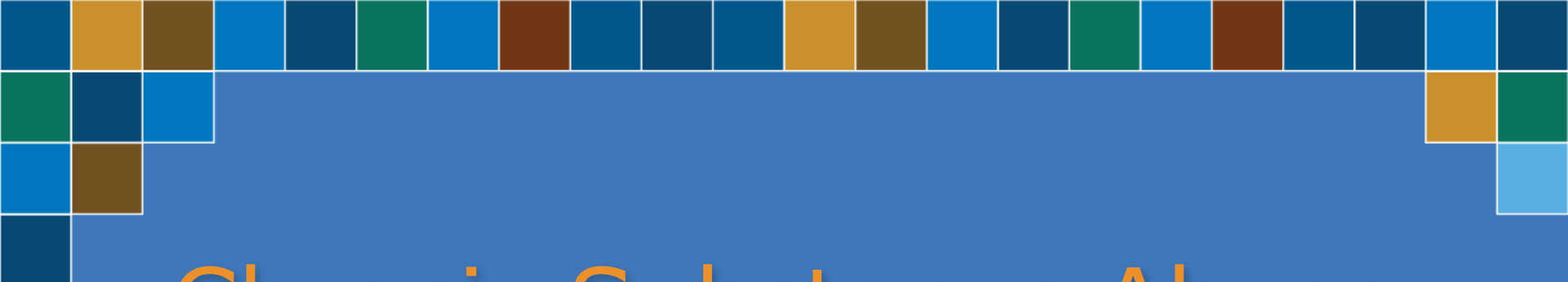




Chronic Alcohol and/or Drug Abuse

- Patients currently using alcohol/chronic ETOH or drug abuse cannot be scheduled for any surgery, must have 3 random checks.
- This means that if seen by general ortho, they won't go on to a subspecialist orthopedic surgeon unless they are substance free.



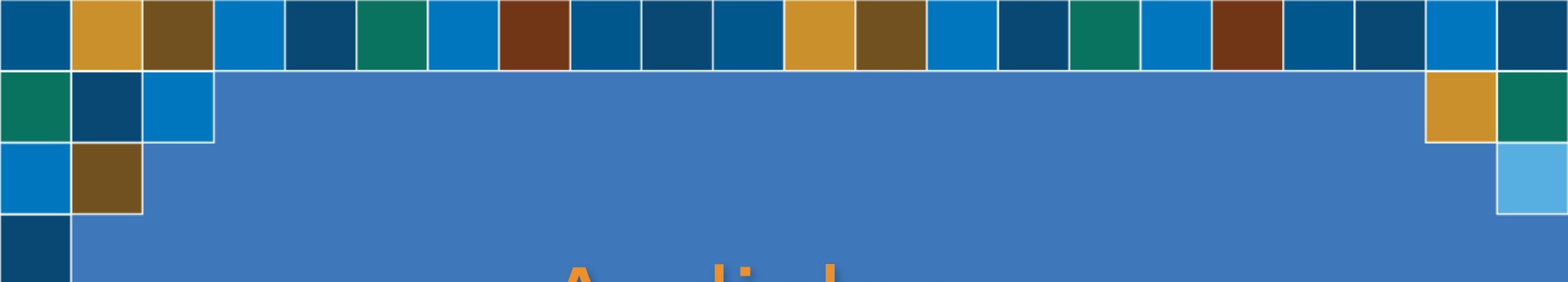
Chronic Substance Abuse

- Patients using alcohol or drugs cannot be scheduled for any pain management consults unless they are concurrently in an active rehab or addiction program.



Asthma/Allergy

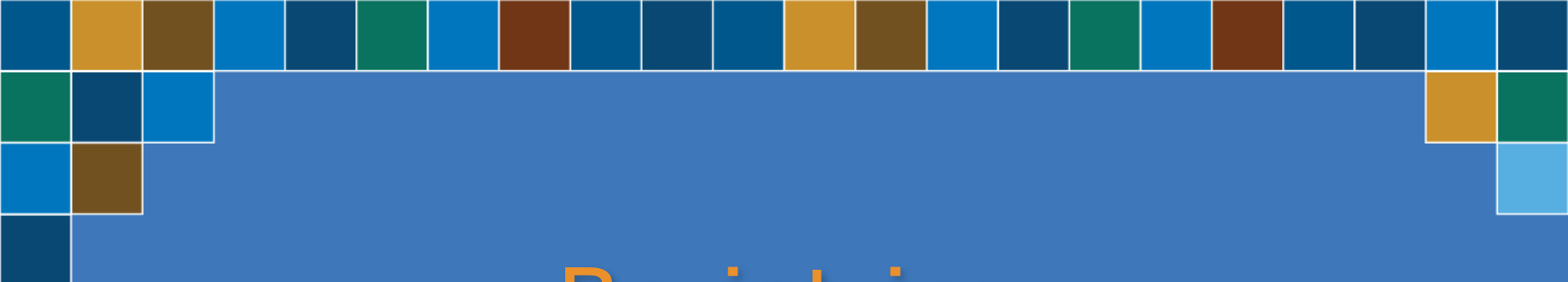
- Administratively:
 - Any allergy tests completed need to be included.
 - Should an asthma/allergy provider require a completed questionnaire prior to the appointment; PANW will let you know.
- Clinically:
 - Patients with food allergies should be referred to GI.



Audiology

Administratively: any hearing tests done need to be included.

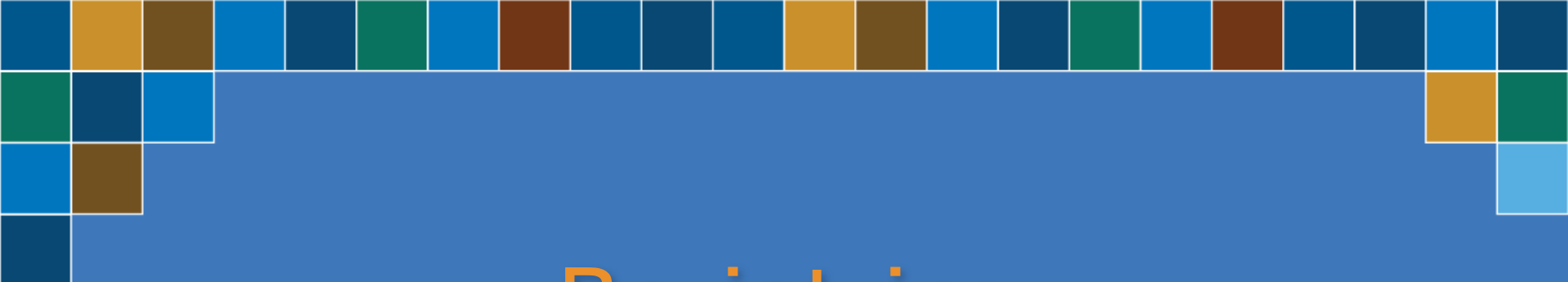
Clinically: PANW does not have programs that provide hearing aids.



