

Pediatric Orthopedic and Scoliosis
Physical/Occupational Therapy Referral

Recommended Therapy Location: _____/Therapist: _____

Freq: 1 2 3 4 5 visits Weekly for 4 6 8 12 _____ weeks BRACE: Type _____ x _____ hours/day

Referring Diagnosis: _____ LEFT/RIGHT _____ ICD Codes: _____

Spine:

- ☐ Low Back Pain
- ☐ Dorsalgia
- ☐ Scoliosis
- ☐ Kyphosis/Lordosis/Flatback
- ☐ Juvenile Idiopathic Scoliosis
- ☐ Adolescent Idiopathic Scoliosis
- ☐ Lumbar Spondylolysis
- ☐ Spondylolisthesis

Cobb angle: Prox. Thoracic _____
Thoracic _____
Lumbar _____

Upper Extremity:

- ☐ Multidirectional Shoulder Instability
- ☐ Little League Shoulder
- ☐ Little League Elbow

Lower Extremity:

- ☐ Slipped Capital Femoral Epiphysis (SCFE)
- ☐ Legg Calves Perthes
- ☐ Developmental Hip Dysplasia

- ☐ Osgood Schlatter
- ☐ Patellofemoral Pain Syndrome
- ☐ Tibial Spine Fracture
- ☐ ACL tear
- ☐ Discoid Meniscus
- ☐ Patellar Instability/Dislocation
- ☐ Jumper's Knee
- ☐ Sever's Disease
- ☐ Ankle Sprain

Other:

- ☐ Pain in Joint - Specify: _____
- ☐ Pain in Limb - Specify: _____
- ☐ Contracture - Specify: _____
- ☐ Abnormal Gait - Specify: _____
- ☐ Fracture - Specify: _____
- ☐ Avulsion Fracture - Specify: _____
- ☐ Osteochondritis Dissecans - Specify: _____
- ☐ Other Diagnosis: _____
- ☐ Please Contact Physician's Office

Surgical Information: Date of Surgery: _____ Next Physician Appt: _____

Restrictions: WB Status: _____ ROM Status: _____ Other: _____

Operative Note will be included. If you have not received the document, please contact the office listed above

Procedure Notes/Past Surgical History: _____

☐ Evaluate and Treat

Treatment Recommendations:

- ☐ Schroth Based Rehabilitation program
- ☐ Functional progression as tolerated
- ☐ Sports Performance/RTS Testing
- ☐ Home Exercise Program
- ☐ Modalities as Needed / Determined by Therapist

- ☐ Dry Needling
- ☐ E-Stim for Muscle Re-Education
- ☐ Iontophoresis w/ Dexamethasone to _____
- ☐ Other: _____

Additional Notes/Instructions: _____

I certify that this prescribed therapy is medically necessary,

☐ 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. _____

Pediatric Orthopedic and Scoliosis
Physical/Occupational
Therapy Referral



Patient: _____
Date: _____
DOB: _____
Email: _____
Phone: _____

Pediatric Orthopedics and Physical/Occupational Therapy Locations

SOUTHWEST

- 1 Southwest (A B)**
7789 Southwest Fwy., Suite 570
Houston, TX 77074
713.456.5221 F: 713.456.5229
- 2 Rockets Sports Medicine Institute–Sugar Land (A B D)**
17520 W. Grand Pkwy. S., Suite 100
Sugar Land, TX 77479
281.725.5895 F: 281.725.5898
- 3 Sugar Land–Williams Trace (A B C)**
14857 Southwest Fwy., Sugar Land, TX 77478
281.242.8900 F: 281.242.0355
- 4 Sienna (A)**
8790 Hwy. 6, Suite 140, Missouri City, TX 77459
281.778.1822 F: 281.778.1826
- 5 Wharton (A)**
2018 Regional Medical Center Dr., Suite 1301
Wharton, TX 77488
979.532.0888 F: 979.532.0889

WEST

- 6 Memorial Hermann Katy (A B D)**
23960 Katy Fwy., Suite 100, Katy, TX 77494
281.644.7880 F: 281.644.7888
- 7 Town and Country (A C)**
650 W. Bough Lane, Suite 168
Houston, TX 77024
832.658.3150 F: 713.722.7051
- 8 Rockets Sports Medicine Institute–Katy (A D)**
23910 Katy Fwy., Suite 100, Katy, TX 77493
281.500.6100 F: 281.500.6101
- 9 Rockets Sports Medicine Institute–Memorial City (A B C D)**
10125 Katy Fwy., Suite 100, Houston, TX 77024
713.242.2270 F: 713.242.3931
- 10 Convenient Care Center–South Katy (A B C)**
22430 Grand Corners Dr., Katy, TX 77494
281.371.1850 F: 281.371.1851

SOUTHEAST

- 11 Pasadena (A B)**
4804 E. Sam Houston Pkwy. S., Suite 200
Pasadena, TX 77505
281.487.4457 F: 281.991.0336
- 12 Southeast (A B)**
Medical Plaza I, 11914 Astoria Blvd., Suite 620
Houston, TX 77089
281.929.4475 F: 281.929.6276
- 13 Rockets Sports Medicine Institute–Pearland (A D)**
11049 Memorial Hermann Dr., Suite 150,
Pearland, TX 77584
713.436.8869 F: 713.436.1838
- 14 Pearland East (A B C D)**
5032 W. Broadway, Pearland, TX 77581
281.485.4044 F: 281.485.4081
- 15 Alvin–Thelma Ley Anderson YMCA (A B)**
3201 S. Hwy. 35, Alvin, TX 77511
281.331.9559 F: 281.331.8875

EAST

- 16 East Houston (A)**
10907 I-10 East Fwy., Houston, TX 77029
713.674.2573 F: 713.674.3081
- 17 Webster (A)**
19419 Gulf Fwy., Suite 3
Webster, TX 77598
281.488.2815 F: 281.488.2844

NORTHEAST

- 18 Convenient Care Center–Kingwood (A)**
4533 Kingwood Dr., Level 1, Suite 100
Kingwood, TX 77345
832.658.4310 F: 713.704.2763
- 19 Fall Creek (A D)**
9522 N. Sam Houston Pkwy. E., Suite 2330
Humble, TX 77396
713.814.2510 F: 713.704.3890
- 20 Atascocita (A D)**
13531 Will Clayton Pkwy., Suite 600
Humble, TX 77346
713.814.2520
F: 713.704.3891

OUR LOCATIONS

- A** Physical Therapy
- B** Occupational Therapy
- C** Schroth Therapy
- D** Hip Preservation

