

**Pediatric Orthopedic and Scoliosis
Physical/Occupational Therapy Referral**

Recommended Therapy Location: _____/Therapist: _____

Freq: 1 2 3 4 5 visits Weekly for 4 6 8 12 _____ weeks BRACE: Type _____ x _____ hours/day

Referring Diagnosis: _____ LEFT/RIGHT _____ ICD Codes: _____

Spine:

- Low Back Pain
- Dorsalgia
- Scoliosis
- Kyphosis/Lordosis/Flatback
- Juvenile Idiopathic Scoliosis
- Adolescent Idiopathic Scoliosis
- Lumbar Spondylolysis
- Spondylolisthesis

- Osgood Schlatter
- Patellofemoral Pain Syndrome
- Tibial Spine Fracture
- ACL tear
- Discoid Meniscus
- Patellar Instability/Dislocation
- Jumper's Knee
- Sever's Disease
- Ankle Sprain

Cobb angle: Prox. Thoracic _____
 Thoracic _____
 Lumbar _____

Other:

- Pain in Joint - Specify: _____
- Pain in Limb - Specify: _____
- Contracture - Specify: _____
- Abnormal Gait - Specify: _____
- Fracture - Specify: _____
- Avulsion Fracture - Specify: _____
- Osteochondritis Dissecans - Specify: _____
- Other Diagnosis: _____
- Please Contact Physician's Office

Upper Extremity:

- Multidirectional Shoulder Instability
- Little League Shoulder
- Little League Elbow

Lower Extremity:

- Slipped Capital Femoral Epiphysis (SCFE)
- Legg Calves Perthes
- Developmental Hip Dysplasia

Surgical Information: Date of Surgery: _____ Next Physician Appt: _____

Restrictions: WB Status: _____ ROM Status: _____ Other: _____

Operative Note will be included. If you have not received the document, please contact the office listed above

Procedure Notes/Past Surgical History: _____

Evaluate and Treat

Treatment Recommendations:

- Schroth Based Rehabilitation program
- Functional progression as tolerated
- Sports Performance/RTS Testing
- Home Exercise Program

- Modalities as Needed / Determined by Therapist
- Dry Needling
- E-Stim for Muscle Re-Education
- Iontophoresis w/ Dexamethasone to _____
- Other: _____

Additional Notes/Instructions: _____

I certify that this prescribed therapy is medically necessary,

AM
 PM

Signature _____ Provider Print Name _____ NPI/MHHS ID. _____ Date _____ Time _____ Contact No. _____

**Pediatric Orthopedic and Scoliosis
Physical/Occupational
Therapy Referral**



Patient: _____
 Date: _____
 DOB: _____
 Email: _____
 Phone: _____

SOUTHWEST

- 1 Southwest**
7789 Southwest Fwy., Suite 570
Houston, TX 77074
713.456.5221 F: 713.456.5229
- 2 Rockets Sports Medicine Institute-Sugar Land**
17520 W. Grand Pkwy. S., Suite 100
Sugar Land, TX 77479
281.725.5895 F: 281.725.5898
- 3 Sugar Land-Williams Trace**
14857 Southwest Fwy., Sugar Land, TX 77478
281.242.8900 F: 281.242.0355
- 4 Sienna**
8790 Hwy. 6, Suite 140, Missouri City, TX 77459
281.778.1822 F: 281.778.1826
- 5 Wharton**
2018 Regional Medical Center Dr., Suite 1301
Wharton, TX 77488
979.532.0888 F: 979.532.0889

WEST

- 6 Memorial Hermann Katy**
23960 Katy Fwy., Suite 100, Katy, TX 77494
281.644.7880 F: 281.644.7888
- 7 Town and Country**
650 W. Bough Lane, Suite 168
Houston, TX 77024
832.658.3150 F: 713.722.7051
- 8 Rockets Sports Medicine Institute-Katy**
23910 Katy Fwy., Suite 100, Katy, TX 77493
281.500.6100 F: 281.500.6101
- 9 Rockets Sports Medicine Institute-Memorial City**
10125 Katy Fwy., Suite 100, Houston, TX 77024
713.242.2270 F: 713.242.3931
- 10 Convenient Care Center-South Katy**
22430 Grand Corners Dr., Katy, TX 77494
281.371.1850 F: 281.371.1851

SOUTHEAST

- 11 Pasadena**
4804 E. Sam Houston Pkwy. S., Suite 200
Pasadena, TX 77505
281.487.4457 F: 281.991.0336
- 12 Southeast**
Medical Plaza I, 11914 Astoria Blvd., Suite 620
Houston, TX 77089
281.929.4475 F: 281.929.6276
- 13 Pearland West-Silverlake Village**
3149 Silverlake Village Dr., Suite 120
Pearland, TX 77584
713.436.8869 F: 713.436.1838
- 14 Pearland East**
5032 W. Broadway, Pearland, TX 77581
281.485.4044 F: 281.485.4081
- 15 Convenient Care Center-League City**
2555 S. Gulf Fwy., League City, TX 77573
832.932.9820 F: 832.932.9825
- 16 Alvin-Thelma Ley Anderson YMCA**
3201 S. Hwy. 35, Alvin, TX 77511
281.331.9559 F: 281.331.8875

