

**Memorial Hermann Health System**  
**TIRR Memorial Hermann and the Memorial Hermann Rehabilitation Network**  
**Referrals for Direct Admissions from Home**

Please e-mail this form/order and other information requested to us at  
 TIRRA admissions@memorialhermann.org  
 Or E-fax 281-365-0046

Date: \_\_\_\_\_

| Patient Information              |   |  |  |                                   |  |
|----------------------------------|---|--|--|-----------------------------------|--|
| First Name                       | Middle Name   | Last Name                              |  | Date of Birth:                    |  |
| Address                          |   |  | City, State  | Zip Code                          |  |
| Home Phone                       | Mobile Phone  | Work Phone                             | Email  | <input type="checkbox"/> No Email |  |
| Emergency Contact:               |   |  | Phone Number:  |                                   |  |
| Diagnosis:                       |   |  |  |                                   |  |
| ICD Code:                        | Preferred Inpatient Location: <i>(see back of form)</i> |  | Is the patient currently receiving any therapy services? (i.e. Home Health / Outpatient) |                                   |  |
|                                  | <input type="checkbox"/> TIRR Moursund                  | <input type="checkbox"/> Katy Rehab    | <input type="checkbox"/> Yes   |                                   |  |
|                                  | <input type="checkbox"/> Greater Heights                | <input type="checkbox"/> Southwest     | <input type="checkbox"/> No - <b>Please fill out referral below</b>                      |                                   |  |
|                                  | <input type="checkbox"/> Southeast                      | <input type="checkbox"/> The Woodlands |  |                                   |  |
| Referring Physician:             |   |  | Has the patient been seen by a physician within the last 30 days?                        |                                   |  |
| Physician Office Contact Number: |   |  | <input type="checkbox"/> Yes: Date: _____  |                                   |  |
|                                  |   |  | Please include most recent physician visit note(s)                                       |                                   |  |
|                                  |   |  | <input type="checkbox"/> No  |                                   |  |
| Comments/Precautions:            |   |  |  |                                   |  |

**Insurance Information and Medication List**

- Send front and back of insurance card for financial team to verify inpatient rehab benefits
- Send medication list if available

**Outpatient Therapy Referral - Evaluation and Treatment (indicate if needed for evaluation)**

- Physical Therapy
- Occupational Therapy
- Speech Therapy

**Home Health Referral (If Homebound) - Evaluation and Treatment (indicate if needed for evaluation)**

- Physical Therapy
- Occupational Therapy
- Speech Therapy

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

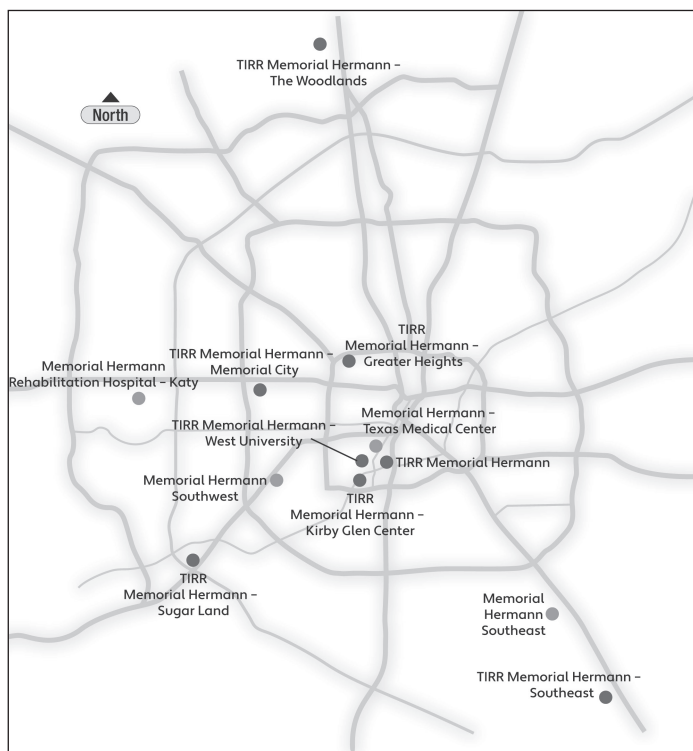
AM  
 PM



TIRR Network Referrals for Direct Admissions from Home



# TIRR Memorial Hermann and the Memorial Hermann Rehabilitation Network



## Memorial Hermann Rehabilitation Network facilities affiliated with TIRR Memorial Hermann

### Memorial Hermann Rehabilitation Hospital-Katy

21720 Kingsland Blvd., Suite 102  
Katy, TX 77450

*Inpatient, Outpatient, Pediatric Outpatient, Sleep Lab, Wound Care and Hyperbarics, Imaging*

### Memorial Hermann Southeast Hospital

11800 Astoria Blvd.  
Houston, TX 77089

*Inpatient*

### Memorial Hermann Southwest Hospital

7600 Beechnut St.  
Houston, TX 77074

*Inpatient*

### Memorial Hermann-Texas Medical Center

6411 Fannin St.  
Houston, TX 77030

*Inpatient*

Memorial Hermann Rehabilitation Network has inpatient, outpatient and specialty programs across the Greater Houston area. Place one convenient call to make referrals or to schedule appointments: **1.800.44.REHAB (73422)** or **713.797.5942**. Fax **713.797.5988**.

[tirr.memorialhermann.org](http://tirr.memorialhermann.org)

[memorialhermann.org/rehabilitation/TIRR-network/](http://memorialhermann.org/rehabilitation/TIRR-network/)

## TIRR Memorial Hermann Facilities

### TIRR Memorial Hermann

1333 Moursund St.  
Houston, TX 77030

*Inpatient Pediatrics and Adults, Outpatient Clinic, Neurological, Sleep, Imaging, Research Center*

### TIRR Memorial Hermann-Greater Heights

1635 North Loop West  
Houston, TX 77008

*Inpatient, Outpatient, Pediatrics*

### TIRR Memorial Hermann Outpatient Rehabilitation-Kirby Glen Center

2455 S. Braeswood Blvd.  
Houston, TX 77030

*Outpatient, Pediatrics*

### TIRR Memorial Hermann Outpatient Rehabilitation-Memorial City

10125 Katy Freeway, Suite 108  
Houston, TX 77024

*Outpatient*

### TIRR Memorial Hermann Outpatient Rehabilitation-Southeast

300 Rogers Court  
Webster, TX 77598

*Outpatient, Pediatrics*

### TIRR Memorial Hermann Outpatient Rehabilitation-Sugar Land

1111 Highway 6, Suite 195  
Sugar Land, TX 77478

*Outpatient, Pediatrics*

### TIRR Memorial Hermann Outpatient Rehabilitation-West University

2909 West Holcombe Blvd.  
Houston, TX 77025

*Outpatient*

### TIRR Memorial Hermann-The Woodlands

9250 Pinecroft Dr.  
The Woodlands, TX 77380

*Inpatient*

920 Medical Plaza Dr., Suite 270  
The Woodlands, TX 77380

*Outpatient, Pediatrics*

**TIRR**  
**MEMORIAL**  
**HERMANN**  
Rehabilitation &  
Research