



Nā Pu'uwai

Native Hawaiian Health Care System
The Wellsprings of Life

Service 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 Zip Code

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 Nā Pu'uwai Integrative Health Center for (select all that apply):

Primary Care Services:

Establish Primary Care

Behavioral Health Services:

- Individual Counseling-Adult
- Individual Counseling-Child
- Couples Counseling
- Substance Use Treatment
- Tobacco Cessation

Traditional Hawaiian Services:

Lomilomi

Specialty Care Services:

- Kāwili Clinic (Dr. Opunui)
- Acupuncture

Nutrition Services:

- Nutritional Counseling-Adult
- Nutritional Counseling-Child

Gym

Integrative Fitness Center

Kūpuna Care Services:

- Adult Day Care
- Home Care

Special Accommodations:

Sign Language/Interpreter Services Wheelchair/Walker Other: _____

Diagnosis Code:

Clinical Notes Attached

Name of Referring Provider

Signature of Referring Provider

Referring Office and/or Clinic:

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