



Nā Pu'uwai
Native Hawaiian Health Care System
The Wellsprings of Life

Program Referral Form

To expedite processing, referrals can be sent via:

Fax: (808) 560-3385

Mail: P.O. Box 130, Kaunakakai, Hawaii 96748

Date: _____

Sex: Male Female

Patient Name: _____

Date of Birth: _____

Mailing Address: _____
P.O. Box or Street City Zipcode

Contact Information: _____
Home Mobile Email

Does the patient have health insurance? Yes (complete insurance information below) No

Primary Insurance Plan

Insurance Plan: HMSA AlohaCare Ohana United Health Care VA Other: _____

Subscriber ID: _____ *Subscriber Name: _____ *DOB: _____
*If other than referred patient

This patient/client is being referred to Na Puuwai Integrative Health Center for (select all that apply):

Pili+ Program Beginning July 2022

Inclusive of the following service referrals:

Nutritional Counseling-Adult
Behavioral Health Counseling-Adult

PLEASE INCLUDE RECENT LABS:
LIPID PANEL, CMP, & HgA1c

Kōpa'a Pono Beginning February 2023

Inclusive of the following service referrals:

Nutritional Counseling-Adult
Behavioral Health Counseling-Adult

PLEASE INCLUDE RECENT LABS:
LIPID PANEL, CMP, & HgA1c

Pili+ Program Beginning January 2023

Inclusive of the following service referrals:

Nutritional Counseling-Adult
Behavioral Health Counseling-Adult

PLEASE INCLUDE RECENT LABS:
LIPID PANEL, CMP, & HgA1c

Name of Referring Provider

Signature of Referring Provider

Referring Office and/or Clinic:

- | | | |
|---|--|---|
| <input type="checkbox"/> Dr. Daniel S. McGuire, MD | <input type="checkbox"/> Molokai Family Health Center | <input type="checkbox"/> Straub Medical Center-Lanai |
| <input type="checkbox"/> Ka Hoailona Rural Health Clinic | <input type="checkbox"/> Molokai General Hospital | <input type="checkbox"/> Molokai General Hospital-
Outpatient Clinic |
| <input type="checkbox"/> Molokai Community Health
Center | <input type="checkbox"/> Lanai Community Health Center | |
| | <input type="checkbox"/> Other: _____ | |