Hospital
- ☐ Kirby Glen
- ☐ Memorial City
- ☐ Southeast
- ☐ Sugar Land
- ☐ West University
- ☐ The Woodlands

PHYSICAL THERAPY: (_____ visits per week for _____ weeks)

- ☐ Evaluation and treatment with emphasis on:
 - ☐ Vestibular
 - ☐ Lokomat™
 - ☐ Return to school program (5 y/o-16 y/o)
 - ☐ Dry Needling
 - ☐ Aquatic therapy
 - ☐ Orthotics & prosthetic training/management
- ☐ Family training/Home program
- ☐ Spasticity management
- ☐ Energy conservation/Work simplification
- ☐ LSVT®BIG
- ☐ Prehabilitation
- ☐ Electrical Stimulation/FES
- ☐ Mass repetition
- ☐ Casting
- ☐ Concussion program
- ☐ Pulmonary dysfunction therapy
- ☐ Post-COVID rehabilitation
- ☐ Other: _____

OCCUPATIONAL THERAPY: (_____ visits per week for _____ weeks)

- ☐ Evaluation and treatment with emphasis on:
 - ☐ Functional tone management with Saeboflex™
 - ☐ Modified constraint induced therapy
 - ☐ Function vision rehabilitation
 - ☐ Pre-driving assessment program
 - ☐ Lymphedema
 - ☐ Upper/Lower
 - ☐ Head/Neck
 - ☐ Return to school program (5 y/o-16 y/o)
- ☐ Dry Needling
- ☐ Aquatic therapy
- ☐ Orthotics & prosthetic training/management
- ☐ Family training/Home program
- ☐ Spasticity management
- ☐ Energy conservation/Work simplification
- ☐ Prehabilitation
- ☐ LSVT®BIG
- ☐ Electrical Stimulation/FES
- ☐ Mass repetition
- ☐ Casting
- ☐ ADL & IADL training
- ☐ Post-COVID rehabilitation
- ☐ Pediatric feeding
- ☐ Other: _____

SPEECH-LANGUAGE THERAPY: (_____ visits per week for _____ weeks)

- ☐ Evaluation and treatment of speech, language, voice and communication
 - ☐ Evaluation and treatment of swallow dysfunction
 - ☐ Modified barium swallow
 - ☐ Post-COVID rehabilitation
 - ☐ VitalStim®
- ☐ Lee Silverman Voice Treatment (LSVT®) Loud
- ☐ Cognitive re-training
- ☐ Pediatric feeding
- ☐ Head and Neck Cancer Treatment
- ☐ Concussion program
- ☐ Prehabilitation
- ☐ Other: _____

SEATING AND MOBILITY:

- ☐ Evaluation and recommendation for Wheelchair/PMD*/Seating System
 - ☐ OT Evaluation and recommendation for wheelchair/PMD*/Seating System
 - OR**
 - ☐ PT Evaluation and recommendation for wheelchair /PMD*/Seating System
 - ☐ Delivery and fitting for Wheelchair/PMD*/Seating System
 - ☐ Pressure mapping assessment and recommendations
 - ☐ Training for Wheelchair/PMD*/Seating System recommended
 - ☐ SmartWheel® assessment/
Wheelchair propulsion assessment
 - ☐ Education re: Wheelchair/PMD*/ Seating System
 - ☐ Other: _____
- *PMD - Power Mobility Device

CHALLENGE PROGRAM: (16 years and older)

- ☐ Evaluation and treatment PT, OT, SLP, Neuropsychology and social work
- ☐ Select track: ☐ Vocational rehabilitation ☐ School ☐ Independence ☐ Volunteer

STRENGTH UNLIMITED

(Community-based wellness and recovery program) ☐ Able to exercise? ☐ Able to participate in a standing program?

REHABILITATION PSYCHOLOGY/NEUROPSYCHOLOGY

- ☐ Neuropsychological Evaluation
- ☐ Psychological Evaluation
- ☐ Psychotherapy Treatment/Behavioral Intervention
- Specific Concerns (indicate all applicable)
 - ☐ Baseline Assessment
 - ☐ Follow-Up Evaluation
 - ☐ Decision-Making
- ☐ Problem-Solving
- ☐ Return to School
- ☐ Return to Work
- ☐ Memory Impairment
- ☐ Emotional Functioning
- ☐ Behavioral Issues
- ☐ Other: _____

Comments:

- ☐ I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

☐ AM
☐ PM

Provider Signature

Print Name

NPI/MHHS ID.

Date

Time

Contact No.