EAST

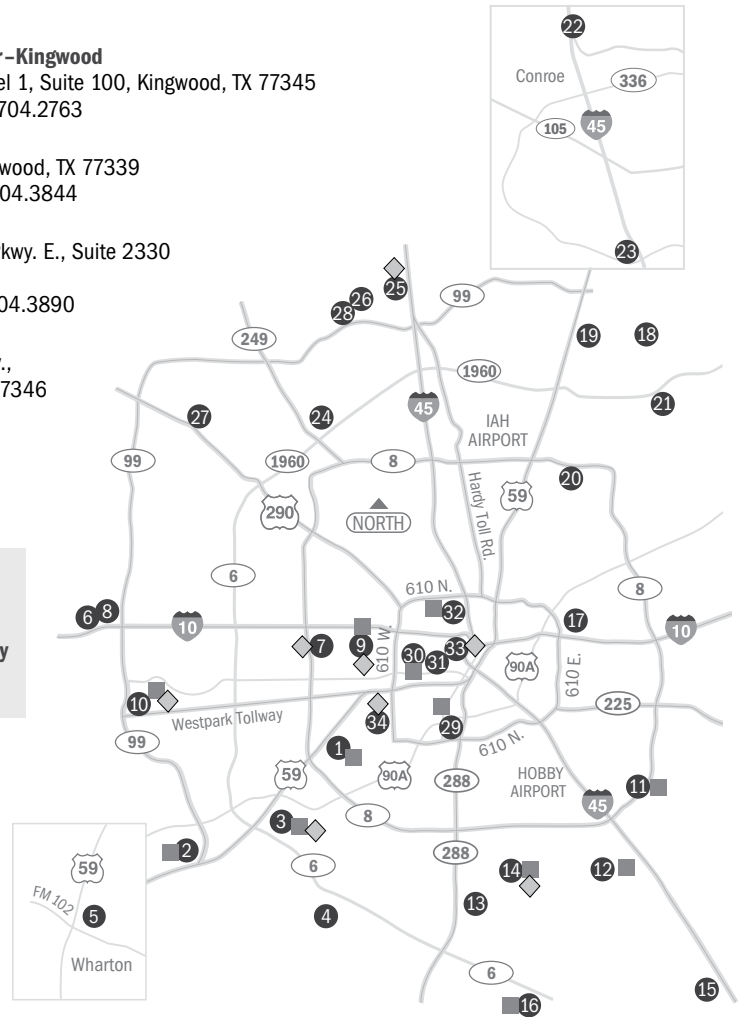
- 17 East Houston**
10907 I-10 East Fwy., Houston, TX 77029
713.674.2573 F: 713.674.3081

NORTHEAST

- 18 Convenient Care Center-Kingwood**
4533 Kingwood Dr., Level 1, Suite 100, Kingwood, TX 77345
832.658.4310 F: 713.704.2763
- 19 Kingwood West**
601 Rockmead Dr., Kingwood, TX 77339
713.814.2530 F: 713.704.3844
- 20 Fall Creek**
9522 N. Sam Houston Pkwy. E., Suite 2330
Humble, TX 77396
713.814.2510 F: 713.704.3890
- 21 Atascocita**
13531 Will Clayton Pkwy.,
Suite 600, Humble, TX 77346
713.814.2520
F: 713.704.3891

OUR LOCATIONS

- Physical Therapy
- Occupational Therapy
- ◆ Schroth Therapy



NORTH

- 22 Conroe**
2956 I-45 North, Suite 500, Conroe, TX 77303
936.441.4422 F: 936.441.4427
- 23 South Conroe**
690 S. Loop 336 W., Suite 120
Conroe, TX 77304
936.270.6020 F: 936.270.6025
- 24 Willowbrook**
19760 State Hwy. 249, Houston, TX 77070
281.469.9397 F: 281.469.9756
- 25 The Woodlands**
Medical Plaza 4, 9180 Pinecroft Dr., Suite 200
The Woodlands, TX 77380
713.897.2549 F: 713.897.2544
- 26 The Woodlands-Sterling Ridge**
10333 Kuykendahl, Suite C
The Woodlands, TX 77382
832.813.7023 F: 832.813.7099
- 27 Cypress**
27700 Northwest Fwy., Suite 130
Cypress, TX 77433
346.231.6900 F: 346.231.6901
- 28 Convenient Care Center-Spring**
7474 N. Grand Pkwy., Suite 300, Spring, TX 77379
281.374.5440 F: 281.374.5445

CENTRAL

- 29 Rockets Sports Medicine Institute-Texas Medical Center**
6400 Fannin, Suite 1620, Houston, TX 77030
713.704.2200 F: 713.704.9005
- 30 Greenway Plaza**
3651 Weslayan St., Suite 110, Houston, TX 77027
713.850.8472 F: 713.850.8490
- 31 Rockets Sports Medicine Institute-Shepherd Square**
2085 Westheimer Rd., Houston, TX 77098
713.526.6143 F: 713.527.8215
- 32 Greater Heights**
300 North Loop, Suite 300, Houston, TX 77008
713.867.2300 F: 713.867.2545
- 33 Convenient Care Center-Greater Heights**
1431 Studemont St., Houston, TX 77007
346.701.3820 F: 346.701.3825
- 34 Bellaire**
5420 W. Loop S., Suite 1400, Bellaire, TX 77401
713.314.4531 F: 713.314.4579

**MEMORIAL
HERMANN**
Sports Medicine &
Rehabilitation