Bariatrics

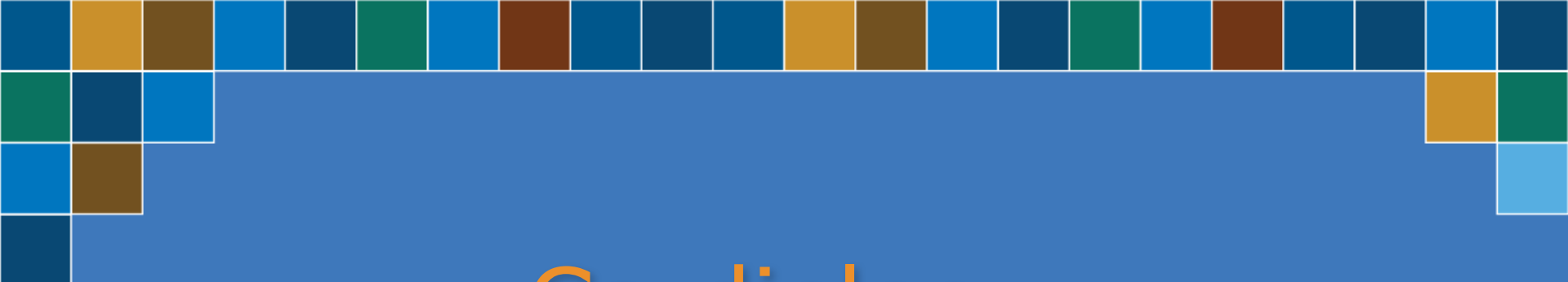
Administratively: PANW does not have any providers for bariatric surgery, but does have providers for non-surgical weight loss.

Clinically: Please include current weight/BMI



Bariatrics

Note 2: If a patient has Molina Healthy Options and are over 17 and have a BMI >25, they may be eligible for 6 months of vouchers to Weight Watchers. Patients should call the member services number for more information.

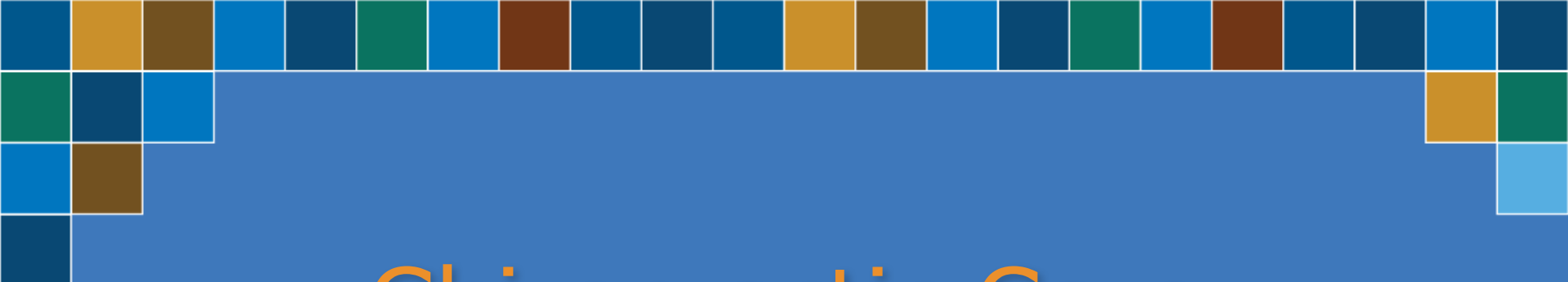


Cardiology

Administratively: EKG tracing must be included.

Clinically:

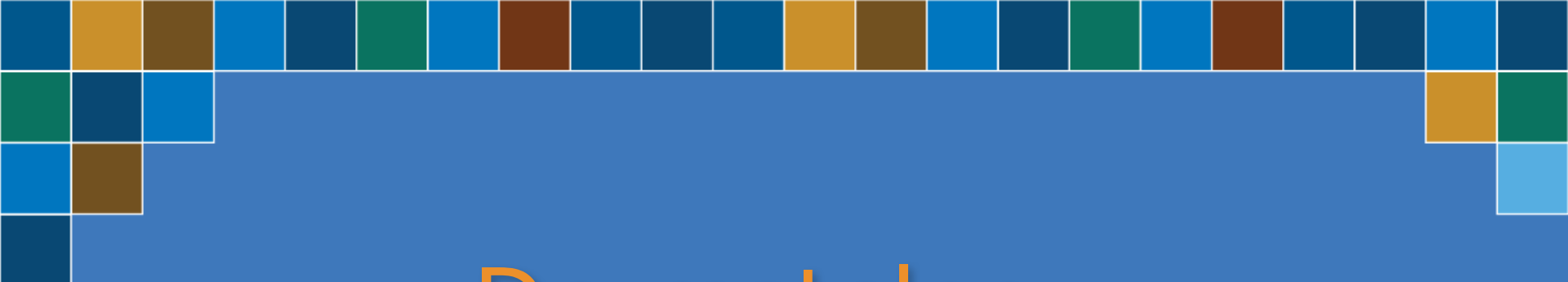
- CBC, CMP, and lipid panel are done within the last 2 months.
- Past cardiology consults included.
- ED notes, labs and diagnostic reports if client went to the emergency room.



