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

(808) 932-3730 option #2 | (808) 932-3615 (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 #2
- ☐ **ROUTINE** – Processed and scheduled per routine protocol
- ☐ **SECOND OPINION/FOLLOW-UP -** Please send previous Gastroenterology records if seen by another provider
- ☐ **PREVIOUS PROCEDURES -** Please send previous colonoscopy and EGD reports with pathology, if applicable

Please include the following to avoid delays in scheduling:

- ☐ ID, Insurance Card & Demographic Sheet
- ☐ Medication 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:** _____