



# Queen's North Hawai'i Community Hospital

## Wound Care Services Referral Form

Conveniently located in the Primary Care Clinic near Long's Drugs, 65-1267 Kawaihae Rd, Kamuela, HI 96743 Phone: 881-4745 Fax: 881-4785 <b>Providers:</b> Ajay Bhatt MD, Co-Director, Mike Shin MD, Co-Director, Cathy Oliver MD, Alexandra DiTullio, MD Antonietta Iosue PA-C, Pat Katahara PA-C, Josh Nguyen, AP-C <b>Consultants:</b> Heath Chung MD, Jonathan Dworkin, MD, Amr El-Serganny, MD, Carlos De Los Reyes MD, James Joyner MD, Vince Nip MD		
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: <input type="checkbox"/> URGENT <input type="checkbox"/> 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	
<b>Worker's Compensation / No-Fault Insurance Claim</b>		
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 #:
<b>Health Insurance Information</b> <input type="checkbox"/> If referred from NHCH or ED, this information is not needed		
Primary Insurance:	Subscriber:	Sub ID:
Secondary Insurance:	Subscriber:	Sub ID:
Tertiary Insurance:	Subscriber:	Sub ID:
<b>Wound Diagnosis and Pertinent Medical History (Circle Closest Diagnosis)</b>		
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:	
<b>Needed Documentation</b>		
<b>History &amp; physical or clinical documentation that includes the following information (if available):</b>		
1. Previous treatments that have been tried & a statement that the patient will be referred to the Wound Center		
2. Pertinent diagnostic labs, imaging, radiation history, surgical notes, chest X-ray / CT, EKG and treatment notes		
<i>Please ensure that patients are not admitted to or discharged from the hospital or scheduled for surgery on the same day as visit.</i>		