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| --- |
| **C:\Users\Jasmine.CHOW04\Dropbox\GRAPHICS\H3RC-tagline.jpgSUBSTANCE USE DISORDER REFERRAL FORM*****PLEASE COMPLETE ALL FIELDSor 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 |



(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