



1110 University Avenue, Suite 411
Honolulu, HI 96826
PHONE: (808) 942-7884
FAX: (808) 942-7885
WEB: cerhawaii.org

Registration Form

Request for Services

Contact Information:

Last Name: _____ First Name: _____ MI: _____

DOB: _____

Street Address: _____

City/State/Zip Code: _____

Communication:

Primary Phone: _____ Secondary Phone: _____

E-mail Address: _____

Is it OK to send messages about your appointments, results, etc., via e-mail? _____ Yes _____ No

Insurance Information:

Name of Primary Insurance Company: _____

ID/Policy #: _____ Group #: _____

Who is the subscriber? Please check: _____ Self _____ Parent _____ Spouse

Subscriber's Full Name: _____

Subscriber's DOB: _____

Subscriber's Employer: _____



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Services You Are Interested In:

Please check the box(es) below to indicate which services you are interested in receiving.

Psychological Evaluation: _____

Physical: _____

Medication Management: _____

Primary Care: _____

Psychotherapy: _____

Chronic Disease Management: _____

Drug and Alcohol Assessment: _____

Preventive Health: _____

Substance Abuse Counseling: _____

Other (List): _____

We will contact you within 1 business day of receiving your request for services in order to complete screening and scheduling of your initial appointment.

What is the best time of day to contact you? _____

Submit this form via fax to (808) 942-7885.

**Can't fax? Scan the QR code below to
fill out an online version of this form!**