Chiropractic Care

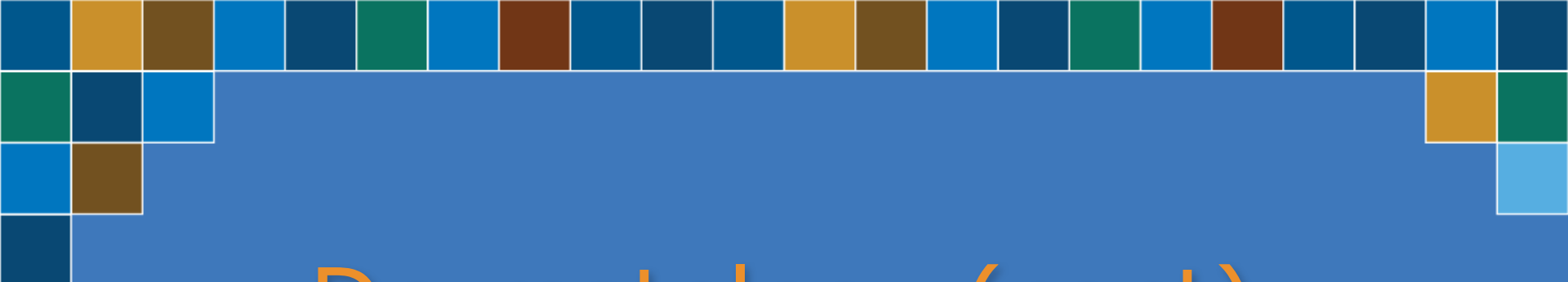
Administratively: none identified.
Note that chiropractic care
available only in West Seattle.

Clinically: PCP must write the
referral to chiropractic. PANW
cannot send without a PCP referral.



Dermatology

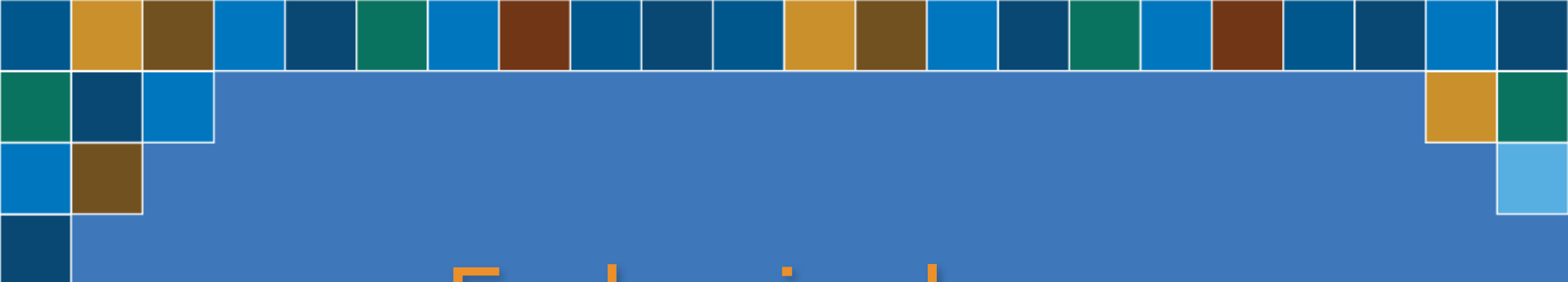
- Administratively:
 - PANW now has an outpatient procedures clinic where many dermatology procedures can be provided to patients such as cyst removal, sewing up piercings, mole removal etc.
 - If concerned for skin cancer, please note expedite on referral-no urgent or stat referrals can be accepted.



Dermatology (cont)

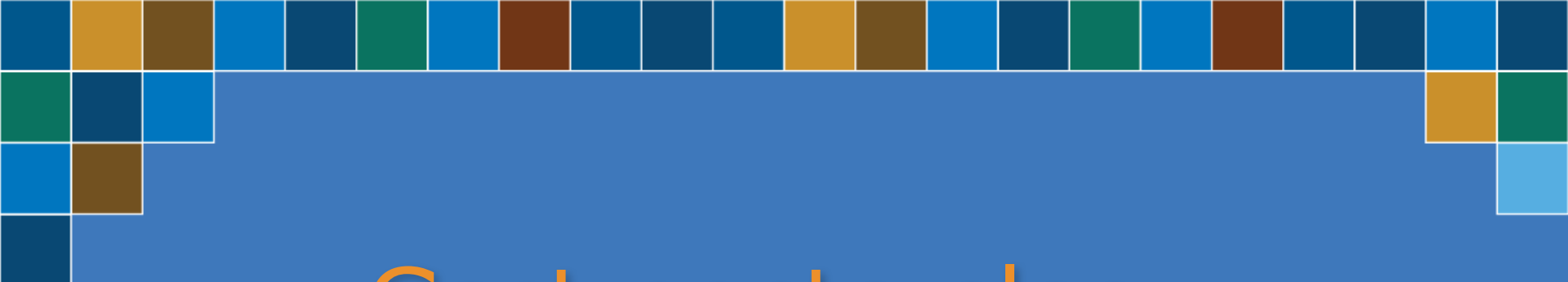
Clinically:

- If a suspicious lesion, please indicate/describe so we can move along quickly. Include biopsy if one has been completed.
- General screenings must have strong family history for skin cancer.
- Please include response to creams/medications.



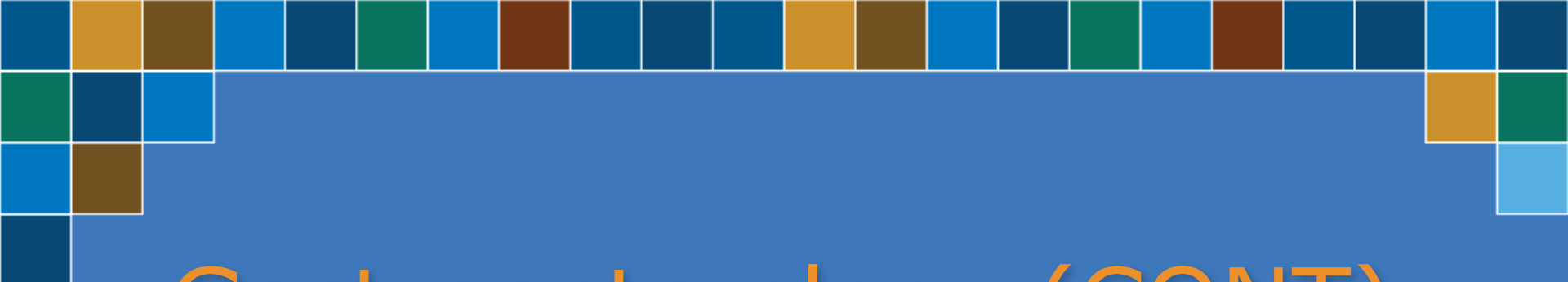
Endocrinology

- Administratively: none identified.
- Clinically:
 - CMP, TSH if thyroid, labs are < 60 days.
 - Any ultrasound, biopsy, path reports.
 - Current medication list.



