A department of Ka'u Hospital
East Hawaii Health Clinic
Pāhoa

Official Use Only
Medical Record: _____

Outpatient Psychiatry and Psychology Services

Clinic Phone (808) 930-6001, Option 2 | Fax (808) 930-6007

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) 930-6001 option #2
- ☐ **ROUTINE-** Processed and scheduled per routine protocol
- ☐ OTHER: _____

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:** _____