A department of Ka'u Hospital
East Hawaii Health Clinic
1190 Waianuenue
Neurology

(808) 932-3730 Option #3 | (808) 935-7752 (Fax)

Official Use Only
Medical Record: _____

# New Patient Referral Form

**Date:** _____

**Patient Information:**

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) 932-3730 option #3
- ☐ **ROUTINE-** Processed and scheduled per routine protocol
- ☐ **SECOND OPINION-** Please send previous records if seen by another provider

**Please include the following to avoid delays in scheduling:**

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

**Reason for Referral (include Diagnosis and ICD code):**

**Referring Physician:** _____ **Phone:** _____ **Fax:** _____