

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	52 days	70 days	65 days	82 days	53 days			
Audiology	41 days	58 days	34 days					
Autism Center	139 days*							*Magnuson Clinic Site
Behavioral Health	84 days*		83 days	122 days				*Magnuson Clinic Site
Craniofacial	33 days		34 days	29 days			55 days	
Dermatology	111 days	146 days	132 days	154 days				
Endocrinology	77 days*	92 days	108 days	103 days	104 days	77 days	182 days	*Sand Point Clinic Site
Gastroenterology	60 days	67 days	99 days	94 days	88 days	71 days	76 days	
General Surgery	19 days	20 days	20 days	33 days			29 days	
Heart Center	34 days	31 days	44 days	57 days	45 days	15 days	33 days	Alaska (29), Centralia (75), Montana (28), Silverdale (31), Tacoma (25), Walla Walla (40), Yakima (30)
Nephrology	69 days		92 days	91 days	83 days	118 days	129 days	Silverdale (64)
Neurology	47 days	65 days	83 days	63 days	90 days	96 days	117 days	
Ophthalmology	107 days	164 days	171 days					
Ortho & Sports Med	24 days	23 days	29 days	15 days	25 days	92 days	52 days	
Otolaryngology	56 days	68 days	69 days					
Pulmonology	91 days	124 days	132 days	120 days		134 days	129 days	
Rheumatology	80 days	97 days		31 days*				*New Offering
Sleep Medicine	89 days	160 days*	164 days	177 days	97 days		139 days	*Overlake Clinic Site
Urology	93 days	100 days	114 days	98 days	77 days	87 days	49 days	

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	Not applicable.
Behavioral Health	Not applicable.
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).