

Memorial Hermann Health System

Limb Loss Referral Inpatient and Outpatient Services

Please fax this form to us at 713.797.5988 or email to tirrlimbloss@memorialhermann.org and keep for your records.

Date: _____ Preferred Start Date: _____
 Patient name: _____ ICD Code: _____ Ph#: _____
 Diagnosis: _____ DOB: _____

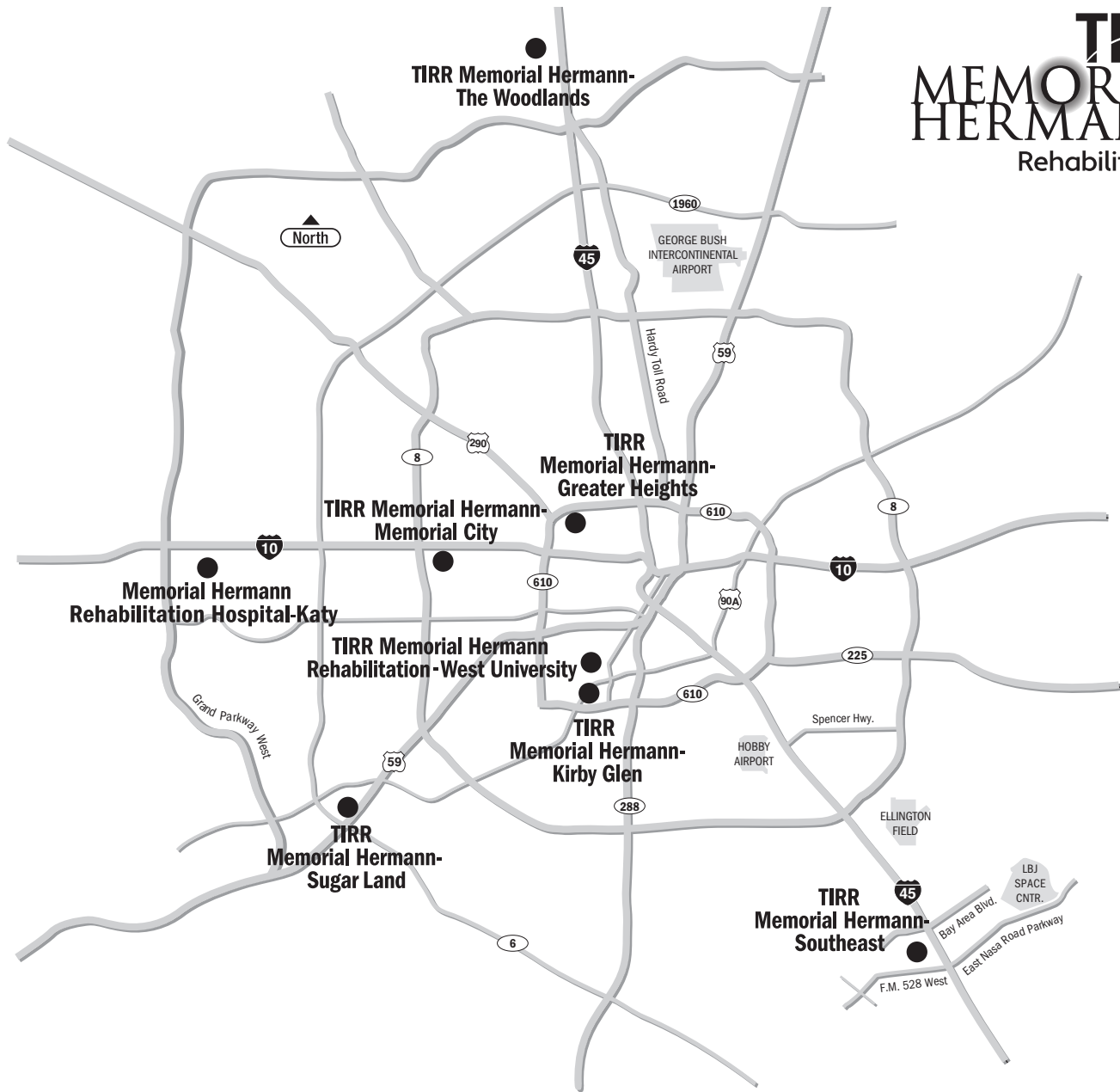
PHYSICAL MEDICINE AND REHABILITATION	
<input type="checkbox"/> TIRR Outpatient Medical Clinic (Limb Loss and Preservation)	
EVALUATION AND TREATMENT:	
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech-Language Therapy <input type="checkbox"/> Inpatient Rehabilitation Admission <input type="checkbox"/> Rehabilitation Psychology/Neuropsychology	
PHYSICAL THERAPY:	
<input type="checkbox"/> Evaluation and Treatment with emphasis on: (_____ visits per week for _____ week(s)) <input type="checkbox"/> Balance Issues <input type="checkbox"/> Candidacy Criteria <input type="checkbox"/> Equipment Evaluation <input type="checkbox"/> Family Training/Home Program <input type="checkbox"/> Gait Training <input type="checkbox"/> Orthotics and Prosthetic Training/Management <input type="checkbox"/> Prehabilitation <input type="checkbox"/> Strength/ROM <input type="checkbox"/> Other _____	
OCCUPATIONAL THERAPY:	
<input type="checkbox"/> Evaluation and Treatment with emphasis on: (_____ visits per week for _____ week(s)) <input type="checkbox"/> ADL and IADL Training <input type="checkbox"/> Energy Conservation/Work Simplification <input type="checkbox"/> Equipment Evaluation <input type="checkbox"/> Family Training/Home Program <input type="checkbox"/> Lymphedema <input type="checkbox"/> Upper/Lower <input type="checkbox"/> Head/Neck <input type="checkbox"/> Orthotics & Prosthetic Training/Management <input type="checkbox"/> Overuse Issues <input type="checkbox"/> Pre-Driving Assessment Program <input type="checkbox"/> Prehabilitation <input type="checkbox"/> Other _____	
