

# 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Occupational Therapy<br><input type="checkbox"/> Speech-Language Therapy<br><input type="checkbox"/> Seating and Mobility<br><input type="checkbox"/> Challenge Program (PT, OT, SLP, NP)<br><input type="checkbox"/> Strength Unlimited (wellness program)<br><input type="checkbox"/> Rehabilitation Psychology/Neuropsychology | <b>TIRR Memorial Hermann preferred location:</b><br><input type="checkbox"/> Kirby Glen Center <input type="checkbox"/> Sugar Land <input type="checkbox"/> Rehabilitation Hospital-Katy<br><input type="checkbox"/> The Woodlands <input type="checkbox"/> Greater Heights<br><input type="checkbox"/> Memorial City <input type="checkbox"/> West University |
|---|--|

**PHYSICAL THERAPY:** ( \_\_\_\_\_ visits per week for \_\_\_\_\_ weeks)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 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)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 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)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 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/<br>Wheelchair propulsion assessment |
| <input type="checkbox"/> OT Evaluation and recommendation for wheelchair/PMD*/Seating System  | <input type="checkbox"/> Education re: Wheelchair/PMD*/ Seating System               |
| <b>OR</b>   |  |
| <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              | *PMD - Power Mobility Device   |
| <input type="checkbox"/> Pressure mapping assessment and recommendations                      |  |
| <input type="checkbox"/> Training for Wheelchair/PMD*/Seating System recommended              |  |

**CHALLENGE PROGRAM: (16 years and older)**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> 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)     Able to exercise?     Able to participate in a standing program?

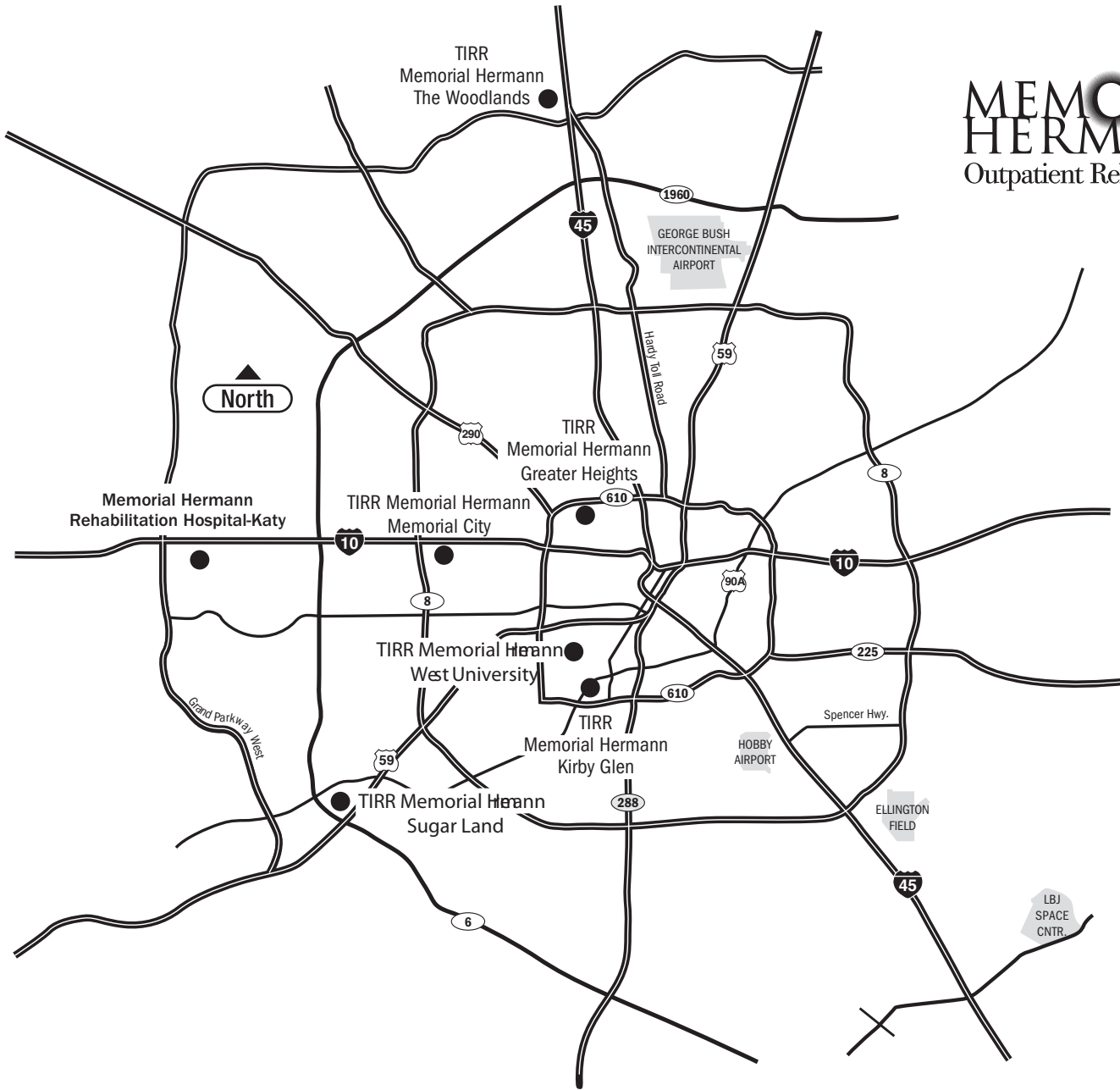
**REHABILITATION PSYCHOLOGY/NEUROPSYCHOLOGY**

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

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

- Challenge Program
- Seating and Mobility Clinic
- 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

**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