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David D. Ono, M.D.
Leilani Ka`anehe, M.D.
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HAWAII KIDNEY SPECIALISTS
NADA - ONO - KAANEHE - SOLOMON - HAYASHI

Internal Medicine & Nephrology
Liliha Professional Building
1520 Liliha Street, Suite 601
Honolulu, HI 96817-3564
Telephone: (808) 523-0445
Fax: (808) 356-3380
NP Referral Fax: (808) 356-3377

NEW PATIENT REFERRAL FORM

Please Circle: Dr. Nada Dr. Ono Dr. Ka`anehe Dr. Solomon Dr. Hayashi

Patient Name: _____ DOB: _____
Last First MI

Patient SSN: _____ Sex: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell: _____ Email: _____

Primary Language: _____ Interpreter needed? ☐ Yes ☐ No

Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Insurance: _____ Insurance Number: _____

Subscriber Name: _____ Subscriber DOB: _____

Secondary Insurance: _____ Insurance Number: _____

Subscriber Name: _____ Subscriber DOB: _____

Referring Physician: _____ Phone: _____ Fax: _____

NPI #: _____ Contact Person: _____

Primary Care Physician: _____ Phone: _____ Fax: _____

Reason for Referral/Diagnosis: _____

PLEASE FAX THE FOLLOWING:
Attn: Maria @ 808-356-3377

_____ Demographic Sheet
_____ Copy of Insurance Cards/ID
_____ Last 3 Blood Test Results
_____ Last 3 Progress Notes (H&P / Consult Notes)
_____ Imaging Studies (Ultrasound, CXR, EKG, etc…)
_____ Medication List
_____ Immunization History
_____ **FOR HMO/QUEST/TRICARE WEST PATIENTS, PLEASE SEND REFERAL**

Questions?
Please call (808) 523-0445
(option 7)

*****PLEASE SUBMIT ALL REQUESTED DOCUMENTS TO EXPEDITE THE REFERRAL PROCESS*****

PATIENT WILL BE CONTACTED DIRECTLY TO SCHEDULE APPOINTMENT

For Office Use Only	
Date of Appointment: _____	Time: _____
Approved By:	Date: