

THE QUEEN'S MEDICAL CENTER

OUTPATIENT REHABILITATION SERVICES REFERRAL FORM

Fax: (808) 691-5388		(Please refer to back page for SPECIFIC LOCATIONS)			
PATIENT NAME		D.	ATE OF BIRTH	PATIENT CONTACT #	DATE OF ONSET / SURGER
MEDICAL / IMPAIRMENT-BASED DIAGNOSIS		IC	:D-10 CODE #	INSURANCE	
REASON FOR REFERRAL / FUNCTIONAL LIMITATIONS					
SPECIAL REQUESTS (Example: precautions, provider, protocol, sp	pecific interventions)				
	VALUATIO	N AND	TREATM	IENT	
☐ PHYSICAL THERAPY	□ OCCUPATIONAL THERAPY Locations: □ Punchbowl □ Hawaii Kai □ West Oahu OT Services □ Post-op Upper Extremity Rehabilitation □ Splint Fabrication / Training Type: □ Neurologic Rehabilitation □ Ergonomics / Workstation Evaluation □ Activities of Daily Living Training □ Joint Protection / Energy Conservation Techniques □ Manual Therapy □ Other:			□ SPECH THERAPY Locations: □ Punchbowl □ West Oahu Speech Services □ Swallow □ MBS □ Fiberoptic Endoscopic Evaluation of Swallow □ Speech □ Voice □ Language / Cognition □ Concussion Program □ Augmentative / Assistive Communication □ Lymphedema Program □ Other: □ Is patient currently residing in a SNF Facility or receiving Home Health Services? □ NO □ YES □ SNF Facility: □ Home Health:	
Locations: Punchbowl Women's Health Center Hawaii Kai			□ Pun		
PT Services Post-op Rehabilitation Neurologic Rehabilitation Sports Rehabilitation Fall Prevention Manual Therapy McKenzie Program Concussion Program Concussion Program Lymphedema Program Head and Neck Cancer Rehabilitation Breast Cancer Rehabilitation Pelvic Pain Program Incontinence Program Pregnancy Program Other:			□ Swallow □ MBS □ Fiberopti Evaluatio □ Speech □ Voice □ Language / □ Concuss □ Augmentativ Communica □ Lymphedem □ Other: □ Is patient curr SNF Facility of Health Service □ NO □ YES □ SNF Fac		
I certify that services will be furnished with	hile the patient i		<u>. </u>		
PRINT REFERRING PROVIDER NAME			PHONE #		FAX #
REFERRING PROVIDER SIGNATURE				DATE / TIME	

CLINIC LOCATIONS

West	Punchbowl	Hawaii Kai	
☐ Physical / Occupational / Speech Therapy	☐ Physical / Occupational Therapy	☐ Physical / Occupational Therapy	
Queen's Medical Center-West Oahu CSC Building 4th Floor 91-2135 Fort Weaver Road Ewa Beach, HI 96706 Phone: (808) 691-3879 Fax: (808) 691-3876	Physician's Office Building 3 550 South Beretania Street Suite 703 Honolulu, HI 96813 Phone: (808) 691-4211	Queen's Health Care Center 377 Keahole Street Honolulu, HI 96825 Phone: (808) 954-7511	
	☐ Women's Health Physical	Kahala	
	Therapy	☐ Physical Therapy	
	Queen's Medical Center Women's Health Center - Main Lobby 1301 Punchbowl Street Honolulu, HI 96813 Phone: (808) 691-4524	Queen's Kahala 1215 Hunakai Street Honolulu, HI 96816 Phone: (808) 691-4211	
	Charle Thereny	Ocean Pointe	
	☐ Speech Therapy Physician's Office Building 2	☐ Physical Therapy	
	Suite B5 1329 Lusitana Street Honolulu, HI 96813 Phone: (808) 691-4743	Queen's Ocean Pointe (Empower) 91-6390 Kapolei Parkway Ewa Beach, HI 96706 Phone: (808) 691-4211	