

**Memorial Hermann Rehabilitation Hospital - Katy  
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.

Date: \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_

Patient name: \_\_\_\_\_ ICD Code: \_\_\_\_\_ Ph#: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight Bearing Status:  WBAT  PWB  NWB  Other: \_\_\_\_\_

<b>EVALUATION AND TREATMENT:</b>		
<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Speech-Language Therapy	<input type="checkbox"/> Rehabilitation Psychology/Neuropsychology
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Strength Unlimited (wellness program)	
<b>PHYSICAL THERAPY:</b>		
<input type="checkbox"/> Evaluation and treatment with emphasis on: ( _____ visits per week for _____ weeks)	<input type="checkbox"/> Pulmonary dysfunction therapy	<input type="checkbox"/> Casting
<input type="checkbox"/> Vestibular	<input type="checkbox"/> Spasticity management	<input type="checkbox"/> Dry needling
<input type="checkbox"/> Orthotics & prosthetic training/management	<input type="checkbox"/> Energy conservation/Work simplification	<input type="checkbox"/> Concussion program
<input type="checkbox"/> Family training/Home program	<input type="checkbox"/> LSVT®BIG	<input type="checkbox"/> Post COVID Rehab
	<input type="checkbox"/> Prehabilitation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Electrical stimulation/FES	
<b>OCCUPATIONAL THERAPY:</b>		
<input type="checkbox"/> Evaluation and treatment with emphasis on: ( _____ visits per week for _____ weeks)	<input type="checkbox"/> Orthotics & prosthetic training/management	<input type="checkbox"/> Casting
<input type="checkbox"/> Modified constraint induced therapy	<input type="checkbox"/> Family training/Home program	<input type="checkbox"/> ADL & IADL training
<input type="checkbox"/> Functional vision rehabilitation	<input type="checkbox"/> Spasticity management	<input type="checkbox"/> Dry needling
<input type="checkbox"/> Pre-driving assessment program	<input type="checkbox"/> Energy conservation/Work simplification	<input type="checkbox"/> Prehabilitation
<input type="checkbox"/> Lymphedema	<input type="checkbox"/> LSVT®BIG	<input type="checkbox"/> Post COVID Rehab
<input type="checkbox"/> Upper/Lower <input type="checkbox"/> Head/Neck	<input type="checkbox"/> Electrical stimulation/FES	<input type="checkbox"/> Other _____
<b>SPEECH-LANGUAGE THERAPY:</b>		
<input type="checkbox"/> Evaluation and treatment of speech, language, voice and communication ( _____ visits per week for _____ weeks)	<input type="checkbox"/> VitalStim®	<input type="checkbox"/> Prehabilitation
<input type="checkbox"/> Evaluation and treatment of swallow dysfunction ( _____ visits per week for _____ weeks)	<input type="checkbox"/> Lee Silverman Voice Treatment (LSVT®) Loud	<input type="checkbox"/> Concussion program
<input type="checkbox"/> Modified barium swallow	<input type="checkbox"/> Cognitive re-training	<input type="checkbox"/> Pediatric Feeding
	<input type="checkbox"/> Head and neck cancer treatment	<input type="checkbox"/> Post COVID Rehab
		<input type="checkbox"/> Other _____
<b>EVALUATE FOR INPATIENT REHABILITATION ADMISSION:</b>		
<i>(Please indicate any of the following concerns)</i>		
<input type="checkbox"/> Decline in the ability to ambulate	<input type="checkbox"/> There are frequent falls and increased weakness	
<input type="checkbox"/> Decline in the ability to perform activities of daily living	<input type="checkbox"/> There is a concern about declining function	
Is the patient receiving any therapy services currently (i.e. Home Health/Outpatient) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the patient is not receiving therapy currently, please order PT and OT evaluations to assist with this assessment. <input type="checkbox"/> Physical Therapy Evaluation <input type="checkbox"/> Occupational Therapy Evaluation		
<b>STRENGTH UNLIMITED</b>		
(Community -based wellness and recovery program)	<input type="checkbox"/> Able to exercise?	<input type="checkbox"/> Able to participate in a standing program?
<b>REHABILITATION PSYCHOLOGY/NEUROPSYCHOLOGY</b>		
<input type="checkbox"/> Neuropsychological Evaluation	Specific Concerns (indicate all applicable)	<input type="checkbox"/> Return to Work
	<input type="checkbox"/> Baseline Assessment	<input type="checkbox"/> Memory Impairment
	<input type="checkbox"/> Follow-Up Evaluation	<input type="checkbox"/> Emotional Functioning
	<input type="checkbox"/> Decision-Making	<input type="checkbox"/> Behavioral Issues
	<input type="checkbox"/> Problem-Solving	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Return to School	
Comments: _____		

