



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

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## Registration Form

### Request for Services

#### Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

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#### Communication:

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

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#### 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): \_\_\_\_\_

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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!**