

TIRR Memorial Hermann Orders for Outpatient Therapy Services

Please fax this form to us at 713.797.5988 or email to Tirr admissionsintake@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: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech-Language Therapy <input type="checkbox"/> Seating and Mobility <input type="checkbox"/> Challenge Program (PT, OT, SLP, NP) <input type="checkbox"/> Strength Unlimited (wellness program) <input type="checkbox"/> Rehabilitation Psychology/Neuropsychology	TIRR Memorial Hermann preferred location: <input type="checkbox"/> Greater Heights <input type="checkbox"/> Katy-Rehabilitation Hospital <input type="checkbox"/> Kirby Glen <input type="checkbox"/> Memorial City <input type="checkbox"/> Southeast <input type="checkbox"/> Sugar Land <input type="checkbox"/> West University <input type="checkbox"/> The Woodlands
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PHYSICAL THERAPY: (_____ visits per week for _____ weeks)
 Evaluation and treatment with emphasis on:

<input type="checkbox"/> Vestibular	<input type="checkbox"/> Family training/Home program	<input type="checkbox"/> Mass repetition
<input type="checkbox"/> Lokomat™	<input type="checkbox"/> Spasticity management	<input type="checkbox"/> Casting
<input type="checkbox"/> Return to school program (5 y/o-16 y/o)	<input type="checkbox"/> Energy conservation/Work simplification	<input type="checkbox"/> Concussion program
<input type="checkbox"/> Dry Needling	<input type="checkbox"/> LSVT®BIG	<input type="checkbox"/> Pulmonary dysfunction therapy
<input type="checkbox"/> Aquatic therapy	<input type="checkbox"/> Prehabilitation	<input type="checkbox"/> Post-COVID rehabilitation
<input type="checkbox"/> Orthotics & prosthetic training/management	<input type="checkbox"/> Electrical Stimulation/FES	<input type="checkbox"/> Other _____

OCCUPATIONAL THERAPY: (_____ visits per week for _____ weeks)
 Evaluation and treatment with emphasis on:

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

SPEECH-LANGUAGE THERAPY: (_____ visits per week for _____ weeks)
 Evaluation and treatment of speech, language, voice and communication

<input type="checkbox"/> Evaluation and treatment of swallow dysfunction	<input type="checkbox"/> Lee Silverman Voice Treatment (LSVT®) Loud	<input type="checkbox"/> Concussion program
<input type="checkbox"/> Modified barium swallow	<input type="checkbox"/> Cognitive re-training	<input type="checkbox"/> Prehabilitation
<input type="checkbox"/> Post-COVID rehabilitation	<input type="checkbox"/> Pediatric feeding	<input type="checkbox"/> Other: _____
<input type="checkbox"/> VitalStim®	<input type="checkbox"/> Head and Neck Cancer Treatment	

SEATING AND MOBILITY: _____

<input type="checkbox"/> Evaluation and recommendation for Wheelchair/PMD*/Seating System	<input type="checkbox"/> SmartWheel® assessment/ Wheelchair propulsion assessment
<input type="checkbox"/> OT Evaluation and recommendation for wheelchair/PMD*/Seating System	<input type="checkbox"/> Education re: Wheelchair/PMD*/ Seating System
OR	
<input type="checkbox"/> PT Evaluation and recommendation for wheelchair /PMD*/Seating System	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Delivery and fitting for Wheelchair/PMD*/Seating System	
<input type="checkbox"/> Pressure mapping assessment and recommendations	
<input type="checkbox"/> Training for Wheelchair/PMD*/Seating System recommended	

*PMD - Power Mobility Device

CHALLENGE PROGRAM: (16 years and older)
 Evaluation and treatment PT, OT, SLP and Neuropsychology

<input type="checkbox"/> Neuropsychology evaluation	<input type="checkbox"/> Neuropsychology screening	
<input type="checkbox"/> Select track: <input type="checkbox"/> Vocational rehabilitation	<input type="checkbox"/> School	<input type="checkbox"/> Independence
		<input type="checkbox"/> Volunteer

STRENGTH UNLIMITED
 (Community -based wellness and recovery program)