Gastroenterology

- Administratively:
 - Past procedure reports
 - Labs must be current
 - No screening colonoscopies w/o strong family history.
- Clinically:
 - CBC, CMP, H Pylori if upper GI issue such as GERD or reflux



Gastroenterology (CONT)

- If recurrent epigastric pain and H. pylori is positive, need patient response to trial of antibiotics.
- Please send response to any trials, including PPIs and for how long.
- FOBT required for abdominal pain/lower abdominal pain, rectal bleeding, etc.



Gastroenterology- Hepatology

- Hepatology is the branch of Medicine that incorporates the study of the liver, gallbladder, biliary tree and pancreas as well as management of their disorders; a subset of gastroenterology
- Gastroenterology is the whole GI System.

Gastroenterology- Hepatology

- Administratively: Gastroenterology referrals are entered into our system as Hepatology when applicable; we do not ask for the referral to be re-worded.
- Clinically
 - LFTs/liver function tests
 - GI imaging ie Abdominal CT or US abdomen.
 - ETOH or drug issues may disqualify.



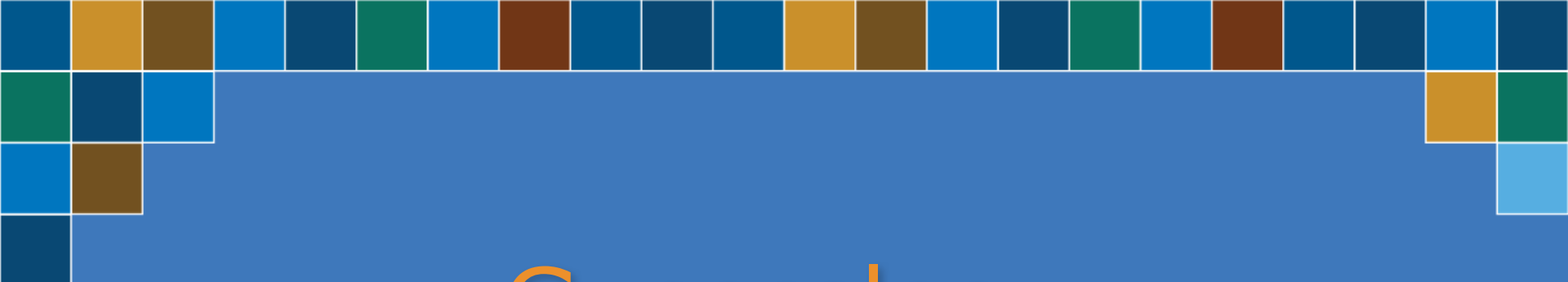
General Surgery

Administratively:

- If patient is a smoker, recently quit a Chest XR must be included. If smoking status not included or contradicts itself we will ask for clarification.
- If referral is for small in-office procedure (ex: lipoma removal) RNs or specialist will determine if Chest XR needed.

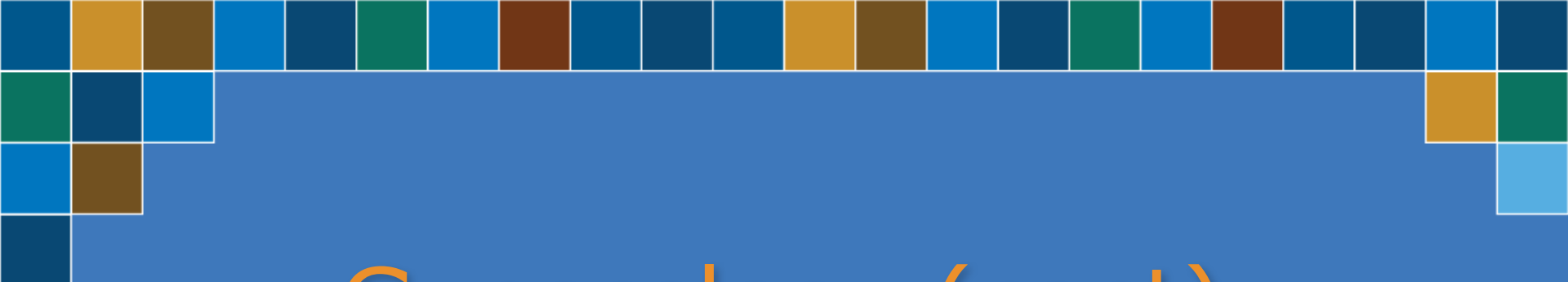
General Surgery (cont)

- Need imaging for GS referrals for hernias, can be US, CT etc. PANW can coordinate imaging referrals.
- Basic labs completed
- Full medical history, especially if surgery is an option.
- Note: Surgeon will provide initial pain management/antibiotic medication, but PCP will provide ongoing medications. Surgeon will outline post-op care, PCP to implement.
- For patients 60+, cardiology consult may be required, to be determined by specialist. If patient is over 50, please send EKG.
- Please include US for hernias or include imaging referral.



Gynecology

- Administratively:
 - OB or fertility issues are not the reason for referral
 - No routine pap smears.
- Clinically:
 - US included if referral is for IUD removal and strings not visible
 - US also is needed for gyn pain, bleeding. PANW can assist with coordinating imaging referrals.
 - Include a CBC (Hct and Hgb) if patient is having or c/o excessive bleeding.



Gynecology (cont)

- For imaging referrals for US, specialists are requiring the following language “US Pelvis and US Transvaginal if indicated”
- Please include current weight, if client is pregnant, and current Pap



Hand Surgery

- Administratively: hand is considered elbow to fingertips.
- Clinically:
 - Three views of hand, plain films.
 - EMG needed for all carpal tunnel.
 - If open sores, please provide C&S.



Hematology/Oncology

Administratively: none identified.

Clinically:

- Labs like CBC (looking for anemia), or pathology (looking for abnormal cells).
- Please note expedited referrals.