SPEECH-LANGUAGE THERAPY:	
<input type="checkbox"/> Evaluation and Treatment with emphasis on: (_____ visits per week for _____ week(s)) <input type="checkbox"/> Cognitive Re-training <input type="checkbox"/> Other _____	
EVALUATE FOR INPATIENT REHABILITATION ADMISSION:	
<i>(Please indicate any of the following concerns)</i> <input type="checkbox"/> Concern About Declining Function <input type="checkbox"/> Decline in The Ability to Ambulate/Mobilize <input type="checkbox"/> Decline in The Ability to Perform Activities of Daily Living <input type="checkbox"/> DM Management <input type="checkbox"/> Equipment Assessment for Safety <input type="checkbox"/> Family Training for Safe Discharge <input type="checkbox"/> Frequent Falls and Increased Weakness <input type="checkbox"/> Infection or High Risk <input type="checkbox"/> Management of Comorbidities <input type="checkbox"/> Medication Management (i.e. BP) <input type="checkbox"/> Pain Control/Management <input type="checkbox"/> Wound(s)	
Is the patient receiving any therapy services currently (i.e. Home Health/Outpatient) <input type="checkbox"/> Yes <input type="checkbox"/> No	
REHABILITATION PSYCHOLOGY/NEUROPSYCHOLOGY	
<input type="checkbox"/> Neuropsychological Evaluation <input type="checkbox"/> Psychotherapy/Behavioral Management <input type="checkbox"/> Psychological Evaluation	Specific Concerns (indicate all applicable) <input type="checkbox"/> Adjustment Disorder <input type="checkbox"/> Altered Body Image <input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Emotional Functioning <input type="checkbox"/> Follow-Up Evaluation <input type="checkbox"/> Memory Impairment <input type="checkbox"/> Return to Work/School <input type="checkbox"/> Other _____
Comments:	

_____ AM
 _____ PM
Provider Signature **Print Name** **NPI/MHHS ID.** **Date** **Time** **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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