

REFERRAL FORM

Thank you for entrusting Queen's Heart with your patient's care. Please complete this form and fax to the below location to which you wish to refer. Appointments will not be scheduled until all pertinent records are received.

- ☐ **Queen's Heart Institute (Physician Practice) - Honolulu:** Phone: 808-691-8900 | Fax: 808-691-8935
- ☐ **Queen's Heart Institute (Physician Practice)- Hale Pawa'a:** Phone: 691-6111 | Fax: 808-686-2214
- ☐ **Queen's Heart Institute (Physician Practice) - Aiea:** Phone: 808-486-6116 | Fax: 808-486-7987
- ☐ **Queen's Heart Institute (Physician Practice)- POB II:** Phone: 808-686-4740 | Fax: 808-686-2215
- ☐ **Queen's Heart Institute Center for Advanced Heart Failure:** Phone: 808-691-8512 Fax 808-691-8935
- ☐ **Queen's Heart Institute Center for Heart Rhythm Disorders:** Phone: 808-691-8512 Fax: 808-691-8935
- ☐ **Center for Interventional Cardiology and Cardiac Surgery:** Phone: 808-691-8808 Fax: 808-691-8861

Patient Information

Patient Name: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ MRN/SSN: _____

Primary Insurance _____ Authorization # _____

Secondary Insurance _____ Authorization # _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Preferred Language: _____

Referral Information

Requested Specialist/Provider (if known): _____

Reason for Referral: _____

Diagnosis and Associated ICD-10 Code(s): _____

Fax or Email (queensheartreferral@queens.org) This Form with Copies Below (as applicable)

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|--|--|
| ☐ Last (2) Office Visit Notes | ☐ Cardiac Imaging Reports and DISCs (echo / treadmill, if applicable) |
| ☐ Demographic Sheet / ID / Insurance | ☐ Other Pertinent Records (Lab Results, Imaging, etc.) |
| ☐ Insurance Pre-Certification / Authorization | ☐ Last (2) cardiac notes (if applicable) |

Referring Physician Printed Name: _____

Phone: _____ Fax: _____ Date: _____

Primary Care Physician Name: _____ Date: _____

CONFIDENTIALITY NOTICE: The information contained in this document is intended for the use of the individual or entity to which it is addressed, and may contain information that may be privileged and confidential. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and destroy the original facsimile.