<input type="checkbox"/> Able to exercise?	<input type="checkbox"/> Able to participate in a standing program?	
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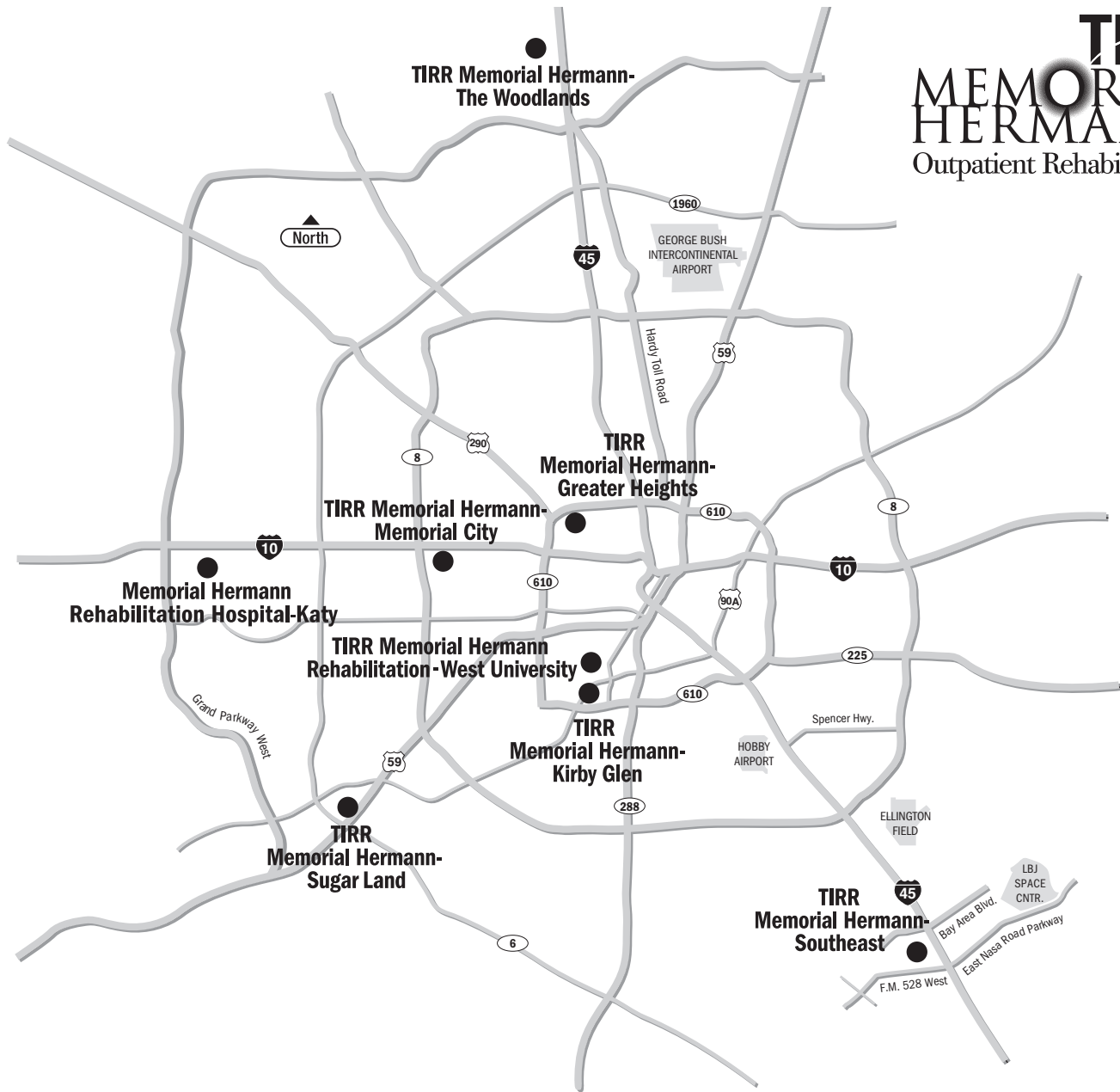
REHABILITATION PSYCHOLOGY/NEUROPSYCHOLOGY

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

Comments: _____

Signature _____	Physician Print Name _____	NPI/MHHS ID. _____	Date _____	Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Contact No. _____
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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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