PMAG
Pacific Medical Administrative Group
Services provided by PQH

IHH Integrated Health Hawaii

IHH Care Coordination

REFERRAL FORM

Fax completed form to Integrated Health Hawaii (IHH) at (808) 930-9874

Provider Information

Physician Name	Date

Physician Specialty: ☐ Adult ☐ Pediatrician ☐ Family ☐ Geriatrician

Office Contact Person	Phone Number	Fax Number

Patient Demographic Information

Patient Name	DOB	Gender ☐ M ☐ F ☐ T
Primary Contact Name	Primary Contact Phone	☐ Home ☐ Cell ☐ Work

Relationship to Patient

☐ Self/Patient ☐ Parent ☐ Sibling ☐ Grandparent ☐ Daughter/Son
☐ Spouse ☐ Legal Guardian ☐ Friend ☐ Foster-parent ☐ Other:

Mailing Address (Street, City, State, Zip)

Language(s) Spoken	Need Interpreter ☐ Yes ☐ No

Insurance Information

Insurance Carrier:

☐ HMSA PPO ☐ HMSA Akamai Advantage ☐ UnitedHealthcare ☐ Medicare – Humana PPO ☐ Other:
☐ HMSA HMO ☐ UHA ☐ AlohaCare ☐ Medicare – Humana HMO
☐ HMSA QUEST ☐ HMAA ☐ Ohana ☐ Medicare – UnitedHealthcare

Member ID:

PCP *(if different from above)*:

Referral Reasons

☐ **Medical:** coordination of care (specialist and other providers)
☐ **Behavioral health:** coordination for evaluation, dx, referral to mental health provider.
☐ **Geriatric/caregiver support:** evaluation for referrals and services.
☐ **Family/Social determinates:** family counseling, SDOH (housing, transportation, food, state/fed programs)
☐ **Annual Wellness Visit (AWV):** coordination for AWV, screening, health education.
☐ **Transition of care:** ER visit, hospital or inpatient discharge.
☐ **Developmental delay:** referral to state agency (DOE, DDD) and other community resources.

Diagnosis or clinical presentation of: *(if known or suspected)*

☐ **Major Depressive Disorder** *(F32, F33)* ☐ **Sleep Disorders** *(G47.00, F13.20)* ☐ **Other:**
☐ **Mild cognitive impairment or Dementia** *(F03.A11, F03.B11)* ☐ **Anxiety Disorders** *(F41.1, F41.9)*

Addition Comments: *(Provider's Request or Recommendations)*	**Provider's Signature**

NOTES: (1) Send follow-up reports if there are significant changes (2) For more information and detailed report, contact the IHH care coordinator.

Revised 11-07-2024