Aloha Wound Care Home and Telehealth Referral

Phone: (808) 800-4035 | **Fax**: (808) 800-4052 | **Email**: admin@alohawoundcare.com

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: ☐ URGENT ☐ NON-URGENT

Today's date:	Is the patient designated as homebound? ☐ YES ☐ NO	
Requested Service: ☐ Home Visit ☐ Telehealth		
Is the patient followed by Home Health Agency? ☐ YES ☐ NO Agency Name:		
Patient's Name:		Date of Birth:
Referring Provider:	Phone #:	Fax #:

DEMOGRAPHIC / INSURANCE INFORMATION

(complete if NOT on QUEENS CARE*LINK OR QUEENS CONNECT EPIC)

☐ REFERRED FROM QMC HOSPITAL OR QUEENS CONNECT EPIC ☐ SEE ATTACHED DEMOGRAPHIC/FACESHEET

Current Address:		Zip Code:
Mailing Address (if different from above):		Zip Code:
Primary Phone #:	Secondary Phone #:	Primary Contact:
Is English the patient's primary language? ☐ YES ☐ NO - If NO, what is the primary language:		

Worker's Compensation / No-Fault Insurance Claim

Is the illness / injury covered by a Worker's Compensation or No-Fault claim? ☐ YES ☐ NO		
Agency Name:	Body part injured:	Date of Injury:
Claim #:	Adjustor Name:	Adjustor Phone #:

Health Insurance Information

Primary Insurance:	Subscriber:	Sub ID:
Secondary Insurance:	Subscriber:	Sub ID:
Tertiary Insurance:	Subscriber:	Sub ID:

Wound Diagnosis and Pertinent Medical History (Check Closest Diagnosis)

☐ Left leg ulcer L97.929	☐ Right leg ulcer L97.919	☐ Arm ulcer L98.499
☐ Chest ulcer L98.499	☐ Abdominal ulcer L98.499	☐ Back ulcer L98.429
☐ Pelvis ulcer L97.909	☐ Perineal ulcer L98.4999	☐ Head ulcer L89.819
☐ Unspecified pressure ulcer L89.899	☐ Cellulitis L03.90	☐ Abscess L02.31
☐ Other:		

Wound Number:	Wound Location(s) if not specified above:
Visibility of muscle or bone: ☐ Y ☐ N	Special Notice to Providers:

Needed Documentation IF Not in Epic

History & physical or clinical documentation that includes the following information (IF AVAILABLE):

1. Previous treatments that have been tried & a statement that the patient will be referred to Home Wound Care Services
2. Pertinent diagnostic labs, imaging, radiation history, surgical notes, chest X-ray / CT, EKG and treatment notes

Thank you for your referral! Should you have any questions, please do not hesitate to call us at 808-800-4035

Ensure that patients are not admitted to or discharged from the hospital or scheduled for surgery on the same day as visit

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