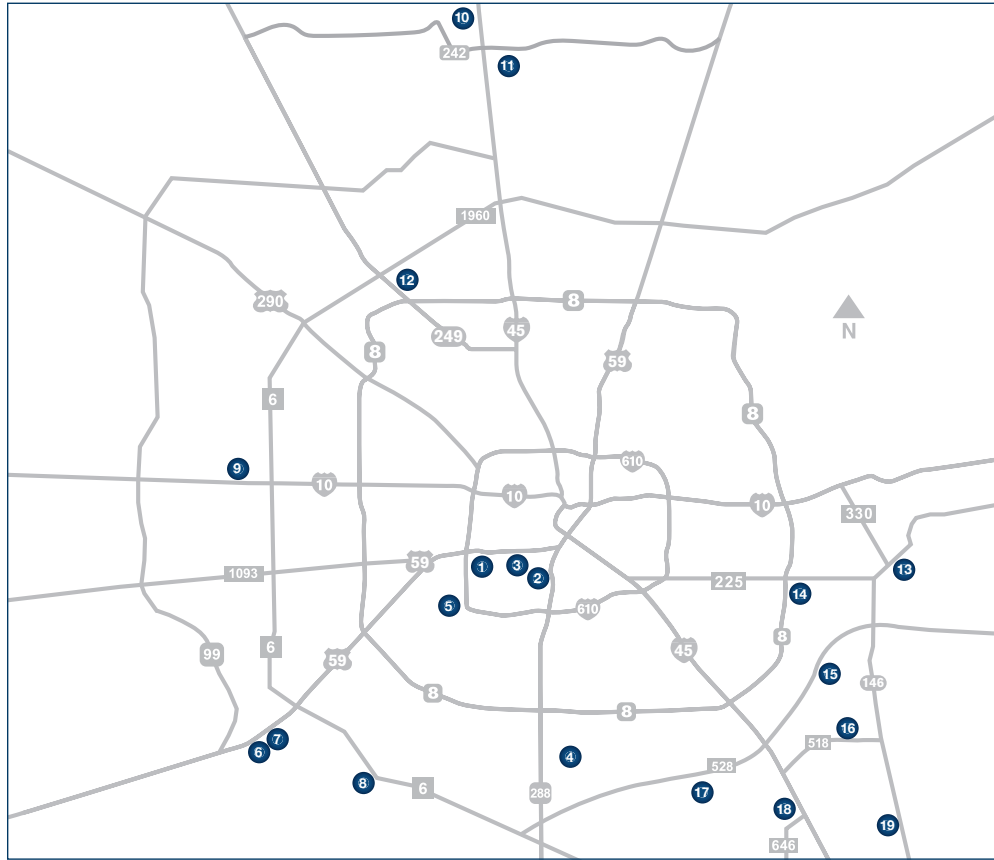


Patient Name		Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security #		Date of Birth	
Primary Phone	Alternate Phone		
Diagnosis		Diagnosis Code	
Procedure Performed		Date of Surgery	
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Evaluate and Treat			
Visits/Week 1 2 3 4 5 <i>(Please circle)</i>	Weeks of Treatment 1 2 3 4 6 8 <i>(Please circle)</i>	OR	Number of Visits _____
Special Instructions/Precautions/Relevant Findings:			
Weight Bearing Status: <input type="checkbox"/> NWB <input type="checkbox"/> PWB <input type="checkbox"/> WBAT <input type="checkbox"/> FWB			
Specific Protocol: _____			
<input type="checkbox"/> Alter G <input type="checkbox"/> Aquatic Therapy <input type="checkbox"/> AROM <input type="checkbox"/> AAROM <input type="checkbox"/> PROM <input type="checkbox"/> Biodex <input type="checkbox"/> Custom Orthosis/Splint: _____	<input type="checkbox"/> Dry Needling <input type="checkbox"/> Electrical Stimulation <input type="checkbox"/> Fluidotherapy <input type="checkbox"/> Home Traction Unit <input type="checkbox"/> Ice <input type="checkbox"/> Iontophoresis with Dexamethasone <input type="checkbox"/> Joint/Soft Tissue Mobilization	<input type="checkbox"/> KT 2000 <input type="checkbox"/> Moist Heat <input type="checkbox"/> Phonophoresis with Hydrocortisone <input type="checkbox"/> Strengthening <input type="checkbox"/> TENS <input type="checkbox"/> Traction <input type="checkbox"/> Ultrasound	
I certify that the treatment is medically necessary.			
Physician's Name <i>(Please print)</i>			
Physician's Signature	Date/Time		

LOCATIONS AND MAP ON REVERSE SIDE

HOUSTON METHODIST THERAPY LOCATIONS



EAST

- 13 Houston Methodist Baytown Hospital Outpatient Physical and Occupational Therapy**
1677 W. Baker Rd., Outpatient Center
Baytown, TX 77521
281.420.6840 Fax: 281.420.6885

