

SM&R Referral for Rehabilitation Services  
Foot and Ankle Physical Therapy

For Appointment: Phone: 713.521.0020 or 1.888.301.8477  
Fax: 713.874.1798 or 1.888.504.8477 memorialhermann.org

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

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Precautions: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ Procedure: \_\_\_\_\_

Frequency/Duration: days per week (check one)  1  2  3  4  5 for \_\_\_\_\_ weeks  Therapist Discretion

**Diagnosis**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Achilles Tendonitis/Tendinosis | <input type="checkbox"/> Flat Foot Reconstruction     | <input type="checkbox"/> Pes Planu (Flexible/Rigid)       |
| <input type="checkbox"/> Ankle Fracture                 | <input type="checkbox"/> Gastrocnemius Contracture    | <input type="checkbox"/> Plantar Fasciitis/Rupture        |
| <input type="checkbox"/> Ankle Reconstruction           | <input type="checkbox"/> Jones Fracture               | <input type="checkbox"/> Posterior Impingement Syn. Ankle |
| <input type="checkbox"/> Achilles Tendon Rupture        | <input type="checkbox"/> Hallux Limitus/Rigidus       | <input type="checkbox"/> PTT Rupture                      |
| <input type="checkbox"/> Anterior Ankle Impingement     | <input type="checkbox"/> Hypersensation / Neuritis    | <input type="checkbox"/> PTT Tendonitis/Tendinosis        |
| <input type="checkbox"/> Ankle Sprain (I, II, III, IV)  | <input type="checkbox"/> Lateral Ankle Instability    | <input type="checkbox"/> Stress Fracture                  |
| <input type="checkbox"/> Bunions                        | <input type="checkbox"/> LisFranc Fx/Sprain           | <input type="checkbox"/> Tarsal Tunnel Syndrome           |
| <input type="checkbox"/> Calcaneal Fracture             | <input type="checkbox"/> Metatarsalgia 1, 2, 3, 4, 5  | <input type="checkbox"/> Total Ankle Replacement          |
| <input type="checkbox"/> Edema                          | <input type="checkbox"/> Peroneal Weakness/Tendonitis | <input type="checkbox"/> Turf Toe                         |

Crutches

Weight Bearing Status: Right / Left  NWB  TDWB  WBAT

**Physical Therapy Protocol**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Achilles Tendon Repair Protocol | <input type="checkbox"/> Calcaneus Fracture Protocol          | <input type="checkbox"/> Lateral Ligament Recon. Protocol            |
| <input type="checkbox"/> Achilles Tendonitis Protocol    | <input type="checkbox"/> Edema / Desensitization Protocol     | <input type="checkbox"/> Plantar Fasciitis Protocol                  |
| <input type="checkbox"/> Ankle Fracture Protocol         | <input type="checkbox"/> Footwear Recommendation (Runner)     | <input type="checkbox"/> Posterior Tibialis Tendon Transfer Protocol |
| <input type="checkbox"/> Ankle Sprain Protocol           | <input type="checkbox"/> Insertional Achilles Recon. Protocol | <input type="checkbox"/> Total Ankle Replacement Protocol            |

**Treatment**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Evaluate and Treat      | <input type="checkbox"/> 4 mg/ml Dexamethasone | <input type="checkbox"/> Taping Instruction     |
| <input type="checkbox"/> Modalities as indicated | <input type="checkbox"/> Phonophoresis         | <input type="checkbox"/> Gait Training          |
| <input type="checkbox"/> AlterG                  | <input type="checkbox"/> 10% Hydrocortisone    | <input type="checkbox"/> Dry Needling           |
| <input type="checkbox"/> Iontophoresis           | <input type="checkbox"/> Video Gait Analysis   | <input type="checkbox"/> Active Release Therapy |

Comments/Special Instructions \_\_\_\_\_

Requested Location (optional) \_\_\_\_\_ Requested Therapist (optional) \_\_\_\_\_

Next physician appointment \_\_\_\_\_

Signature \_\_\_\_\_ Physician Print Name \_\_\_\_\_ NPI/MHHS ID. \_\_\_\_\_ Date \_\_\_\_\_ Time  AM  PM Contact No. \_\_\_\_\_



