

**Thurston County Project Access**  
**PATIENT TREATMENT UPDATE**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Project Access ID #: \_\_\_\_\_

After seeing this patient, I have determined the following treatment plan:

\_\_\_ I have asked the patient to set up a follow-up appointment directly with my office.

\_\_\_ I have provided the patient with the following prescription(s) or sample(s):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I am referring the patient for additional services outside of my practice.  
(Note: please arrange through TCPA by faxing referral/order form and dictation)  
What service/specialty does the patient require?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ My practice will schedule the patient for a hospital inpatient/outpatient procedure at Providence St. Peter Hospital / Capital Medical Center on \_\_\_\_\_ (date).

\_\_\_ I have resolved the condition for which the patient was referred – no follow-up is needed.

Other/Notes: \_\_\_\_\_  
\_\_\_\_\_

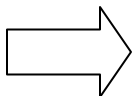
**Urgency: 1    2    3    4    5 (circle one)**

\*Assuming that **1** is the most urgent (ex: new on-set angina) that will need to be checked out in the next 2 weeks. An urgency level of **3** should be something that requires attention but is under control for the short term (ex: chronic illness patient under medication in need of medication assistance). An urgency level of **5** should be an isolated non-urgent medical need (ex: hip replacement).  
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**Physician's / Provider's Signature**

**Date**

Print or Type Physician's / Provider's Name: \_\_\_\_\_



**PLEASE FAX THIS FORM AND ACCOMPANYING DICTATION TO:**

**(360) 493-7708**