



## 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) - Aiea:** Phone: 808-486-6116 | Fax: 808-486-7987
- 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)**

- 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: \_\_\_\_\_

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