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

(808) 932-3665| (808) 932-3943 (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) 938-7461

☐ **ROUTINE** – Processed and scheduled per routine protocol

Please include the following to avoid delays in scheduling:

- ☐ Any recent images and reports
- ☐ Recent lab results (CMP, CBC, PT INR)
- ☐ Recent office notes
- ☐ Short stay admit orders
- ☐ Diagnosis/ICD codes

Reason for Referral (include Diagnosis and ICD code):

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

Referring Physician's Signature: _____

Contact person's name, title and number/extension to call if any additional information is needed:

_____

Scheduling and confirmation of patient's appointment date and time will be given upon receipt of all pertinent documents.** ***Please note, ANY missing information may delay patient being scheduled in a timely manner. Any questions please call our clinic.