PARENTS — HAVE YOUR SONS OR DAUGHTERS HAD ONE OF THESE INJURIES?

- Brain Injury
- Stroke
- Spinal Cord Injury

Make a difference for the future – consider enrolling them in the confidential, voluntary Hawai‘i Neurotrauma Registry.

-Holu lehua means “resilient” lehua. Children with neurotrauma injuries are resilient like the lehua.
Why have a Neurotrauma Registry?

We want to understand the needs of Hawai‘i residents of all ages including youth and keiki experiencing brain injury or concussion, stroke, and/or spinal cord injury once they leave the hospital or care facility. This information will help us know what services are most required for our youth and keiki when they go home.

Join the Registry

With your consent, your children can join the registry online, by mail, or by making a phone or in-person appointment. All information collected is CONFIDENTIAL. It will not be shared with any schools, teachers, and coaches, or anyone else not part of the project.

To join the registry online, log on to: www.HNTRsurvey.com

The Neurotrauma Registry Project Offers:

- The chance to provide valuable information that will help identify needed community supports, educate service providers and counselors, and develop safety and prevention plans and policies.

- Personalized information and referrals for youth and keiki with neurotrauma injuries.

Contact Us

To learn more about the Registry or if you would like information and referral, complete and return the attached form or contact us

Pacific Disabilities Center
Attention: Hawai‘i Neurotrauma Registry Project
677 Ala Moana Blvd., Ste. 202
Honolulu, HI 96813
Phone: 808-692-1375
Toll-free: 1-866-447-9023
Fax: 808-692-1385
Email: HawaiiNT@hawaii.edu

Visit us on the web:
www.HNTRsurvey.com
www.manoa.hawaii.edu/pdc

Return this form to learn more about the Registry or for information and referrals

All information is confidential

Name of Youth with Injury:
________________________________________________________________________

Best Person to Contact:
________________________________________________________________________

Phone:
________________________________________________________________________

Best Time to Call:
________________________________________________________________________

Email:
________________________________________________________________________

Type of Injury (check all that apply):

☐ Traumatic Brain Injury or Concussion

☐ Stroke

☐ Spinal Cord Injury

☐ Other: ___________________________