



**THE QUEEN'S MEDICAL CENTER - Geriatric Services**  
**550 S Beretania St. Suite 601**  
**Honolulu, HI 96813**  
**Office: 691-8877; Fax: 691-8875**

**Today's Date** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Contact Person/Phone Number:** \_\_\_\_\_

**PRIMARY LANGUAGE:** \_\_\_\_\_ **INTERPRETER NEEDED Yes [ ] No [ ]**

**PRIMARY INSURANCE** \_\_\_\_\_

SUBSCRIBER/# \_\_\_\_\_

**SECONDARY INSURANCE** \_\_\_\_\_

SUBSCRIBER/# \_\_\_\_\_

**REFERRING MD** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**DX:** \_\_\_\_\_

**ICD-10:** \_\_\_\_\_

**PRIMARY MD** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**DX:** \_\_\_\_\_

**ICD-10:** \_\_\_\_\_

- \_\_\_\_ Refer for Outpatient Consultation
- [ ] Doctor with first available appointment
  - [ ] Dr. Jessica Barry
  - [ ] Dr. Jeremy Chun
  - [ ] Dr. Gina Fujikami
  - [ ] Dr. Jodi Goh
  - [ ] Dr. Marina Hitosugi-Levesque

\_\_\_\_ Refer for Geriatrics Home-Based Primary Care

**PLEASE FAX THE FOLLOWING DOCUMENTS TO (808) 691-8875**

- Last 3 office notes
- Last 3 lab reports
- MRI Brain or CT Head Report
- Immunization List
- Demographics
- POLST
- Advance Directives
- Neurology Notes