Hepatology

- See Gastroenterology



Infectious Disease

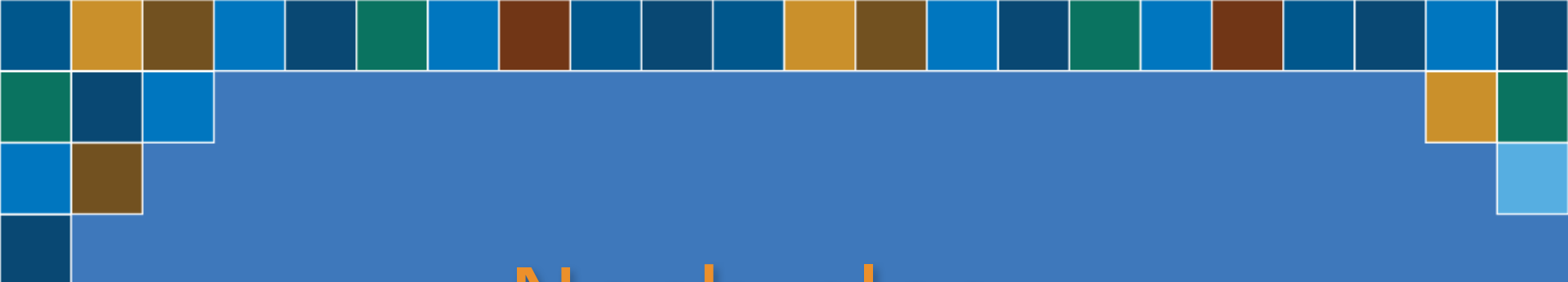
Administratively: none identified.
Clinically: Please include
documentation of the pathogen
(C&S, etc).



Internal Medicine

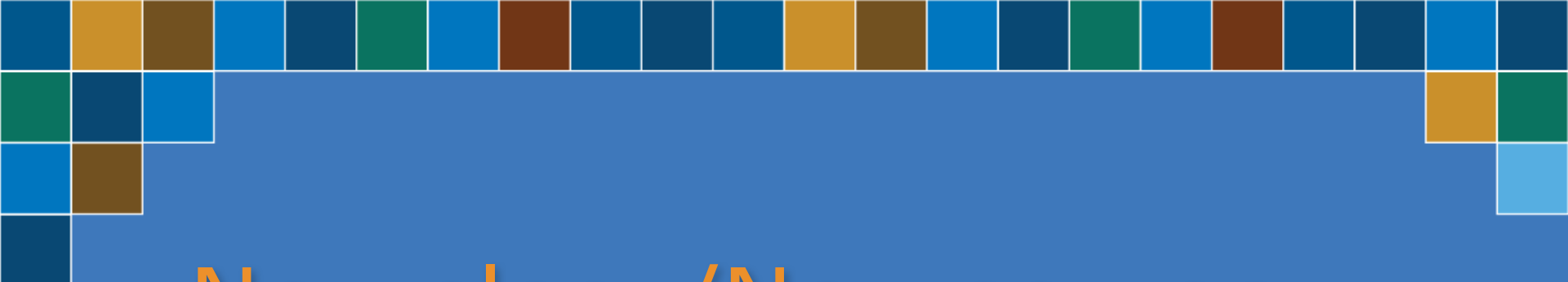
Administratively: none identified

Clinically: none identified



Nephrology

- Administratively: none identified.
- Clinically:
 - Most current med list
 - Last 2 lab results
 - Last 2 ov notes
 - Most current H & P
 - 24 hr urine creatinine and total protein,
 - Renal US or Doppler or any other kidney-related diagnostic study
 - Baseline bloodwork.



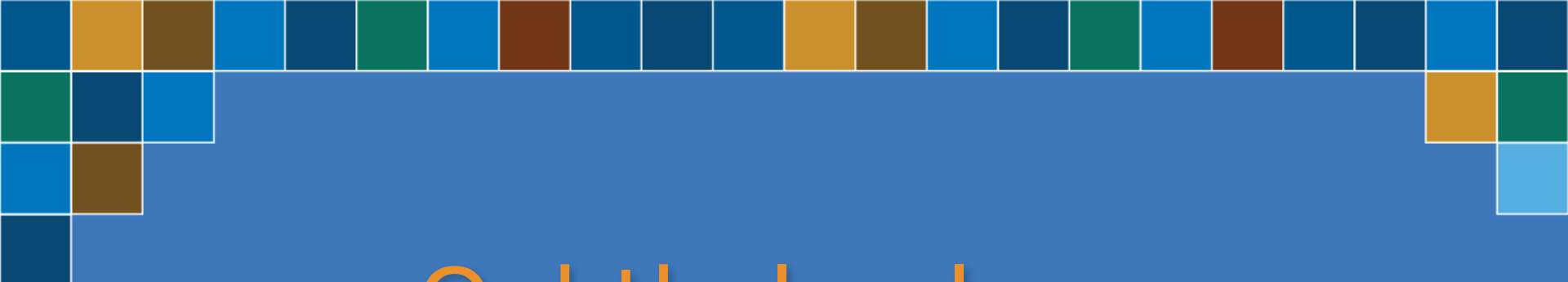
Neurology/Neurosurgery

Administratively:

- No screening visits (E.g.: pt with seizures wants to get driver's license).

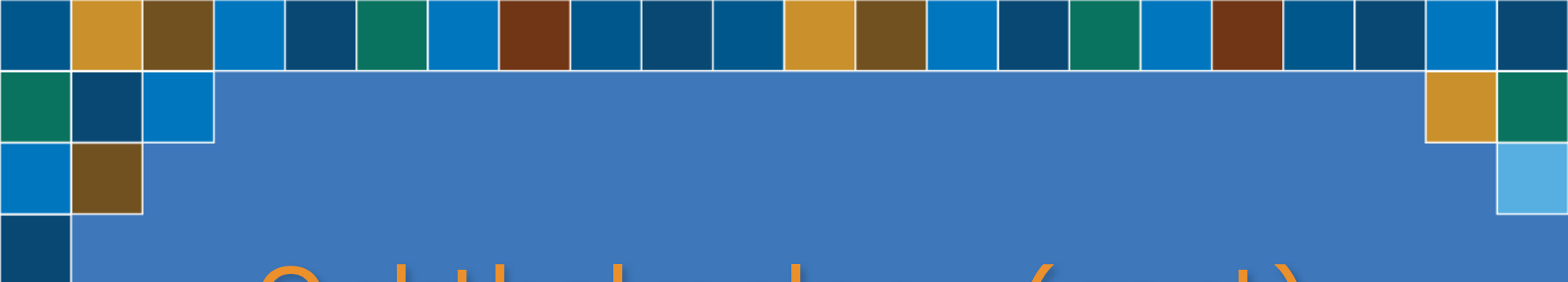
Clinically:

- "Neurology diagnostics" (ie, EMG) will be rerouted to PM&R or RAD.
- RNs or specialist will determine if any additional RAD is needed.