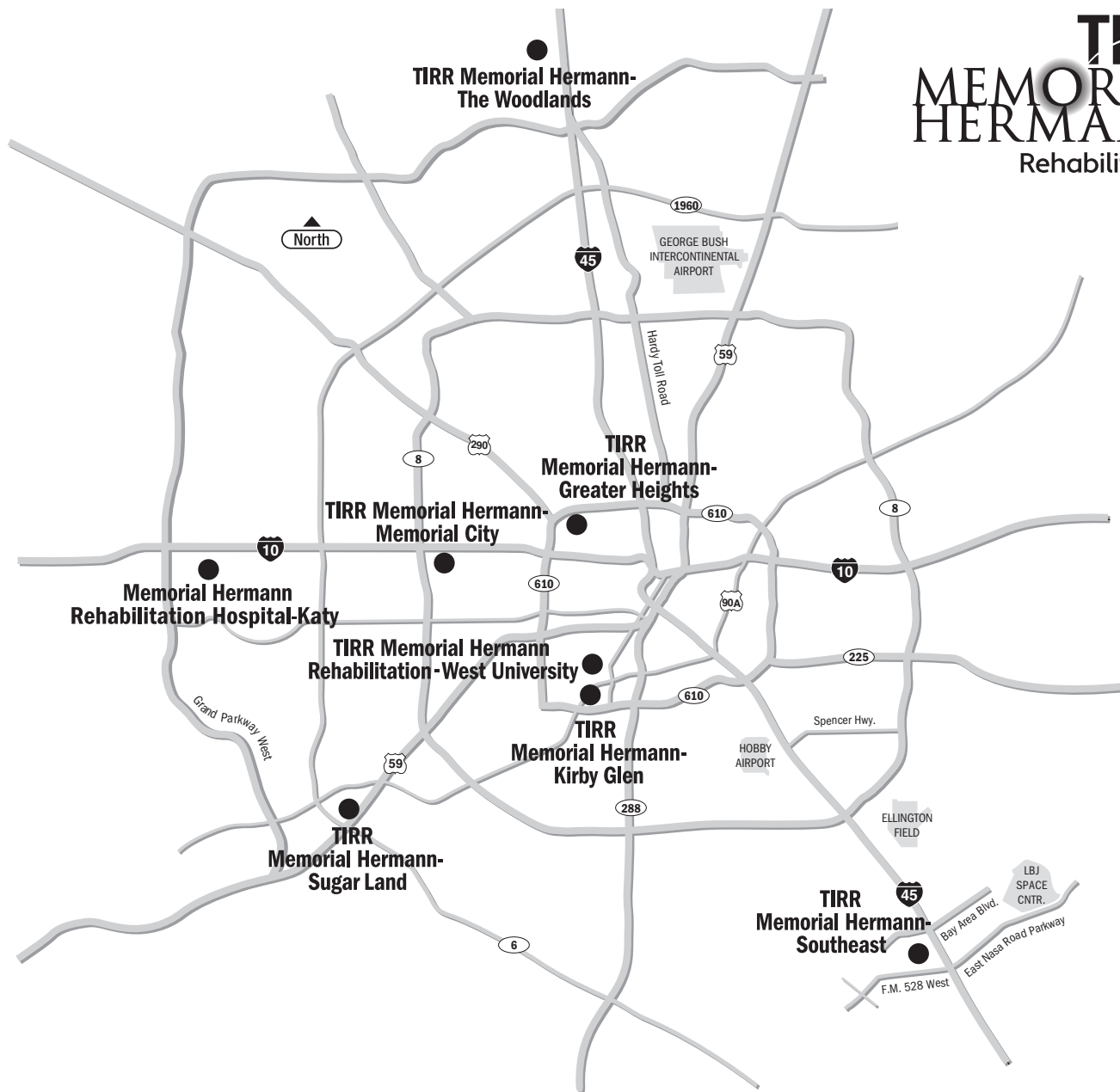
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Rehabilitation &
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Orders for Outpatient
Therapy Services

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**To make a referral or schedule an appointment for Outpatient Rehabilitation, please call
 1.800.44.REHAB (73422), 713.797.5942 or fax 713.797.5988.**

**TIRR Memorial Hermann Outpatient
 Rehabilitation at the Kirby Glen Center**
 2455 S. Braeswood
 Houston, TX 77030

- ☐ Seating and Mobility Clinic
- ☐ Challenge Program
 - ☐ Neuropsychological Assessments (Adult)

**TIRR Memorial Hermann
 Outpatient Rehabilitation-The Woodlands**
 920 Medical Center Drive, Suite 270
 The Woodlands, TX 77380

- ☐ Challenge Program
 - ☐ Neuropsychological and Psychological
 Assessment (Adult)

**TIRR Memorial Hermann
 Outpatient Rehabilitation-Sugar Land**
 1111 Highway 6, Suite 195
 Sugar Land, TX 77478

**TIRR Memorial Hermann Outpatient
 Rehabilitation-Memorial City**
 10125 Katy Freeway, Suite 108
 Houston, TX 77024

**TIRR Memorial Hermann Outpatient
 Rehabilitation-Greater Heights**
 1635 North Loop West
 First Floor, South Tower
 Houston, TX 77008

**TIRR Memorial Hermann Outpatient
 Rehabilitation-Southeast**
 300 Rogers Court
 Webster, TX 77598

**Memorial Hermann
 Rehabilitation Hospital-Katy**
 21720 Kingsland Blvd., Suite 304
 Katy, TX 77450

- ☐ Neuropsychological and Psychological
 Assessment (Adult and Pediatric)

**TIRR Memorial Hermann Outpatient
 Rehabilitation-West University**
 2909 West Holcombe Blvd.
 Houston, TX 77025

- ☐ Neuropsychological and Psychological
 Assessment (Adult and Pediatric),
 Return to School (Pediatric),
 Psychotherapy and Behavioral Health
 Services (Adult); English and Spanish
 language services available

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