



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	54 days	52 days	53 days	76 days	41 days			
Audiology	54 days	46 days	54 days					
Autism Center	83 days*							*Magnuson Clinic Site
Behavioral Health	84 days*		57 days	146 days				*Magnuson Clinic Site
Craniofacial	29 days	38 days	37 days	23 days			55 days	
Dermatology	102 days	112 days	105 days	116 days				
Endocrinology	107 days*	96 days	127 days	97 days	188 days	148 days	242 days	*Sand Point Clinic Site
Gastroenterology	86 days	62 days	67 days	72 days	77 days	85 days	91 days	
General Surgery	19 days	25 days	48 days	21 days			26 days	
Heart Center	34 days	34 days	49 days	45 days	45 days	33 days	27 days	Alaska (47), Centralia (140), Montana (33), Silverdale (34), Tacoma (25), Walla Walla (26)
Nephrology	39 days		131 days	70 days	56 days	82 days	106 days	Silverdale (136)
Neurology	70 days	47 days	63 days	36 days	126 days	47 days	77 days	
Ophthalmology	81 days	98 days	104 days					
Ortho & Sports Med	35 days	20 days	13 days	9 days	36 days	78 days	104 days	
Otolaryngology	101 days	112 days	103 days					
Pulmonology	81 days	126 days	125 days	120 days		168 days	149 days	
Rheumatology	63 days	54 days		68 days				
Sleep Medicine	147 days	168 days*	165 days	178 days	107 days		112 days	*Overlake Clinic Site
Urology	97 days	96 days	131 days	130 days	91 days	134 days	69 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).