

**SM&R Referral for Rehabilitation Services
Hand And Upper Extremity Therapy**

Phone: 713-521-0020 or 1.888.301.8477

Fax: 713.874.1798 or 1.888.504.8477 memorialhermann.org

Date: _____ Precautions: _____

Patient Name: _____ Phone: _____

Diagnosis: _____ ICD 10 Code: _____ L Code: _____

Date of Injury: _____ Date of Surgery: _____ Procedure: _____

Frequency (Days per week, check one) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 for _____ weeks Area to be Treated: _____

☐ Evaluate & Treat ☐ Treat as indicated below

☐ **Therapeutic Activities/Exercise**

- ☐ AROM for _____
- ☐ AAROM for _____
- ☐ PROM for _____
- ☐ Joint Mobilizations
- ☐ Stretching
- ☐ Manual Therapy
- ☐ Joint Blocking
- ☐ Strengthening to begin at _____ wks p-op
- ☐ Putty Exercises
- ☐ Tendon Glides
- ☐ Nerve Glides
- ☐ Sport Specific Training
- ☐ Tendon Acceleration
- ☐ Flexor Tendon Protocol

☐ **Therapeutic Modalities**

- ☐ Wound Care/Dressing Change
- ☐ Therapist's Choice
- ☐ Cryotherapy
- ☐ Thermotherapy
- ☐ Electrical Stimulation
- ☐ Ultrasound
- ☐ Scar Management/Soft Tissue Mobilization
- ☐ Paraffin
- ☐ Desensitization/Sensory Re-education
- ☐ Fluidotherapy
- ☐ Edema Control

☐ **Custom Orthotic**

Type:

- ☐ Activity Cast
- ☐ Static ☐ volar ☐ dorsal ☐ clamshell
- ☐ Static Progressive ☐ flexion ☐ extension
- ☐ Dynamic ☐ flexion ☐ extension

Joint Included:

- ☐ Digit ☐ DIP ☐ PIP ☐ MCP
- ☐ Thumb ☐ CMC ☐ MP ☐ IP
- ☐ Wrist
- ☐ Forearm
- ☐ Elbow

Orthotic Use:

- ☐ PRN
- ☐ Continuous
- ☐ Protective
- ☐ Nighttime
- ☐ Nighttime

☐ **Prefabricated Orthotic/Supplies**

- ☐ Joint Jack Orthosis
- ☐ LMB/Capner Dynamic Finger Extension Orthotic
- ☐ Edema Control Device
- ☐ Scar Pads
- ☐ Putty
- ☐ Other _____

Requested Location _____ Requested Therapist _____
optional *optional*

Next physician appointment _____

☐ 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. _____



- 1 Memorial Hermann | Rockets Sports Medicine Institute – Texas Medical Center**
6400 Fannin St., Ste. 1620, Houston, TX 77030
P 713.704.9602 **F** 713.704.9005
- 2 Memorial Hermann Sports Medicine & Rehabilitation – Greenway**
3651 Weslayan, Ste. 110, Houston, TX 77046
P 713.850.8472 **F** 713.850.8490
- 3 Memorial Hermann Sports Medicine & Rehabilitation – Greater Heights**
300 North Loop, Ste. 300, Houston, TX 77008
P 713.867.2300 **F** 713.867.2545
- 4 Memorial Hermann Sports Medicine & Rehabilitation – Southwest**
7789 Southwest Fwy., Medical Plaza 4, Ste. 570 Houston, TX 77074
P 713.456.5221 **F** 713.456.5229
- 5 Memorial Hermann Sports Medicine & Rehabilitation – Williams Trace**
14857 Southwest Fwy., Sugar Land, TX 77478
P 281.242.8900 **F** 281.242.0355
- 6 Memorial Hermann | Rockets Sports Medicine Institute – Sugar Land**
17520 W. Grand Parkway S., Ste. 100, Sugar Land, TX 77479
P 281.725.5895 **F** 281.725.5898
- 7 Memorial Hermann | Rockets Sports Medicine Institute – Memorial City**
10125 Katy Fwy., Ste. 100, Houston, TX 77024
P 713.242.2270 **F** 713.242.3931
- 8 Memorial Hermann | Rockets Sports Medicine Institute – Katy**
23910 Katy Fwy., Ste. 100, Katy, TX 77494
P 281.500.6100 **F** 281.500.6101
- 9 Memorial Hermann Sports Medicine & Rehabilitation at Convenient Care Center in Katy**
22430 Grand Corner Dr., Katy, TX 77494
P 281.371.1850 **F** 281.371.1851
- 10 Memorial Hermann Sports Medicine & Rehabilitation – Mid-County**
3512 Highway 365, Nederland, TX 77627
P 409.722.7116 **F** 409.722.7450
- 11 Memorial Hermann Sports Medicine & Rehabilitation – Pasadena**
4804 E. Sam Houston Pkwy. S., Ste. 200 Pasadena, TX 77505
P 281.487.4457 **F** 281.991.0336
- 12 Memorial Hermann Sports Medicine & Rehabilitation – Southeast**
11914 Astoria Blvd., Ste. 620, Houston, TX 77089
P 281.929.4475 **F** 281.929.6276
- 13 Memorial Hermann Sports Medicine & Rehabilitation – Webster**
19419-3 Gulf Fwy., Webster, TX 77598
P 281.488.2815 **F** 281.488.2844



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