SOUTHEAST

- 14 Houston Methodist Orthopedics & Sports Medicine – Pasadena**
6243 Fairmont Pkwy, Suite 105
Pasadena, TX 77505
281.867.1852
- 15 Houston Methodist Orthopedics & Sports Medicine – Nassau Bay**
Physical, Occupational and Hand, Pediatric, Speech Therapy and Wellness Center
18100 Houston Methodist Dr. Suite 100
Nassau Bay, TX 77058
281.333.8806 Fax: 281.333.8875
- Sports Medicine & Aquatic Therapy
2020 NASA Pkwy, Suite 150
Nassau Bay, TX 77058
281.333.8806 Fax: 281.333.8875
- Pelvic Health Rehabilitation
2060 Space Park Dr., Suite 208
Houston, TX 77058
713.441.9220 Fax: 713.441.0248

INNER LOOP

- 1 Houston Methodist Orthopedics & Sports Medicine – Pin Oak**
5505 West Loop S., Suite 110
Houston, TX 77081
713.441.8400 Fax: 713.790.3103
- 2 Houston Methodist Orthopedics & Sports Medicine – Texas Medical Center**
Physical Therapy and Hand Therapy
6560 Fannin St., Scurlock Tower Suite 400
Houston, TX 77030
713.441.8411 Fax: 713.790.2053
- Pelvic Health Rehabilitation
6560 Fannin St., Scurlock Tower Suite 2100
Houston, TX 77030
713.441.9220 Fax: 713.441.0248
- Pelvic Health Rehabilitation
6550 Fannin St., Smith Tower Suite 2221
Houston, TX 77030
713.441.9220 Fax: 713.441.0248
- 3 Houston Methodist Outpatient Rehabilitation University Area**
Neurologic Rehabilitation
1701 Sunset Blvd., Suite 6100
Houston, TX 77005
713.441.7406
Fax: 713.441.8348

SOUTH

- 4 Houston Methodist Orthopedics & Sports Medicine – Pearland**
8520 W. Broadway St., Suite 100
Pearland, TX 77584
281.977.7445 Fax: 281.977.7441

SOUTHWEST

- 5 Houston Methodist Outpatient Rehabilitation – Evelyn Rubenstein Jewish Community Center**
5601 S. Braeswood Blvd., Suite 106
Houston, TX 77096
713.441.8301 Fax: 713.729.9922
- 6 Houston Methodist Orthopedics & Sports Medicine**
Physical Therapy, Occupational Therapy/Hand Therapy, Aquatic Therapy
16811 Southwest Fwy., Suite 100
Sugar Land, TX 77479
281.275.0450 Fax: 281.275.0339
- 7 Houston Methodist Sugar Land Hospital Neuroscience & Spine Center**
Physical Therapy, Occupational Therapy, Speech Therapy
16605 Southwest Fwy.
Medical Office Building 3, Suite 115
Sugar Land, TX 77479
281.313.2225 Fax: 281.276.0622
- 8 Houston Methodist Sienna Plantation Physical Therapy**
8330 Hwy. 6, Suite 200
Missouri City, TX 77459
281.274.7667 Fax: 281.778.2083

WEST

- 9 Houston Methodist West Outpatient Rehabilitation**
18300 Katy Fwy., Suite 525
Houston, TX 77094
832.522.8200 Fax: 832.522.8201

NORTH

- 10 Houston Methodist Orthopedics & Sports Medicine – League Line**
4015 Interstate 45 N., Suite 120
Conroe, TX 77304
936.270.4670 Fax: 936-494-0315
- 11 Houston Methodist Orthopedics & Sports Medicine – The Woodlands**
17183 Interstate 45 S.
Medical Office Building 1, Suite 210
The Woodlands, TX 77385
936.270.2000 Fax: 936-271-9589
- 12 Houston Methodist Willowbrook Hospital Sports Medicine Rehabilitation Services**
13802 Centerfield Dr., Suite 200
Houston, TX 77070
281.737.4325 Fax: 281.737.4326

- 16 Houston Methodist Orthopedics & Sports Medicine – Tuscan Lakes**
2220 E League City Pkwy., Suite 100
League City, TX 77573
281.523.3400 Fax: 281.334.1214
- 17 Houston Methodist Orthopedics & Sports Medicine – Friendswood**
415 East Parkwood Dr. (FM 528)
Friendswood, TX 77546
281.648.4250 Fax: 281.648.4822
- 18 Houston Methodist Orthopedics & Sports Medicine – Bay Colony**
2401D FM 646 W.
Dickinson, TX 77539
281.337.1810 Fax: 281.337.3351
- 19 Houston Methodist Orthopedics & Sports Medicine – Texas City**
1310 34th St., Suite D
Texas City, TX 77590
409.948.1217 Fax: 409.948.0220