



HAWAI'I UTELEHEALTH

Registration Form

Preferred name (first and last) and pronouns (ex. she, he, they)
Legal name (if different from preferred)
Date of birth
Sex/gender (ex. female, intersex, male, nonbinary, transgender)
Ethnicity
Home street address
Town
Island
Zip Code
Mailing address (if different from home address)
Email
Phone number(s)
Message may be left via email: <input type="checkbox"/> No <input type="checkbox"/> Yes Message may be left via text message: <input type="checkbox"/> No <input type="checkbox"/> Yes Message may be left via voicemail: <input type="checkbox"/> No <input type="checkbox"/> Yes

Guardian: Name, Email, Phone (if applicable)
Emergency contact: Name, Relationship, Phone
Primary care doctor: Name, Phone, Fax
Therapist: Name, Phone, Fax
Case manager/social worker: Name, Phone, Fax
Name of Primary Insurance Company
ID/Policy #
Your relationship to the subscriber (ex. Self, Parent, Spouse)
Subscriber's Full Name, date of birth, and employer
How did you hear about our services?
Name of person completing this referral (or "self")
Please state in a few words your primary reason for seeking services/goals of care
What type of clinician are you seeking?
<input type="checkbox"/> Primary Care
<input type="checkbox"/> Therapist/Counselor - mood, thoughts, behavior
<input type="checkbox"/> Therapist/Counselor - substance use
<input type="checkbox"/> Therapist/Counselor - relationship, family

Psychiatrist/Medication Management (If you wish to see a psychiatrist and do not have a primary care provider or a therapist, you must establish care with them before seeing a HI Utele psychiatrist. You may request these providers through HI Utele at the same time as a psychiatrist)

Medication Management - substance use

Prior Psychiatric Diagnoses (or "none")

Current Psychiatric/psychotropic/mental health medications (or "none")

Prior Psychiatric/psychotropic/mental health medications (or "none")

Medical Diagnoses (or "none")

Medications for physical health, herbs, vitamins, etc (or "none")

If you would like to have an interpreter for your sessions, please state preferred language (or "n/a")

Please check if you would like assistance with any of the following

access to a smartphone, tablet, or computer with webcam

connecting to the internet

Days or times of the week you are unable to meet (or "none")