Ophthalmology

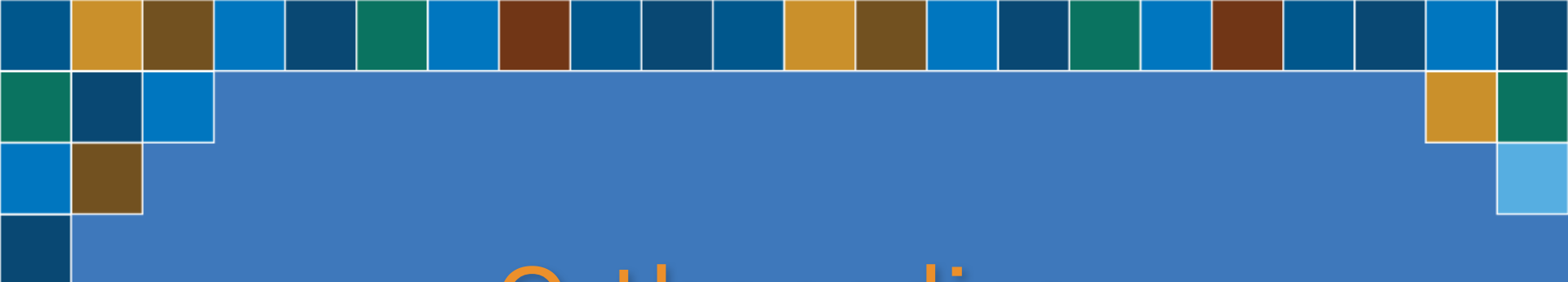
- Administratively: Social Security Numbers are no longer required.



Ophthalmology (cont)

Clinically:

- Bring any prescribed eye drops.
- If diabetic, include information on disease management and diabetic education.
- If available, provide most recent eye note and diagnostic tests, i.e., visual fields.
- No routine eye exams or checks
- Specify if routine diabetic eye exam.
- Basic visual acuity test
- Is the patient wearing glasses?
- No referrals for blurry vision. Please be specific about the issue.



Orthopedics

Administratively:

- Imaging is within past 6 months.
- If PT has been tried, the notes are included.
- Prior surgery notes are included.

Clinically:

- MRI not required.
- Evidence of conservative therapies provided (injection, PT, NSAIDS).
- Documentation of PT.
- If knee, order standing knee films.



OTO/ENT

Administratively: none identified.

Clinically:

- Include audiology results if any
- FNA/fine needle aspiration pathology report if appropriate
- US neck if appropriate
- If sinus infection, please include trial of antibiotics
- If chronic ear infection, needs to be at least 6 months.

Outpatient Procedures

Administratively, clinic will see the following:

Anus/Rectum

- Excision of external hemorrhoids

- Banding of internal hemorrhoids

Axilla

- I & D of abscess

Breast

- Fine needle biopsy of breast mass

- Cyst aspiration

Extremities

- Aspiration of tendon sheath cyst, joint aspiration, ganglion cyst, tendon

- Excision of warts, including plantar

- Resection of ingrown toenail/fungal toenail

Outpatient Procedures

Female genitalia/birth control

- I&D of Bartholin's gland abscess

- Excision of suspicious vulvar lesion or vaginal cyst

- Cervical polypectomy

- Insertion/removal of IUD/Nexplanon. NOTE: patient will need to bring IUD/Nexplanon with them; these are not provided by the clinic.

Groin/male genitalia

- Excision of groin node or mass

- Newborn circumcision under 4 weeks old

- Aspiration of scrotal cyst

Outpatient Procedures

HEENT

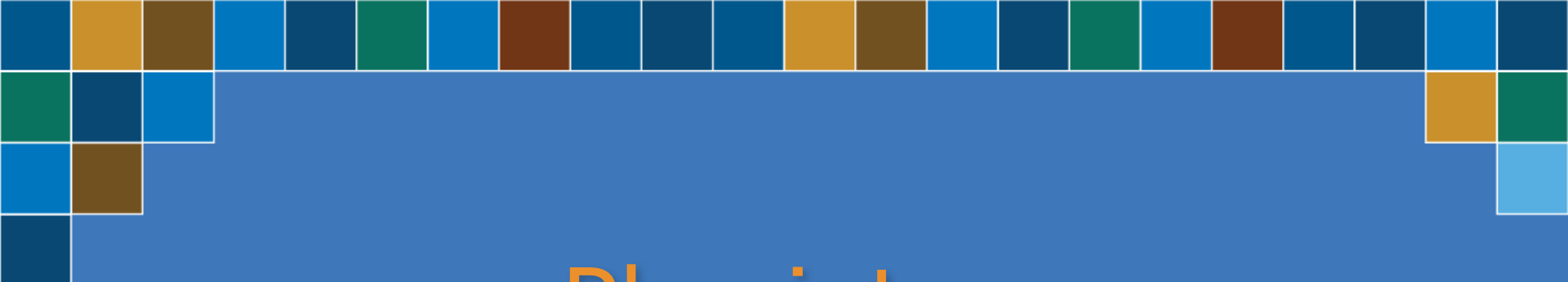
- Earlobe, eyelid, facial cysts
- Repair of pierced ear laceration
- Lip mucous cyst
- Tongue lesion biopsy
- Fine need aspiration of thyroid nodule

Skin

- Excision of changing moles, skin cancers, dermal nodules, foreign bodies
- Punch biopsy of rash or lesion
- Skin cancer screening.

