HAWAIʻI PACIFIC HEALTH | PALI MOMI MEDICAL CENTER

# PALI MOMI OUTPATIENT NEUROSURGERY CLINIC - REFERRAL FORM

98-1079 Moanalua Road, Suite 590 • Aiea, HI 96701
Telephone 808-485-3023 • Fax 808-485-3844

Patient is confirmed for: Date _____ Time _____

**►PATIENT INFORMATION**

Last Name _____ First Name _____

Date of Birth (mm/dd/yyyy) _____ Home Phone _____

Cell Phone _____ Work Phone_____

Mailing address _____

Is special accommodation required? Yes ☐ No ☐

Does patient use any assistive devices Yes ☐ No ☐
If yes, please indicate: Walker ☐ Cane ☐ Scooter ☐ Other, explain: _____

**► REASON FOR REFERRAL**

_____

Medical Diagnosis/ ICD-10 _____

Second Opinion? ☐ No ☐ Yes [Who was your most recent surgeon?] _____

Previous surgery _____

**►INSURANCE INFORMATION**

Primary Insurance _____ Subscriber_____ Subscriber #_____ Group #_____

Secondary Insurance _____ Subscriber_____ Subscriber #_____ Group#_____

**► REFERRING PHYSICIAN**

Physician Name: (please print name) _____ Phone: _____

Contact Person: _____ Phone: _____

Please send supporting documents with referral:

- Most recent H & P
- Radiology Reports
- Doctor's Notes (past 3 months)
- Lab & Pathology Reports
- Medication List

**Fax request and documents to 808-485-3844**

NOTE: Appointments are only scheduled when all documents are received.
Patients must bring a picture ID and insurance card(s).
We do not accept Worker's Comp and No-Fault Insurances.