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| **C:\Users\Jasmine.CHOW04\Dropbox\GRAPHICS\H3RC-tagline.jpgSUBSTANCE USE DISORDER REFERRAL FORM**  ***PLEASE COMPLETE ALL FIELDS or attach face sheet, H & P Labs, and D/C Summary***  **Form available on www.hhhrc.org** | | | | | | | | | | | |
|  | | | | | | |  | | | | |
| **Fax Referral Form to (808) 521-1552 (Attn: Dr. Christina Wang) Phone: (808) 521-2437** | | | | | | | | | | | |
| **Patient's name:** | | | | | | | | **Date of Birth:** | | | |
| Address or other location where patient can generally be found: | | | | | | | | | | | |
| Primary phone #: | | | | Other means of contact: | | | | | | | |
| **Referring Information** | | | | | | | | | | | |
| *Referral source:* | 🞎 Castle | 🞎 Kahuku | | | 🞎 Kapiolani | 🞎 Kuakini | | | | 🞎 Pali Momi | 🞎 Straub |
| 🞎 Queens | 🞎 Wahiawa | | | 🞎 Waianae Comprehensive | | | | | 🞎 Other: \_\_\_\_\_\_\_\_­­\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name of referrer: | | | | Phone #: | | | | Fax # or email: | | | |
| PCP (if any): | | | | Phone #: | | | | Fax # or email: | | | |
| **Health Insurance Information**  ***[Please note some insurance companies require Prior Authorizations for Buprenorphine]*** | | | | | | | | | | | |
| Primary insurance: | | | | Subscriber: | | | | Sub ID: | | | |
| Secondary insurance: | | | | Subscriber: | | | | Sub ID: | | | |
| **Diagnosis and Pertinent Medical History** | | | | | | | | | | | |
| ICD-10 diagnoses codes: | | | | | | | | A & O Status: | | | |
| Is the patient able to ambulate independently? Y / N If no, what assistive devices are used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Recommended ED screening order Set:** \*or attach labs   * UDS results: * Patient currently on Methadone? Y / N Medication Reconciliation Allergies? * Pregnancy screening (if needed): Y /N Results: * HIV, Hep A, B, C panels * LFTs   -COWS (Clinical Opiate Withdrawal Scale) Assessment Tool  -Vital Signs  **Please circle one:**   1. Inducted in ED 2) Advised for home induction then follow up 3) Outpatient assessment & /or induction | | | | | | | | | | | |
| **Additional Information About the Hawaiʻi Health & Harm Reduction Center** | | | | | | | | | | | |
| We are a non-profit clinic focusing patient care on evidence-informed harm reduction principles. We offer a variety of services and welcome all people for care without regard to insurance status or ability to pay.  *\* The Hawaiʻi Health & Harm Reduction Center’s wound care program does not have the capacity to care for long-term bedridden patients.* | | | | | | | | | | | |
| 1. Community based wound care (referral form at [www.hhhrc.org](http://www.hhhrc.org)) 2. Addiction Medicine Services | | | 1. Psychiatric Services 2. Rapid HIV/ HCV testing 3. HIV Case Management | | | | | | 1. HCV treatment 2. PrEP/ PEP / STI testing 3. Smoking Cessation Counseling | | |
| **HHHRC Clinic:** 677 Ala Moana Blvd Suite 226 Honolulu, HI 96813 **Phone:** (808) 521-2437 **Website:** www.hhhrc.org  **Clinic Hours:** Monday, Wednesday, Thursday 9:00am–4:30pm, Tuesday and Friday 1:00pm–4:30pm (Walk-ins Welcome)  **HHHRC Chinatown Outreach** (on River St. & Kukui St.): Tuesday and Friday 9:00am–12:00pm | | | | | | | | | | | |

A picture containing text, map

Description automatically generated

(Herring, A.A. 2016)

**Other considerations:** Safety, Driving, Storage?

\*Adjunct withdrawal meds to Rx:

Clonidine 0.1 mg PO q4 hrs PRN

Loperamide 4mg PO PRN up to 16 mg QD

Ibuprofen 400 mg PO q6 hrs and/ or Gabapentin 600 mg PO TID