



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 January 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 March 2022

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:

Dr. Daniel S. McGuire, MD

Ka Hoailona Rural Health Clinic

Molokai Community Health
Center

Molokai Family Health Center

Molokai General Hospital

Lanai Community Health Center

Other: _____

Straub Medical Center-Lanai

Molokai General Hospital-
Outpatient Clinic