



Official Use Only
Medical Record: _____

(808) 932-3940 Option #2 | (808) 933-3801 (Fax)

New Patient Referral Form

Patient Information:

Date: _____

Patient's Legal Name: _____

Date of Birth: _____

Last Name First Name M.I. MM/DD/YYYY

Primary Phone No.: _____ Alternate Phone No.: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Request:

- STAT** – Provider to Provider call needed, call (808) 932-3940 Option #2
- ROUTINE** – Processed and scheduled per routine protocol

Please include the following to avoid delays in scheduling:

- ID, Insurance Card & Demographic Sheet
- Medical List, pertinent clinical notes, any pertinent diagnostics testing: labs, imaging (see referral guidelines for specifics)

Reason for Referral (include Diagnosis and ICD code):

Referring Physician: _____ Phone: _____ Fax: _____