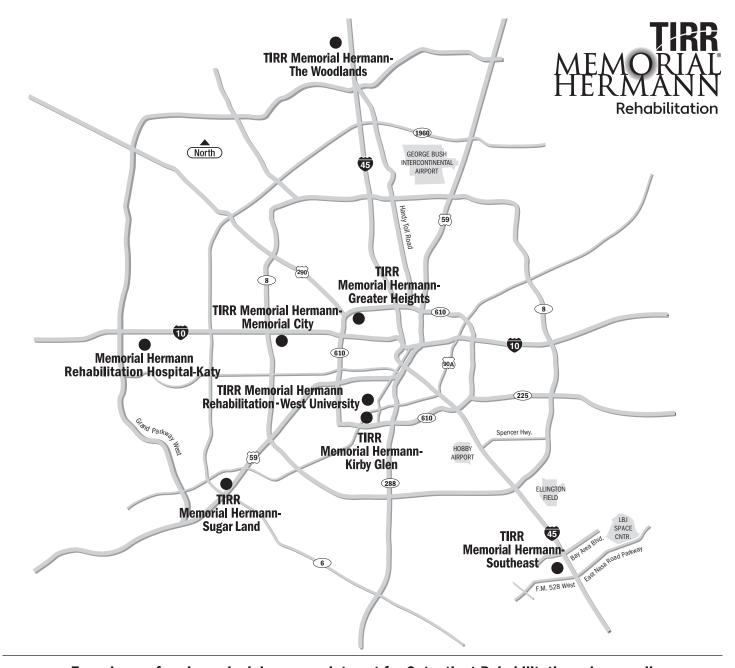
### TIRR Memorial Hermann

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 pro-	cess a referral. Sp	ecific services car	be selected	in the form below	w.			
Date:	Prefe	rred Start Date:						
Patient name:	DOB:			Ph#:				
Diagnosis:		ICD 10 Co			Code(s):			
<b>EVALUATION AND TREATMENT:</b>				TIRR Memori	al Hermann	preferred loc	ation:	
☐ Occupational Therapy ☐ Strength Un		rogram (PT, OT, SLP, NP) limited (wellness program) n Psychology/Neuropsychology		☐ Greater Heights ☐ Katy-Rehabilitation Ho ☐ Kirby Glen ☐ Memorial City		spital	☐ Southeast☐ Sugar Land☐ West University☐ The Woodlands	
PHYSICAL THERAPY: ( visits p	er week for	weeks)			,			
□ Evaluation and treatment with emphasis on: □ Vestibular □ Lokomat ™ □ Return to school program (5 y/o-16 y/o) □ Dry Needling □ Aquatic therapy □ Orthotics & prosthetic training/management		□ Spasticity mana	onservation/Work simplification G ation		☐ Casting☐ Concus☐ Pulmor	<ul> <li>☐ Mass repetition</li> <li>☐ Casting</li> <li>☐ Concussion program</li> <li>☐ Pulmonary dysfunction therapy</li> <li>☐ Post-COVID rehabilitation</li> <li>☐ Other</li> </ul>		
OCCUPATIONAL THERAPY: (	visits per week for	weeks)						
□ Evaluation and treatment with emphasis on: □ Functional tone management with Saeboflex <sup>TM</sup> □ Modified constraint induced therapy □ Function vision rehabilitation □ Pre-driving assessment program □ Lymphedema □ Upper/Lower □ Head/Neck □ Return to school program (5 y/o-16 y/o)		□ Aquatic therapy □ Orthotics & prosthetic training/management □ Family training/Home program □ Spasticity management □ Energy conservation/Work simplification			☐ Mass re☐ Casting☐ ADL &☐ Post-CC☐ Pediatri	Blectrical Stimulation/FES Mass repetition Casting ADL & IADL training Post-COVID rehabilitation Pediatric feeding Other		
SPEECH-LANGUAGE THERAPY: (			s)					
<ul> <li>□ Evaluation and treatment of speech, language, voice</li> <li>□ Evaluation and treatment of swallow dysfunction</li> <li>□ Modified barium swallow</li> <li>□ Post-COVID rehabilitation</li> <li>□ VitalStim®</li> </ul>						oud		
SEATING AND MOBILITY:								
<ul> <li>□ Evaluation and recommendation for</li> <li>□ OT Evaluation and recommendation</li> <li>OR</li> <li>□ PT Evaluation and recommendation</li> <li>□ Delivery and fitting for Wheelchain</li> </ul>	on for wheelchair/ on for wheelchair /	PMD*/Seating Sys PMD*/Seating Sys		☐ SmartWhe Wheelcha ☐ Education re	ir propulsion	assessmen		
☐ Pressure mapping assessment and recommendations ☐ Training for Wheelchair/PMD*/Seating System recommended				*PMD - Power Mobility Device				
CHALLENGE PROGRAM: (16 years and Evaluation and treatment PT, OT, SI ☐ Select track: ☐ Vocational rehabil	d older) LP , Neuropsychol	logy and social wo		l Volunteer				
STRENGTH UNLIMITED						. "		
(Community -based wellness and recovery program)  REHABILITATION PSYCHOLOGY/NEUROPSYCHOLOGY  □ Neuropsychological Evaluation □ Psychological Evaluation □ Psychotherapy Treatment/Behavioral Intervention		Specific Concerns (indi ☐ Baseline Assessment ☐ P ☐ Follow-Up Evaluation ☐ R			cable) N	in a standing program?  Memory Impairment Emotional Functioning Behavioral Issues Other:		
Comments:   I, referring provider, attest that I have discuinformation with Memorial Hermann or its a including but not limited to scheduling, rem reminders, and medication referrals; and (3 wish to revoke this consent, they may continued.)	affiliated providers for inders, and medication other information re	the purposes related on refills; (2) email or egarding my health ca	to this referral, mail communic re, billing and h	including: (1) telephations regarding healealth related service	none calls and alth care, inclu es and benefit	text messages ding but not lir s. I have instru	s regarding health care, nited to scheduling, ucted the patient if they	
Provider Signature	Print Name		NPI/MI	HHS ID.	Date	Time	Contact No.	
TIRR								







# 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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