# MEMORIAL HERMANN SPORTS MEDICINE & REHABILITATION

- |  |                                      |  |                               |                               |
|--|--------------------------------------|--|-------------------------------|-------------------------------|
| <b>A</b> Aquatic Therapy               | <b>E</b> IASTM                       | <b>J</b> Vestibular Rehabilitation             | <b>N</b> Physical Therapy     | <b>Q</b> Concussion Therapy   |
| <b>B</b> Hand Therapy                  | <b>G</b> Dry Needling                | <b>K</b> Speech Therapy                        | <b>O</b> Pelvic Floor Therapy | <b>R</b> Occupational Therapy |
| <b>C</b> Sport-Specific Rehabilitation | <b>H</b> Neurological Rehabilitation | <b>L</b> Prenatal/Postpartum Therapy           | <b>P</b> TMJ Therapy          | <b>S</b> Schroth Method       |
| <b>D</b> McKenzie Method®              | <b>I</b> Lymphedema Management       | <b>M</b> AlterG®/Body Weight Support Treadmill |                               |                               |

For appointments call:  
713.521.0020 or 1.888.301.8477

FAX: 713.874.1798  
or 1.888.504.8477

## SOUTHWEST

- Memorial Hermann Southwest** (B C D E G N R)  
7789 Southwest Fwy., Suite 570, Houston, TX 77074  
713.456.5221 F: 713.456.5229
- IRONMAN Sports Medicine Institute-Sugar Land** (B C E G L M N)  
17520 W. Grand Pkwy. South, Suite 100, Sugar Land, TX 77479 (Q R)  
281.725.5895 F: 281.725.5898
- Sugar Land-Williams Trace** (A B C D E G H L N O R)  
14857 Southwest Fwy., Sugar Land, TX 77478  
281.242.8900 F: 281.242.0355
- Sienna** (C D I L N)  
8790 Hwy. 6, Suite 140, Missouri City, TX 77459  
281.778.1822 F: 281.778.1826
- Wharton** (C H J L N)  
2018 Regional Medical Center Dr., Suite 1301, Wharton, TX 77488  
979.532.0888 F: 832.658.4040

## WEST

- Memorial Hermann Katy** (A B C E N Q R)  
23960 Katy Fwy., Suite 100, Katy, TX 77494  
281.644.7880 F: 281.644.7888
- Town and Country** (A C E G L N S)  
700 Town & Country Blvd., Suite 2490, Houston, TX, 77024  
832.658.3150 F: 713.722.7051
- IRONMAN Sports Medicine Institute-Katy at Memorial Hermann Sports Park** (C E G M N)  
23910 Katy Fwy., Suite 100, Katy, TX 77493  
281.500.6100 F: 281.500.6101
- IRONMAN Sports Medicine Institute-Memorial City** (B C D E G J M N O R S)  
10125 Katy Fwy., Suite 100, Houston, TX 77024  
713.242.2270 F: 713.242.3931
- Westside** (C D N)  
1140 Business Center Dr., Suite 102, Houston, TX 77043  
713.338.7570 F: 713.338.7575
- Memorial Hermann Convenient Care Center-South Katy** (B C D E G J N R S)  
22430 Grand Corners Dr., Katy, TX 77494  
281.371.1850 F: 281.371.1851

## SOUTHEAST

- Pasadena** (B C E G J N R)  
4804 E. Sam Houston Pkwy. South, Suite 200, Pasadena, TX 77505  
281.487.4457 F: 281.991.0336
- Memorial Hermann Southeast** (B C D E H J K N Q R)  
Medical Plaza I, 11914 Astoria Blvd., Suite 620, Houston, TX 77089  
281.929.4475 F: 281.929.6276
- Pearland West - Silverlake Village** (A C D E G L N Q)  
3149 Silverlake Village, Suite 120, Pearland, TX 77584  
713.436.8869 F: 713.436.1838
- Pearland East** (B C D E G H N R S)  
5032 W. Broadway, Pearland, TX 77581  
281.485.4044 F: 281.485.4081
- Alvin - Thelma Ley Anderson YMCA** (C D J N)  
3201 S. Hwy. 35, Alvin, TX 77511  
281.331.9559 F: 281.331.8875
- Webster** (B C E G L N O R)  
19419-3 Gulf Fwy., Webster, TX 77598  
281.488.2815 F: 281.488.2844
- Memorial Hermann Convenient Care Center-League City** (C E N)  
2555 S. Gulf Fwy., League City, TX 77573  
832.932.9820 F: 832.932.9825

