Memorial Hermann Health System
Strength Unlimited Referral/Order Form
Fax completed form to: 713-797-5988 Phone: 1-800-44REHAB (73422)

PATIENT INFORMATION	
Patient Name:	Phone Number:
Diagnosis:	Date of Birth:

Type of Referral: ☐New ☐Renewal

General Programs	Specialty Programs	Equipment
☐Open Gym	☐Modified Constraint Induced Movement Therapy Program	☐Functional Electrical Stimulation (FES)
☐Personal Training	☐Parkinson's Disease Exercise Program	☐Lokomat™
☐Aquatic Therapy	☐Dysautonomia Exercise Program	☐ReWalk™
☐Nutrition Coaching	☐SCI ARM Exercise Program	☐Bioness H200®
☐Adaptive Yoga	☐Fall Prevention Program	☐Bioness L200®
	☐Locomotor Training Program	☐Body weight supported treadmill

Preferred location:
☐Kirby Glen ☐The Woodlands ☐Sugar Land ☐Memorial City ☐Rehabilitation Hospital-Katy ☐West Gray

Special Precautions and/or Contraindications:

☐ Patient **cleared** for bilateral lower extremity weight bearing.

☐ Patient **cleared** for bilateral upper extremity activity range of motion and weight bearing.

Cardiac Precautions:_____

Others:_____

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

TIRR MEMORIAL HERMANN
Rehabilitation & Research

Strength Unlimited Referral/Order Form

66982 (6/22)