



Kaiser Permanente Northwest Treatment Extension Request (TER to KP Direct Referrals)

Referring Kaiser Clinician:

Patient Name:

Treating CHP Provider:

Kaiser I.D. #:

Phone:

Fax:

Initial KP Referral (Check one):

Chiropractic

Acupuncture

Naturopathic

Initial KP Auth #:

of Authorized Treatments Used:

of treatments this calendar year:

Request for Additional (check one) :

Chiropractic

Acupuncture

Naturopathic

of Additional Treatments Requested (check one) ☐ 1 ☐ 2 ☐ 3 Dates: _____ to _____

Initial Complaints and Pain Score(s)/Outcome Assessment Tool:

Initial objective findings:

Diagnosis (must relate to original referral):

Treatment Provided (including number, modalities, exercises, patient education, etc.):

Response to treatment:

Current complaints & Pains Score(s)/Outcome Assessment Tool:

Current objective findings:

Expected outcome/prognosis:

Signature

Date

Please complete this form, typed with standard font/typeface. Forward to the Kaiser Permanente Community Medicine Integration Center via fax 877-800-5456. Questions about referrals should be directed to 503-813-4560 or 866-813-2437.