



In an effort to ensure that you are scheduled with the appropriate provider we need to collect some information prior to scheduling. We strive to offer the highest quality of care to ensure positive health outcomes for all of our patients. As a small, private clinic operated by Nurse Practitioners there are some limitations to our services. None of our providers have hospital privileges so if something were to happen requiring more advanced care we are unable to support this. We also don't have the educational or support services that larger clinics can offer that are needed for some conditions (registered nurses, social workers, diabetes teaching, insulin management etc). Additionally as nurse practitioners and physician assistants there are some conditions that fall outside of our scope of practice and require the care of an internal medicine team.

Please fill out the information below. You can return the completed form via unsecured email [admin@titanhealthcare.org](mailto:admin@titanhealthcare.org), mail, secure fax 360-839-2852, or drop it off in person at the office. If the form is incomplete it will be returned and this could delay scheduling.

Once received, our providers will review your information and we will either place you on our call back list, or mail a letter letting you know that we have denied your request for services with an explanation.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Please list any other family members that are patients at Titan \_\_\_\_\_

Please list all medications you are currently taking (You may attach a med list if you prefer):

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Please list any chronic medical conditions:

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Please list your primary care provider name (if applicable) and any specialists that you see and what you see them for: \_\_\_\_\_

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Reason for visit:

- Establish primary care
- Specialty services
  - Menopause
  - Gender affirming care
  - Gynecological care
- Establish care with Carole for Nutrition therapy
- Other (please specify) \_\_\_\_\_