

The wait times listed below are median New Patient Lag times for in-person appointments at some of our most frequently referred to clinics. If you have questions about other clinics, your assigned Physician Liaison can assist.

Referrals are triaged, and urgent patients are scheduled more quickly (see next page for additional detail).

New Patient Lag: the median number of calendar days between referral creation in Epic and appointment date.

Please encourage your patients to call us 2-3 days after referral submission for scheduling.



Scan for the
most recent
dashboard.

Specialty	Seattle	Bellevue	Everett	Federal Way	Olympia	Wenatchee	Tri-Cities	Other Clinics
Adolescent Med	59 days	54 days	58 days	103 days	40 days			
Audiology	51 days	43 days	44 days					
Autism Center	64 days*							*Magnuson Clinic Site
Behavioral Health	90 days*		68 days	98 days				*Magnuson Clinic Site
Craniofacial	35 days	32 days	39 days	21 days			59 days	
Dermatology	105 days	116 days	96 days	119 days				
Endocrinology	104 days*	129 days	118 days	165 days	93 days	38 days	97 days	*Sand Point Clinic Site
Gastroenterology	93 days	81 days	90 days	107 days	70 days	114 days	114 days	
General Surgery	18 days	18 days	35 days	27 days			68 days	
Heart Center	28 days	28 days	41 days	55 days	47 days	37 days	24 days	Alaska (48), Centralia (72), Montana (25), Silverdale (42), Tacoma (27), Walla Walla (38)
Nephrology	41 days		119 days	97 days	152 days	116 days	91 days	Silverdale (77)
Neurology	75 days	49 days	62 days	60 days	60 days	103 days	76 days	
Ophthalmology	76 days	117 days	124 days					
Ortho & Sports Med	34 days	20 days	14 days	9 days	29 days	112 days	51 days	
Otolaryngology	124 days	120 days	112 days					
Pulmonology	84 days	116 days	125 days	123 days		87 days	109 days	
Rheumatology	76 days	82 days		74 days				
Sleep Medicine	124 days	180 days*	170 days	181 days	104 days		41 days	*Overlake Clinic Site
Urology	97 days	149 days	133 days	87 days	78 days	134 days	55 days	

Specialty Clinic Access Dashboard

Individual patient wait times are influenced by many factors - see below for conditions or symptoms we consider urgent and schedule with appropriate urgency. If needed, you can call our provider-to-provider (206-987-7777) line to discuss individual cases. **Detailed referral information for all clinics can be found on our [Medical Professionals site](#) and we have [Algorithms](#) available to help manage patients in the Primary Care setting.**

Specialty	Urgent Visit Symptoms or Diagnoses
Adolescent Med	Abnormal uterine bleeding: saturation of large tampon/pad every hour for more than two hours, passing multiple clots the size of quarter or greater, signs/symptoms of anemia (lethargic, dizzy, pale, cold)
Audiology	Sudden hearing loss should be referred to Otolaryngology.
Autism Center	The duration of wait times for individual subspecialty programs can vary considerably. Kindly contact the appropriate team once a referral has been submitted to obtain detailed information about the waiting period for a specific program. Autism Center Scheduling Team: 206-987-8080 Behavioral Health Triage Team: 206-987-0030
Behavioral Health	
Craniofacial	Craniosynostosis; Cleft lip; Cleft palate
Dermatology	Always Urgent: Target-like rashes with associated blisters in the mouth, redness of the eyes, or pain going to the bathroom; Changing pigmented lesion; Fever + rash in immunosuppressed patient. Urgent Presentations of Common Conditions: Hemangiomas (periocular, nasal tip, lip, ulcerated); Eczema (herpes superinfection); Medication induced rash (liver function abnormalities + fever, pustular rash); Acne (nodulocystic); Skin condition leading to bullying at school
Endocrinology	New onset diabetes; Congenital hypothyroidism; Hyperthyroidism; Adrenal insufficiency (congenital adrenal insufficiency and Addison's disease)
Gastroenterology	Blood in stool or chronic diarrhea with hgb 9 or albumin of 3.0; Chronic vomiting with wt loss >15% baseline body weight, hgb 10, or documented episodes of dehydration; Severe/acute weight loss of >15% baseline body weight despite nutrition consultation; Biliary atresia; Dysphagia, rule out for EoE; Gastroschisis; Abnormal liver imaging; Liver mass, liver tumor, or metabolic liver disease
General Surgery	Malrotation; Tumor; Abdominal pain; Prenatal diagnosis
Heart Center	Within 5 working days: Cyanosis 2 weeks to 3 months of age; Abnormal EKG indicating WPW with syncope, AV block or long QT; Murmur <3 months with poor weight gain, decreased intake/feeding, diaphoresis with feeding; Murmur < 2 weeks of age; Within 2 weeks: Failure to thrive/poor weight gain < 6 months; Murmur < 3 months not associated with feeding difficulties
Nephrology	New onset gross hematuria; Newly dx elevated creatinine or nephrotic syndrome; IgA vasculitis w/ UPC 1 or greater, or elevated creatinine; Multidisciplinary stones clinic
Neurology	Within 2 working days: concern for Infantile Spasms 2-12 months of age; Within one week: subacute onset ataxia, weakness, or decline in speech/motor/visual function; Within 2 weeks: 1st seizure clinic
Ortho & Sports Med	Clubfoot; Developmental dysplasia of the hip; Fracture within one week
Ophthalmology	Acute vision loss; Eye trauma; Floaters (spots in vision, flashes of light); Foreign body; Herpes
Otolaryngology	Cochlear implant infection; Concern for cancer/malignancy; Ear shape concerns for infants <6 months old; Facial nerve weakness; Foreign body in ear or nose if organic material (button battery should go to ED); Juvenile nasopharyngeal angiofibroma; Nasal fracture (should be seen 5-7 days after injury); Stridor with cyanosis or poor weight gain; Sudden hearing loss, <2 weeks onset; Ankyloglossia with poor weight gain <6 months old
Pulmonology	Infants <3 months with respiratory concerns; All NICU discharges on oxygen and/or tube feeding; Moderate or severe persistent asthma, poorly controlled based on frequency of ED visits, admits, or near-daily symptoms; Coughing up blood; Subacute/chronic hypoxemia; Aspiration of foreign body (refer to ED if highly suspect)
Rheumatology	SLE with organ involvement (lung, heart, kidney, antiphospholipid thrombi or clots); Vasculitis with organ involvement like pulmonary hemorrhage or renal involvement (ANCA or PAN); Systemic JIA with or without macrophage activation syndrome; Inability to ambulate or perform activities of daily living due to arthritis; New onset systemic scleroderma with or without lung involvement
Sleep Medicine	Concern for severe obstructive sleep apnea including respiratory distress, failure to thrive; New onset hypersomnia or cataplexy; New onset parasomnias or concerning behaviors during sleep; Insomnia causing significant patient/familial dysfunction. Please call sleep physician on call to discuss any concerns, or request for expedited appointments including for reasons not listed above: (206) 987-7777
Urology	At the referring provider's discretion (all referrals are reviewed by clinical intake for urgency).