HOUSTON Methodist®
LEADING MEDICINE

CENTER FOR RESTORATIVE PELVIC MEDICINE

Houston Methodist offers 9 convenient pelvic health physical therapy locations across the Greater Houston area. To schedule an appointment, please call one of our offices or fax this form.

PHYSICAL THERAPY REFERRAL FORM

To ensure clear communication for the treatment of CRPM patients, please complete this form and fax to the clinic coordinator. The clinic coordinator will assist patients in scheduling appointments with the other CRPM members. Please include any medical records when referring patients. For purposes of record keeping, all patients should be registered with this office. Thank you for your assistance in treating patients.

PATIENT INFORMATION:

NAME LAST	FIRST	MI	DOB MM/DD/YYYY
ADDRESS (OR ATTACH DEMOGRAPHIC SHEET)	HOME PHONE	WORK PHONE	CELL PHONE
INSURANCE	ID	GROUP	CUST SVC #

REFERRAL FOR:

☐ Evaluation and Treatment for Pelvic Muscle Rehabilitation & Physical Therapy as indicated

MEDICAL DIAGNOSIS:

REASON FOR REFERRAL:
(Note: This is a reference list intended for use as a guideline to assist in identifying the reason for referral and is not an all-inclusive list.)

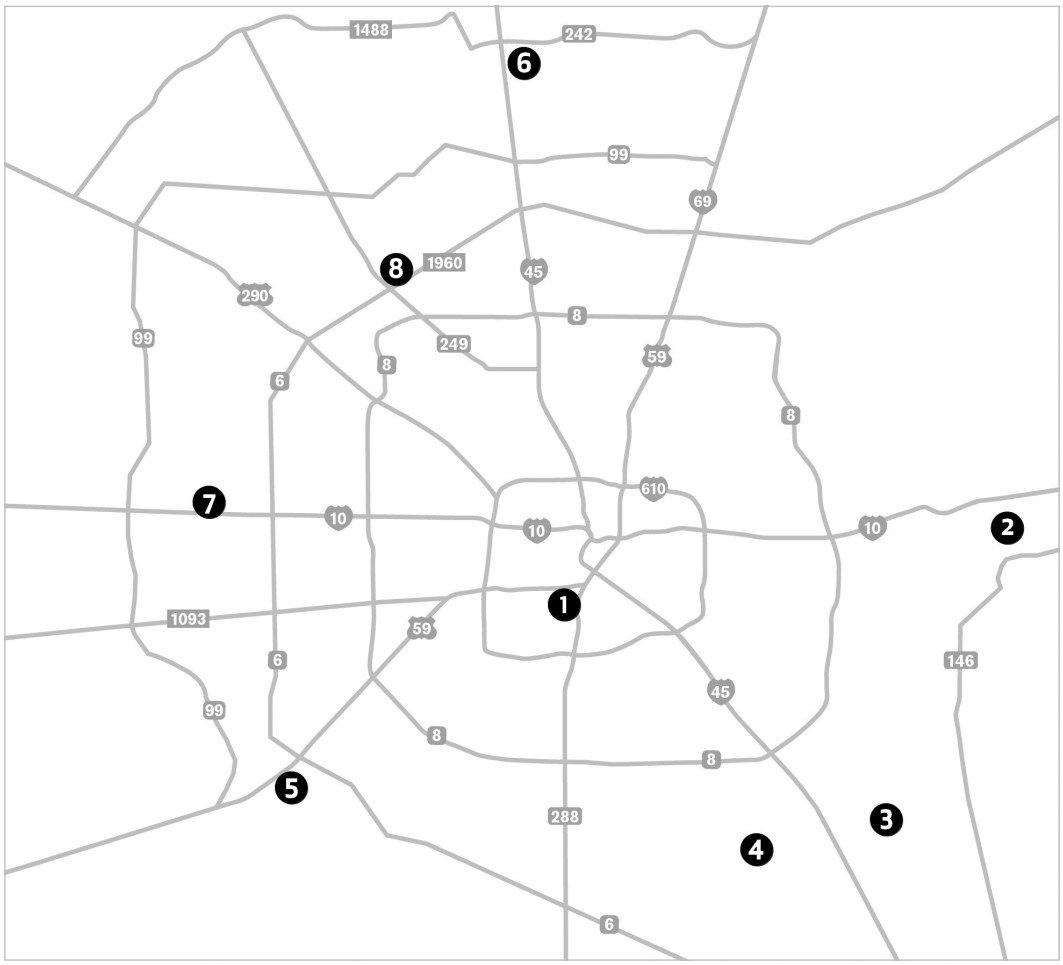
☐ Chronic Pelvic Pain	☐ Diastasis Recti	☐ Painful Bladder
☐ Sciatica	☐ Pain in Pelvis / Thigh	☐ Fecal Incontinence
☐ Lower Back Pain	☐ Dyspareunia	☐ Urinary Incontinence
☐ Pubic Symphysis Pain	☐ Vulvodynia / Vestibulitis	☐ Urinary Urgency
☐ Difficulty Sitting	☐ Vaginismus	☐ Urinary Frequency
☐ Difficulty Walking	☐ Erectile Dysfunction	☐ Pudendal Nerve Pain
☐ SIJ Pain	☐ Muscle Weakness	☐ Prolapse
☐ Coccyx / Tailbone Pain	☐ Muscle Pain	☐ Constipation
☐ Lymphedema	☐ Muscle Spasms	☐ Groin Pain
☐ Incomplete Voiding	☐ Rectal Pain	☐ Other (Please Specify)

Additional Comments / Precautions:

Is patient post operative? Yes or No	If so, what procedure was performed?

Please fax this referral to one of our locations on the back of this form. We will contact the patient the same day or next working day

PHYSICIAN'S NAME	PHONE	FAX
PHYSICIAN'S SIGNATURE	OFFICE CONTACT PERSON	DATE/TIME



1. Houston Methodist Hospital
6560Fannin St.
Suite 2100
Houston, TX 77030
713.441.9220
Fax: 713.441.0248

2. Houston Methodist Baytown Hospital
1677 W. Baker Rd.
Outpatient Center
Suite 1701
Baytown, TX 77521
281.420.6840
Fax: 281.420.6885

3. Houston Methodist Clear Lake Hospital
2060 Space Park Dr.
Suite 208
Houston, TX 77058
713.441.9220
Fax: 713.441.0248

18123 Upper Bay Rd.
Suite 200
Houston, TX 77058
281.333.8806
Fax: 281.333.8875

Visit: houstonmethodist.org/pelvic-physical-therapy for more information.

4. Houston Methodist Friendswood Hospital
505 S. Friendswood Dr.
Friendswood, TX 77546
281.648.4250
Fax: 281.648.4822

5. Houston Methodist Sugar Land Hospital
16811 Southwest Fwy.
Suite 100
Sugar Land, TX 77479
281.275.0450
Fax: 281.275.0339

6. Houston Methodist The Woodlands Hospital
7990 State Hwy. 242
The Woodlands, TX 77385
936.270.3520
Fax: 936.271.9589

7. Houston Methodist West Hospital
18300 Katy Fwy.
Medical Office Building 2
Suite 525
Houston, TX 77094
832.522.8200
Fax: 832.522.8201

8. Houston Methodist Willowbrook Hospital
13802 Centerfield Dr.
Suite 200
Houston, TX 77070
281.737.4325
Fax: 281.737.4326