



**REFERRAL FORM**

**To make a referral to OnTrack HI, please complete and fax to (808) 956-2218. An OnTrack staff member will call you to briefly discuss the referral. Date of Referral:** \_\_\_\_\_

**Demographic Information (Please complete or fax copy of patient information):**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Sex:  Male  Female  
Parent/Guardian Name (if patient under 18) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Preferred number for contact \_\_\_\_\_  
Can we leave message at this number?  No  Yes  
Language spoken at home \_\_\_\_\_ Is an interpreter required?  No  Yes

**Referring Office Information (Please complete or fax with cover sheet):**

Referral From \_\_\_\_\_ Agency \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Has the patient/client agreed to the referral?  No  Yes

**Other Provider's Detail's**

Other providers involved in patient's care (e.g. psychologist, psychiatrist, social worker, other GP, case manager or accommodation)

Role	Name	Address	Contact Details

**Referral Question Information (Please complete or send copy of Dr.'s notes):**

Assesment/Consultation  Assessment/Treatment  Other: \_\_\_\_\_

Please describe reasons for the current referral (including specific diagnostic question(s), relevant background information, observed behavior, existing diagnoses, previous assessment results, medications, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include information regarding relevant mental health history, medical history, current diagnosis and current medications (Please note below or fax on a separate sheet):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR REFERRING TO ONTRACK HAWAII**

Ala Moana Location  
1441 Kapiolani Blvd. Ste. 1503  
Honolulu, Hawaii 96814

trackhi@hawaii.edu  
Phone: (808) 956-6289  
www.ontrackhawaii.org

UH Manoa Campus Location  
2444 Dole Street, Krauss Hall 101  
Honolulu, Hawaii 96822