Pain Management

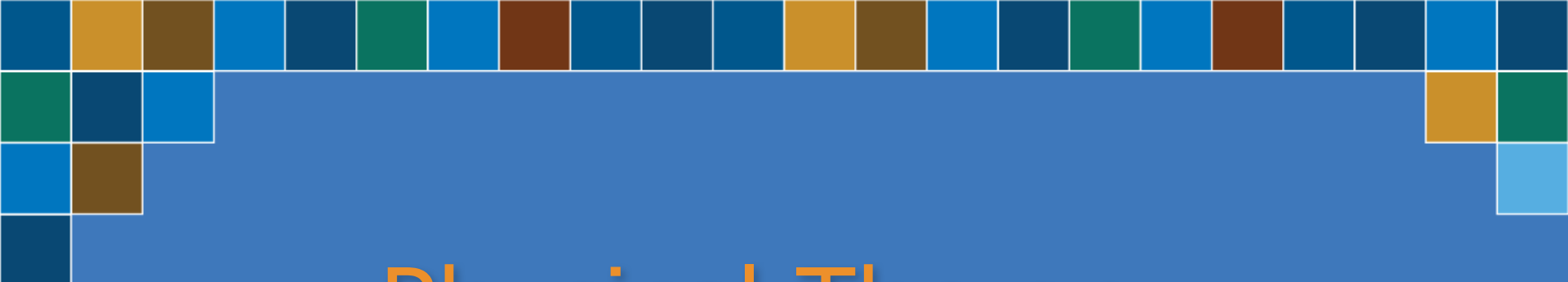
- Administratively: None identified
- Clinically:
 - Appropriate PM referral sent: Chronic generalized pain, Arthritis-related pain, fibromyalgia, spinal pain etc
 - No detox of patients on opioids or tx patients with substance abuse problems unless they are currently in an addiction treatment program.
 - Include pain contract if one is available
 - Include complete medication info



Physiatry

Administratively: none identified.

Clinically: Physical Medicine and
Rehabilitation - diagnostics like
EEGs and EMGs done.

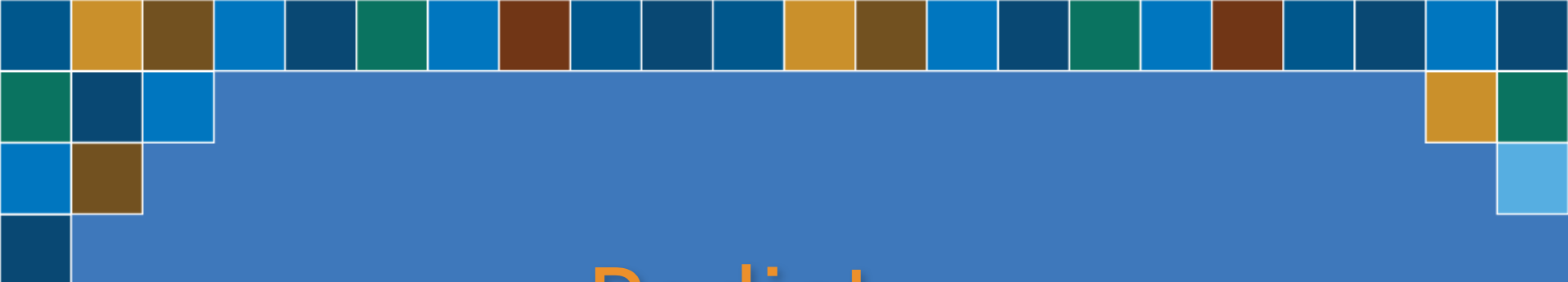


Physical Therapy

Administratively: no water therapy available.

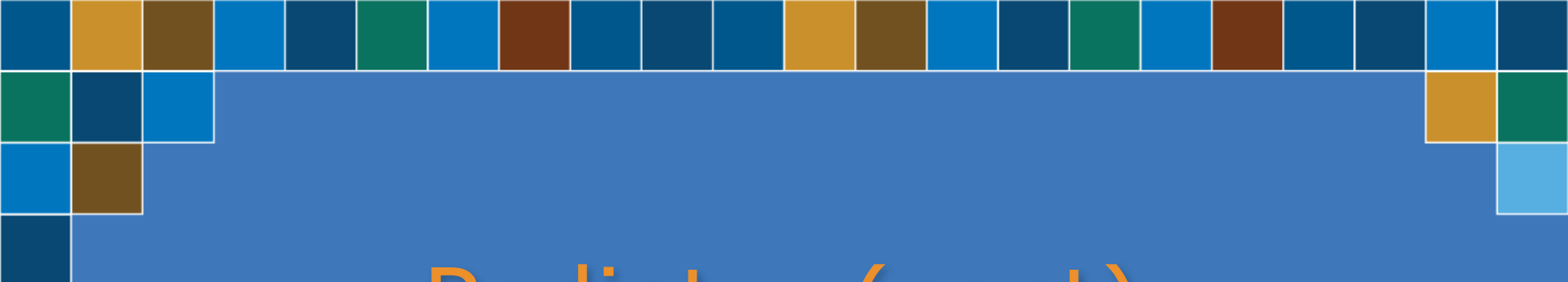
Clinically:

- Imaging reports included if available (no hard copies needed).
- Please include PCP's functional goal.



Podiatry

Administratively: DM foot exams
available for uninsured patients
only.



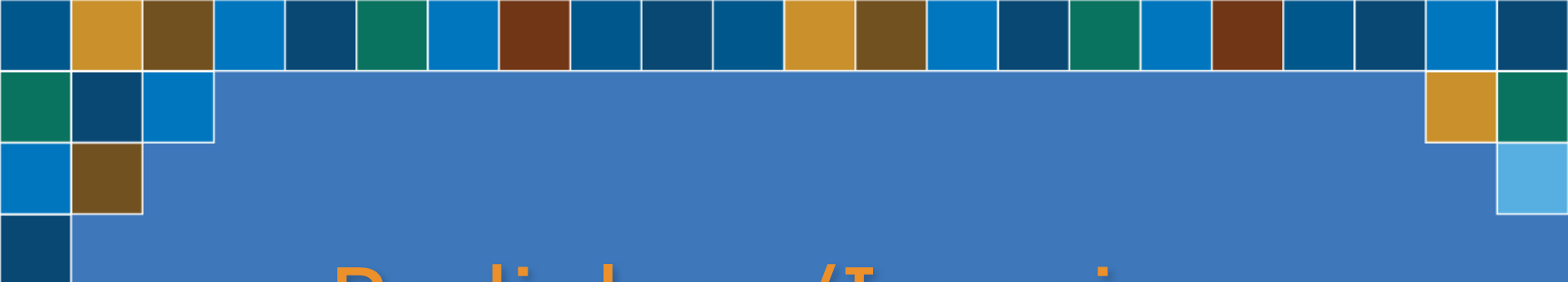
Podiatry (cont)

- Clinically:
 - If no podiatry available, will refer to ortho (foot and ankle) without changing referral.
 - Plain films of the foot even if there is a palpable cyst, looking for calcifications.
 - Plain films for bunions also.



