



# Free Clinic

OF SOUTHWEST WASHINGTON

*Compassionate Care ~ Always*

To Project Access  
Fx: 360-313-1391  
Ph: 360-313-1384

Clinic name: \_\_\_\_\_  
Clinic fax: \_\_\_\_\_  
Phone: \_\_\_\_\_

## Patient Follow Up Form

\_\_\_\_\_  
PATIENT NAME PACC ID NUMBER DATE

Scheduling this patient for a follow up visit to see the same provider in your clinic is authorized; services outside your office will be scheduled through Project Access for authorization and appropriate allocation of service.

Next Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

### The patient needs to be referred to another specialty

What specialty does the patient require? \_\_\_\_\_

### The patient requires hospital inpatient/outpatient services and/or imaging

Procedure: \_\_\_\_\_ Facility \_\_\_\_\_

CPT Code: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

### The patient requires labs

Please give lab orders to patient and or send orders to Peace Health SW or Legacy Salmon Creek

#### Please circle a location:

Peace Health SW / Legacy Salmon Creek      Date(s) of lab draw: \_\_\_\_\_

**Please attach all pertinent chart notes in order for the above requests to be processed as quickly as possible.**

Patient arrived on time       Patient arrived late       Patient missed appointment

If required, interpretive services were available as scheduled.     Yes     No

Patient thanked the physician/office staff for services received

\_\_\_\_ **I have resolved the condition for which the patient was referred; no follow-up needed**

#### COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

signature: \_\_\_\_\_ MD/DO/PA/NP

Project Access  
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