



HINAMAUKA
Pre-Trial Referral Form

Please Fax to:
(808) 234-1312
Att: Angelique Matutino

Date _____

Client Name _____ Phone # _____

DOB _____ Pre-Trial Officer _____ Phone # _____

Attorney _____ Phone # _____

Do you have insurance? Y N Private or QUEST _____

Name of insurance carrier? _____

Have you been assessed or treated at Hina Mauka? Y N When _____

Do you have a medical diagnosis? Y N What is it _____

Do you have a psychiatric diagnosis? Y N What is it _____

Are you on any medications? Y N Current medications _____

**** Outer-island referrals please complete the Screening Information Form Packet****

Please fax all required documents to the fax number listed above.

Do you have any pending legal cases/court dates? (i.e.) New charges? Y N

Please list _____

ORAS Outcome: High Medium Low

PAT Outcomes: _____

**Submit attached consent form for Pre-trial Officer with this referral. Please fax all referrals to:
234-1312 Attention Angelique Matutino**

(Hina Mauka use only: Hina Mauka will respond within 5 days to confirm receiving this referral)

Date referral received: _____ Date contacted PTO: _____

Date contacted Client _____ Assessment Date _____

Date referred back to PTO: _____ Comments: _____