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



**Our facility is located in the second building, in the back of the campus.**

Parking is free and conveniently located in a surface lot adjacent to the facility.

**DIRECTIONS**

**Heading Westbound on I-10:**

- Take 1-10 west toward Katy
- Take Exit 745 toward Mason Road
- Turn left at S. Mason Road
- Turn left onto Kingsland Blvd.
- Memorial Hermann Rehabilitation Hospital-Katy will be on your left

**Heading Eastbound on I-10:**

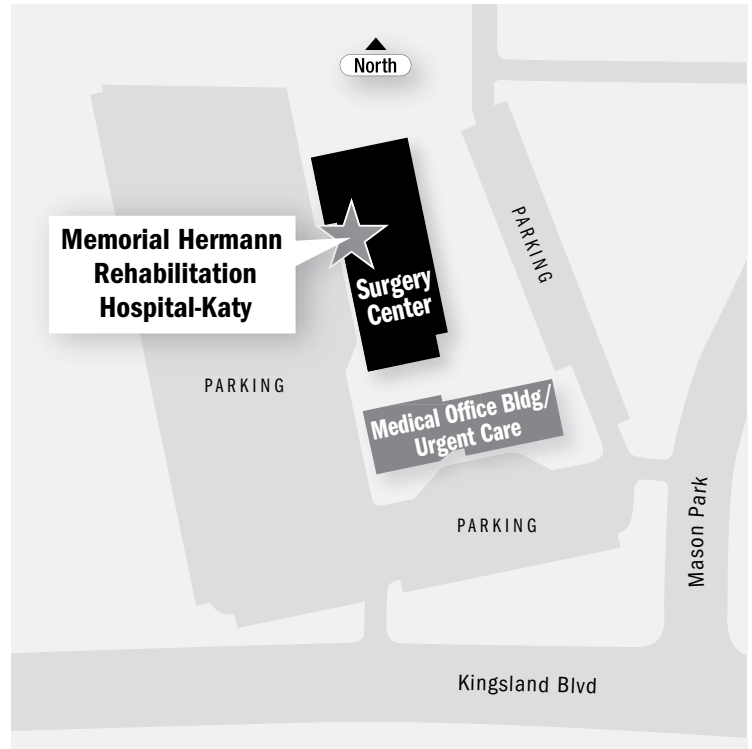
- Take 1-10 east toward Katy
- Take Exit 745 toward Mason Road
- Turn right at S. Mason Road
- Turn left onto Kingsland Blvd.
- Memorial Hermann Rehabilitation Hospital-Katy will be on your left

**From Grand Parkway/Hwy 99:**

- Take Grand Parkway/Hwy 99 north
- Exit at Kingsland Blvd.
- Turn right onto Kingsland and drive approximately 2 miles (past Mason Road)
- Memorial Hermann Rehabilitation Hospital-Katy will be on your left

**Department Locator**

DEPARTMENT	PHONE NUMBER
<b>Imaging Center</b> 1st Floor - Suite 102	281.579.5711
<b>Outpatient Therapy</b> 3rd Floor - Suite 304	281.579.5708
<b>Inpatient Rehabilitation</b> 2nd Floor	713.797.5942
<b>Wound Care Center</b> 3rd Floor	281.579.5542
<b>Sleep Center</b> 3rd Floor - Suite 302	281.579.5680
<b>Neuropsychology</b> 3rd Floor - Suite 303B	713.799.6990



**MEMORIAL HERMANN**  
Rehabilitation Hospital  
Katy

21720 Kingsland Blvd.  
Katy, TX 77450

[memorialhermann.org/katy-rehab/](http://memorialhermann.org/katy-rehab/)