

**Referral for Rehabilitation Services
Pelvic Health Physical Therapy**

Phone: 713.521.0020 or 1.888.301.8477
Fax: 713.874.1798 memorialhermann.org

Date: _____ Precautions: _____
 Patient Name: _____ Phone: _____
 Diagnosis: _____ ICD Code: _____
 Date of Injury: _____ Date of Surgery: _____ Procedure: _____
 Frequency (Days/week) _____ for Duration: _____ weeks
 Physical Therapy Evaluate & Treat Reason for Referral: _____

BACK PAIN

- Low Back Pain (M54.50)
- Radiculopathy (M54.10)
- Sacrococcygeal (Coccygodynia) _____
- Sciatica (M54.30)
- SI Joint _____
- Other: _____

BOWEL

- Coccygodynia _____
- Constipation (K59.____)
- Fecal Incontinence (R15.9)
- Full Incontinence of Feces (R15.9)
- Fecal Smearing (R15.1)
- Fecal Urgency (R15.2)
- Flatulence (R14.3)
- Incomplete Defecation (R15.0)
- Irritable Bowel Syndrome (K58.1)
- Obstructive defecation (N13.9)
- Proctalgia Fugax (K59.4)
- Slow Transit Constipation (K59.01)

PELVIC INJURY

- Abdominal Pain (R10.____)
- Dysmenorrhea (N94.____)
- Ehlers-Danlos Syndrome (Q79.____)
- Lower Abdominal Pain (R10.30)
- Pelvic Muscle Wasting (N81.84)
- Perimenopause/Menopause (N95.____)
- Sacrococcygeal (Coccygodynia) _____
- Stress Fracture of Pelvis (M84.350____)

PROCEDURES

- Biofeedback
- Bladder Training
- Bracing
- Coccyx Mobilization
- Dry Needling
- Electrical Stimulation
- Home Exercise Program
- Labor & Delivery Strategies
- Pelvic Floor Strengthening
- PTNS- Percutaneous Tibial Nerve Stimulation (PFHC location)
- Scar Mobs
- Taping
- _____

I, referring provider, attest that I have discussed this referral with the patient, and the patient has provided consent to the sharing of their demographic and contact information with Memorial Hermann or its affiliated providers for the purposes related to this referral, including: (1) telephone calls and text messages regarding health care, including but not limited to scheduling, reminders, and medication refills; (2) email or mail communications regarding health care, including but not limited to scheduling, reminders, and medication referrals; and (3) other information regarding my health care, billing and health related services and benefits. I have instructed the patient if they wish to revoke this consent, they may contact Memorial Hermann at 713-222-CARE (2273) or opt out directly after receipt of communication.

AM
 PM

 Provider Signature Print Name NPI/MHHS ID. Date Time Contact No.

Physician signature required, stamp is not valid



Pelvic Floor Health Locations

1 Memorial Hermann Sports Medicine & Rehabilitation – The Woodlands

9180 Medical Plaza, Suite 200,
Medical Plaza 4
The Woodlands, TX 77380
P: 713.897.2549 F: 713.897.2544

2 Memorial Hermann Sports Medicine & Rehabilitation – Greenway Plaza

3651 Wesleyan St., Suite 110
Houston, TX 77027
P: 713.850.8472 F: 713.850.8490

3 Pelvic Floor Health Center – Memorial City

925 Gessner Rd., Suite 350,
Medical Plaza 4
Houston, TX 77024
P: 713.295.8201 F: 713.295.8215

4 Memorial Hermann Sports Medicine & Rehabilitation – Williams Trace

14857 Southwest Fwy.
Sugar Land, TX 77478
P: 281.242.8900 F: 281.242.0355

5 Memorial Hermann Sports Medicine & Rehabilitation – Webster

19419 Gulf Fwy., Suite 3
Webster, TX 77598
P: 281.488.2815 F: 281.488.2844

6 Memorial Hermann Sports Medicine & Rehabilitation – Fall Creek

9522 N. Sam Houston Pkwy. E., Suite 2330
Humble, TX 77396
P: 713.814.2510 F: 713.704.3890

7 Rockets Sports Medicine Institute – Cypress

27646 Northwest Fwy., Suite 150
Cypress, TX 77433
P: 346.231.6900 F: 346.231.6901

8 Memorial Hermann Sports Medicine & Rehabilitation – Katy

23960 Katy Fwy., Suite 100,
Medical Plaza 2
Katy, TX 77494
P: 281.644.7880 F: 281.644.7888

