INTEGRATIVE HEALTHCARE GROUP & REHABILITATION CENTER

932 Ward Avenue, 6th floor, Honolulu, Hawaii 96814 - Phone (808)535-5555 Fax (808)535-5556

MANAKAI O MĀLAMA

REFERRAL REQUEST

Patient Information

Patient Name: Phone Number:

Date of Birth: Date of Injury:

Insurance Carrier: Adjuster:

Claim Number:

Reason for Referral

Diagnosis:

Private: _____ MVA _____ Work Injury _____ Other _____

EVALUATION AND TREATMENT

- ☐ **Integrative Medicine**
  - ☐ **Primary Care (Office Procedures)**
  - ☐ **Pain Management**
  - ☐ **Preventive Care (Acupuncture, Massage, Health and Wellness)**
- ☐ **Occupational Medicine**
- ☐ **Physical Therapy/Occupational Therapy**
- ☐ **Chiropractic Care**
- ☐ **Naturopathy**
- ☐ **Sleep Lab**
- ☐ **Psychology**
  - o **Neuro Psych Testing**
- ☐ **ADD/ADHD Testing (6 years old-Adult)**

Physician Signature: _____ Date: _____

Physician Name: _____

Facility: _____