

## Patient Referral Checklist

### Project Access Northwest Patient Referral Checklist

|                                                                                                                                                                                                                                                                                                                                                                           | YES                      | NO                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Does the referral have the most <b>UP-TO-DATE CONTACT INFORMATION</b> for the patient?                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient have a <b>KING, KITSAP OR SNOHOMISH COUNTY ADDRESS</b> ?                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the patient have a <b>PHYSICAL ADDRESS</b> not a PO Box?<br><i>NOTE: The patient must have a physical address.</i>                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the completed <b>PROJECT ACCESS NORTHWEST ENROLLMENT FORM</b> included with the referral?<br><i>NOTE: Project Access Northwest will follow up with clients every six months to update their enrollment while they are actively in care. If there is a break in care over six months, a new enrollment form is required.</i>                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Is <b>INCOME VERIFICATION</b> included for uninsured patients?                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Is patient <b>FEDERAL POVERTY LEVEL 300%</b> or less?                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the <b>REASON FOR THE REFERRAL</b> explicitly outlined?<br><i>NOTE: The reason for referral should explicitly outline what the patient needs- not just "orthopedic consult," but should describe the involved body part, what therapies have been tried for the problem and what the provider wants the specialist to do. Include presenting history and symptoms.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are <b>CHART NOTES</b> , radiology reports, diagnostic reports and therapy reports included with the referral?<br><i>NOTE: For dental referrals, is the health history included?</i>                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the <b>RADIOLOGY/IMAGING CURRENT</b> ?<br><i>NOTE: The imaging must have been completed within the last six months.</i>                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |

**When all answers are "YES," the referral is ready to be sent to Project Access Northwest!**