Office of the Governor - Guam Medical Referral Office

Post Office Box 2950   Hagatna, Guam 96932
Phone: (671)475-9350/9428   Fax: (671)472-7557

PATIENT REFERRAL INFORMATION

☐ HNL   ☐ LAX   ☐ PI

PLEASE INDICATE
☐ OUTPATIENT
☐ DIRECT ADMIT
☐ MEDIVAC

LAST NAME/FIRST NAME/INITIAL	DATE OF BIRTH	PHONE NO.	AGE

MAILING ADDRESS	SSN
RESIDENTIAL ADDRESS	☐ MALE ☐ FEMALE

ITINERARY: *Please specify your travel arrangements & attach a copy of your airline reservation*

DATE	FROM GUAM	TO	AIRLINE	FLIGHT NO.	DEPT. TIME	ARR. TIME
DATE	FROM	TO	AIRLINE	FLIGHT NO.	DEPT. TIME	ARR. TIME

ACCOMPANYING ESCORT(S) *Note: If accompanied by children, please indicate age.*

NAME	NAME
NAME	NAME

CHECK HERE IF VETERAN ☐   REFERRING AGENCY/HOSPITAL ☐ VA ☐ NAVHOSP ☐ OTHER

BRIEF DIAGNOSIS	AFFECTED BY ANY KNOW COMMUNICABLE DISEASE?

REFERRING PHYSICIAN ON GUAM (*Attach copy of doctor's letter of referral*)

ACCEPTING PHYSICIAN

ACCEPTING MEDICAL CENTER

HEALTHCARE COVERAGE	☐ MIP ☐ STAYWELL	☐ TAKECARE ☐ NETCARE	☐ MEDICAID ☐ MEDICARE	☐ HEALTH SHIELD ☐ OTHER ___

☐ AIRPORT PICKUP   ☐ GROUND TRANSPORTATION   ☐ CAR RENTAL   ☐ LODGING

SPECIAL NEEDS

EMERGENCY CONTACT PERSON	CONTACT NO.

The Guam Medical Referral Office provides assistance in the coordination of your transportation, lodging, and other needs while you are off island for treatment. FOOD AND LODGING ARE AT YOUR OWN EXPENSE.

I have read the information and fully understand my responsibilities and obligations:

Signature   Date

I HEREBY AUTHORIZE THE GUAM MEDICAL REFERRAL OFFICE TO RELEASE ALL PROTECTED HEALTH INFORMATION (PHI) IN ACCORDANCE WITH THE PROVISIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION SHALL BE REVOKED UPON TERMINATION OF SERVICES RENDERED BY THE GUAM MEDICAL REFERRAL OFFICE AND ITS' SATELLITE OFFICES.

Authorized by (Print & Sign):_____   Date: _____