

Queen's Wound and Hyperbaric Centers Referral Form Revised 9/2018

Quens Honolulu Clinic 691-5496, Fax 691-5011 | **Queens Ewa Beach Clinic** Phone 691-3788, Fax 691-3785

MGH Rehab Center Phone 553-3192, Fax 553-3153 | **NHCH** COMING SOON IN 2019

Providers: Ajay Bhatt MD, Antonietta Iosue PA-C, Pat Katahara PA-C, Le Lee MD, Cathy Oliver MD, Mike Shin MD, Blake Smith MD, Bri Childs P

Podiatrists: Robert Aki PDM, Byron Carrasco DPM, Susan Hiraoka DPM, Linda Ho DPM

Consults: Heath Chung MD, Carlos De Los Reyes MD, James Joyner MD, Eric Kajioka MD, Joe Koo, MD, Vince Nip MD, Ben Thomas MD

Predominant Utilized CPT Codes: 97597, 97598, 97602, 11042 -11047, 11100, 29580, 29581, 29445, 93922, 93923

Many plans require prior authorization and/or physician referral which may take up to 14 days.
If patient needs to be seen earlier, please indicate: URGENT NON-URGENT

Today's date:

Patient's Name:		Date of Birth:
Current Address:		Zip Code:
Mailing Address (if different from above):		Zip Code:
Primary Phone #:	Secondary Phone #:	Other:
Is English the patient's primary language? <input type="checkbox"/> YES <input type="checkbox"/> NO - If NO, what is the primary language:		
Referring Physician:	Phone #:	Fax #:
PCP:	Is the patient able to ambulate independently? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Worker's Compensation / No-Fault Insurance Claim

Is the illness / injury covered by a Worker's Compensation or No-Fault claim? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Agency Name:	Body part injured:	Date of Injury:
Claim #:	Adjustor Name:	Adjustor Phone #:

Health Insurance Information IF REFERRED FROM QMC HOSPITAL OR ED, THIS INFORMATION IS NOT NEEDED

Primary Insurance:	Subscriber:	Sub ID:
Secondary Insurance:	Subscriber:	Sub ID:
Tertiary Insurance:	Subscriber:	Sub ID:

Wound Diagnosis and Pertinent Medical History (Circle Closest Diagnosis)

1. Left leg ulcer L97.929	2. Right leg ulcer L97.919	3. Arm ulcer L98.499
4. Chest ulcer L98.499,	5. Abdominal ulcer L98.499	6. Back ulcer L98.429
7. Pelvis ulcer L97.909	8. Perineal ulcer L98.4999	9. Head ulcer L89.819
10. Unspecified pressure ulcer L89.899	11. Cellulitis L03.90	12. Abscess L02.31
Wound Number:	Wound Location(s) if not specified above:	
Visibility of muscle or bone: Y / N	Special Notice to Providers:	

Hyperbaric Diagnosis and Pertinent Medical History (Circle All Indications)

1. Diabetic Extremity Ulcer Wagner Grade 3-5	2. Radiation Necrosis (ie. Brain, Muscle, Skin)	3. Osteoradionecrosis
4. Radiation Induced Hemorrhagic Cystitis	5. Radiation Proctitis	6. Preventative OR for Dental Procedures
7. Preservation of Compromised Skin Graft	8. Preparation of Compromised Skin Graft	9. Chronic Refractory Osteomyelitis
10. Acute Peripheral Arterial Ischemia	11. Acute Traumatic Peripheral Ischemia	12. Crush Injury / Compartment Syndrome
13. Suturing of Severed Limb	14. Decompression Illness	15. Gas Embolism
16. Carbon Monoxide / Cyanide Poisoning	17. Progressive Necrotizing Infection	18. Actinomycosis

Needed Documentation

History & physical or clinical documentation that includes the following information (IF AVAILABLE):

1. Previous treatments that have been tried & a statement that the patient will be referred to the Wound and Hyperbaric Center
2. Pertinent diagnostic labs, imaging, radiation history, surgical notes, chest X-ray / CT, EKG and treatment notes

Ensure that patients are not admitted to or discharged from the hospital or scheduled for surgery on the same day as visit