HAWAIʻI PACIFIC HEALTH | PALI MOMI MEDICAL CENTER

PALI MOMI NEUROLOGY CLINIC – REFERRAL FORM

98-1079 Moanalua Road, Suite 480 • Aiea, Hawaiʻi 96701
Telephone 808-485-4250 • Fax 808-485-3880

Confirmed Patient Appointment: Date ___________ Time ____________ with Dr.________________

► PATIENT INFORMATION

Last Name ______________________________ First Name ________________________________

Birth Date (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 neurologist?] ______________________

► INSURANCE INFORMATION

Primary Insurance _______________Subscriber _______________ Subscriber # _________________

Secondary Insurance ____________Subscriber _______________ Subscriber # _________________

Insurance Pre-Authorization Number _______________________ Date Received ________________

► REFERRING PHYSICIAN

Physician Name ____ Phone _______________________

Physician Signature _____________________________________ Fax _________________________

Contact Person ____ Phone _______________________

Please send supporting documents with referral:

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

Fax request and documents to 808-485-3880

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.