Pulmonary Medicine

- Administratively: none identified.
- Clinically:
 - Need a chest x-ray or CT if abnormalities on chest x-ray.
 - Pulmonary Function Tests (PFTs) available
 - Sleep study patients referred first to Pulmonary. Need ov notes, BMI, med list (looking for sedative consumption)



Radiology/Imaging

Administratively: Imaging providers are asking for more detailed information for their referrals. Please make sure to include this info in the referral:

- ICD10
- CPT code
- Patient's current weight
- Diabetic?
- Allergic to contrast?
- Specific reason for referral

Radiology/Imaging (cont)

- imaging within past 6 months unless DM Podiatry
- Hip: AP and Frog
- Shoulder: AP in external rotation, Glenoid, Acromial Outlet, meaning scapula Y? view with 10% acromial tilt
- Spine: AP/Lat with obliques
- Ankle: at least 1 standing view, AP/Lat, Mortise
- Knee: Standing AP, Standing notch, Lateral, Patellar/femora (AKA Skyline w/ ≤ 30 deg flexion)



Rheumatology

Administratively:

- Any imaging of pts joints/DEXA included.
- Rheumatology questionnaire must be completed.

Clinically:

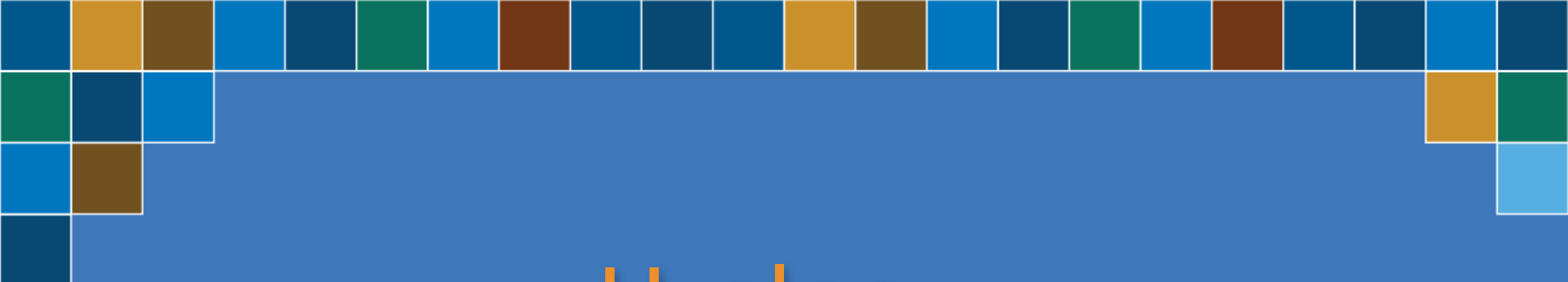
- Rheumatology labs
- Conservative treatment.

Note: Providers are willing to see Fibromyalgia.

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Sleep Medicine

- Administratively: none identified
- Note: Client will need to obtain a CPAP on their own.
- Clinically: see Pulmonary



Urology

- Administratively: No ED or infertility as reason for referral.
- Clinically: depends on condition.
- Conditions: elevated PSA, hematuria, scrotal mass, recurrent UTIs, frequency, urgency, incontinence, vasectomy



Elevated PSA

- --if PSA > 10 mg/ml refer to urologist
- --if PSA between 4 and 10, repeat PSA in 6 mos. with free/total fraction.
- --if PSA < 4mg/ml, repeat PSA in 1 yr.



HEMATURIA

Gross Hematuria

- Need urine culture and cytology
- If culture neg. and cytology + get CT IVP and send to Urology
- If culture positive tx with appropriate abx

Microscopic Hematuria

- <3 RBC/HPF does not require evaluation
- If ≥ 3 RBC refer to UROLOGY after cytology and CT or RBUS complete



"over active bladder"

- Frequency, urgency, incontinence
- What has been tried? Detrol LA, Vesicare, Oxtrol, Sanctura
- Please clarify if GYN-related.



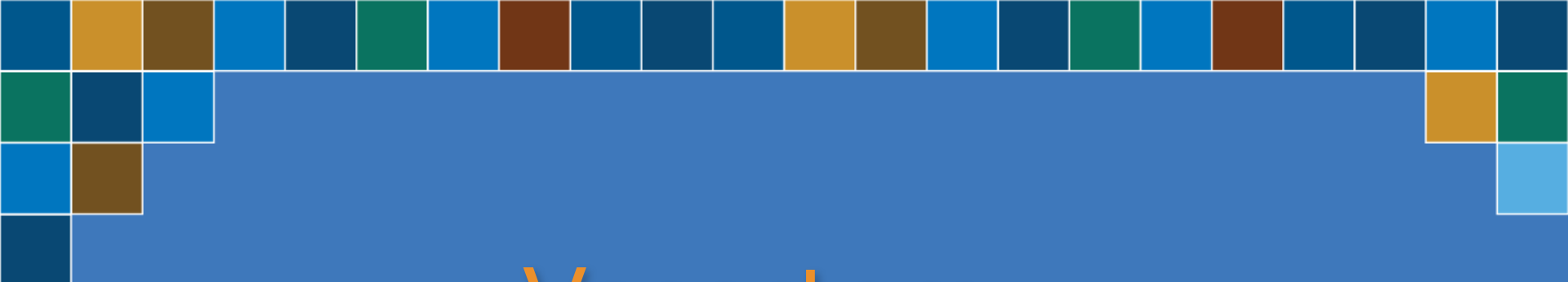
Scrotal Mass

- Need US scrotum



Vascular Surgery

- Administratively:
- Clinically: Doppler study if applicable (PANW can coordinate).



Vasectomy

Administratively: none identified.
Clinically: none identified.