## EAST

- East Houston** (C D E G L N)  
10907 I-10 East Fwy., Houston, TX 77029  
713.674.2573 F: 713.674.3081
- Mid County** (B C E G L N R)  
3512 Hwy. 365, Nederland, TX, 77627  
409.722.7116 F: 409.722.7450

## NORTH

- Conroe** (C E G L N P Q)  
2956 I-45 North, Suite 500, Conroe, TX 77303  
936.441.4422 F: 936.441.4427
- South Conroe** (C E I G H J L N Q)  
690 South Loop 336 West, Suite 120, Conroe, TX 77304  
936.270.6020 F: 936.270.6025
- Willowbrook** (C D N)  
19760 State Hwy. 249, Houston, TX 77070  
281.469.9397 F: 281.469.9756
- Memorial Hermann The Woodlands** (C E G J L M N O P Q S)  
Medical Plaza 4, 9180 Pinecroft Dr., Suite 200, The Woodlands, TX 77380  
713.897.2549 F: 713.897.2544
- The Woodlands-Sterling Ridge** (C D E G J L N P)  
10333 Kuykendahl, Suite C, The Woodlands, TX 77382  
832.813.7023 F: 832.813.7099
- IRONMAN Sports Medicine Institute-The Woodlands** (B C G M N O Q R)  
9305 Pinecroft Dr., Suite 450, The Woodlands, TX 77380  
713.897.7930 F: 713.897.2632
- Memorial Hermann Cypress** (C E G N O Q)  
27700 Northwest Fwy., Suite 130, Cypress, TX 77433  
346.231.6900 F: 346.231.6901
- Memorial Hermann Convenient Care Center-Spring** (C E J N Q)  
7474 N. Grand Pkwy., Suite 300, Spring, TX 77379  
281.374.5440 F: 281.374.5445

## NORTHEAST

- Fall Creek** (C E J L N O Q S)  
9522 N. Sam Houston Pkwy. East, Suite 2330, Humble, TX 77396  
713.814.2510 F: 713.704.3890
- Atascocita** (C D E G J L N Q)  
13531 Will Clayton Pkwy., Suite 600, Humble, TX 77346  
713.814.2520 F: 713.704.3891
- Memorial Hermann Convenient Care Center-Kingwood** (C E G N Q J P)  
4533 Kingwood Dr., Level 1, Suite 100, Kingwood, TX 77345  
832.658.4310 F: 713.704.2763
- Kingwood West** (B C E G N Q)  
601 Rockmead Dr., Kingwood, TX 77339  
713.814.2530 F: 713.704.3844

## CENTRAL

- IRONMAN Sports Medicine Institute** (B C E G J M N O R)  
6400 Fannin St., Suite 1620, Houston, TX 77030  
713.704.2200 F: 713.704.9602
- Greenway Plaza** (B C D E G L N O R)  
3651 Weslayan St., Suite 110, Houston, TX 77027  
713.850.8472 F: 713.850.8490
- Shepherd Square** (C E G M N Q)  
2085 Westheimer Rd., Houston, TX 77098  
713.526.6143 F: 713.527.8215
- Memorial Hermann Greater Heights** (A B C D E G L N R)  
300 North Loop, Suite 300, Houston, TX 77008  
713.867.2300 F: 713.867.2545
- Memorial Hermann Convenient Care Center-Greater Heights** (C D E G N S)  
1431 Studemont St., Houston, TX 77007  
346.701.3820 F: 346.701.3825
- Bellaire** (C G I N P Q S)  
5420 West Loop South, Suite 1400, Bellaire, TX 77401  
713.314.4531 F: 713.314.4579

MEMORIAL  
HERMANN  
Sports Medicine &  
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