



REFERRAL FORM

ORDER TO EVALUATE & ADMIT

24/7 Phone: (808) 791-8000 or Fax: (808) 791-8056

Patient Name: _____ DOB: _____

Diagnosis: _____

Primary Contact: _____ Phone: _____

Referred By: _____ Phone: _____

Physician: _____

Physician Signature: _____ Date: _____

Notes:

Please fax a Facesheet, H&P, Labs, Diagnostics, AHCD, & POLST to (808) 791-8056