



Central Referral Service

GUIDELINES FOR USING REFERRAL TEMPLATES IN GENIE






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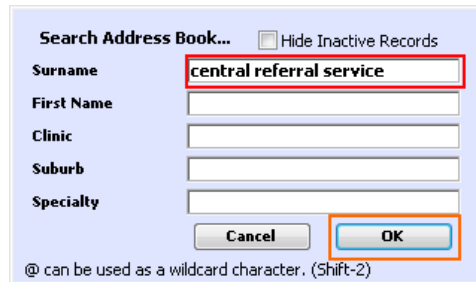
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GENIE

General Adult Referral Template

1. Open **Genie**
2. Select the correct **patient** from the Main appointment screen
3. Click the *create referral or reply letter template* icon 
4. Enter **Central referral service** in the *Surname* field (circled in red)



Search Address Book... Hide Inactive Records

Surname: **central referral service**

First Name:

Clinic:

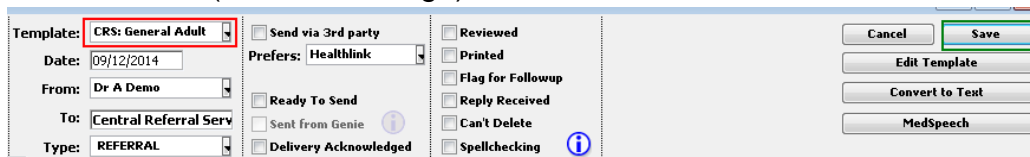
Suburb:

Specialty:

Cancel OK

@ can be used as a wildcard character. (Shift-2)

- a. Click **OK** (circled in orange)



Template: **CRS: General Adult**

Date: 09/12/2014

From: Dr A Demo

To: Central Referral Serv

Type: REFERRAL

Send via 3rd party

Prefer: Healthlink

Reviewed

Printed

Ready To Send

Sent from Genie

Delivery Acknowledged

Flag for Followup

Reply Received

Can't Delete

Spellchecking

Cancel Save

Edit Template

Convert to Text

MedSpeech

5. Select the *CRS: Adult v1-1* from the dropdown menu (circled in red)
6. Enter the following information into the referral
 - a. **Refer To** section

Referral To: <input type="text"/>	
<i>(Urgent/Immediate referrals are not sent to CRS, send directly to Hospital)</i>	
Speciality: <input type="text"/>	<input type="text"/>
Name of Specialist (if required): <input type="text"/>	<input type="text"/>
Site: <input type="text"/>	<input type="text"/>

- i. *Speciality* for the referral
- ii. Name of the *Referring to Doctor*
- iii. name of the *Hospital or Site* for the referral

- b. **Patient Details** section:

Patient Details <input type="text"/>	
First Name(s): <input type="text"/>	URMN Hospital No: (if known) <input type="text"/>
Preferred Name: <input type="text"/>	Family Name: <input type="text"/>
Title: <input type="text"/>	Previous Name (e.g. Maiden): <input type="text"/>
Country of Birth: <input type="text"/>	Marital Status: <input type="text"/>
Gender: <input type="text"/>	Birth Date: <input type="text"/>
ATSI Status: <input type="text"/>	
Address: <input type="text"/>	Mailing Address (if different): <input type="text"/>
25b Oakes St Bundaberg 4670 <input type="text"/>	<input type="text"/>
Post code: <input type="text"/>	Email: <input type="text"/>
Telephone No: <input type="text"/>	Work: <input type="text"/>
Home: <input type="text"/>	Fax: <input type="text"/>
Mobile: <input type="text"/>	
Special Needs: <input type="text"/>	
Is an interpreter required? <input type="text"/>	If Yes, language/Dialect: <input type="text"/>
Other Special needs: <input type="text"/>	
Medicare Eligible: <input type="text"/>	Medicare No: <input type="text"/>
DVA Card Number: <input type="text"/>	Ref: <input type="text"/>
MVIT Yes/No <input type="text"/>	Expiry: <input type="text"/>
	DVA Card Type: <input type="text"/>
	Workers Compensation Yes/No <input type="text"/>



- i. URMN
- ii. Interpreter required
- iii. Which dialect
- iv. Other special needs
- v. Medicare eligible
- vi. MVIT (motor Vehicle Insurance)
- vii. Worker's Compensation

c. Referral details

Referral Details ¶	
<small>Fill this box for Immediate Referrals only (if the Patient must be seen by specialist within 7 days) ¶</small>	
Has the referral been discussed with Registrar or Consultant → Yes/No → (essential for Urgent Cases) ¶	
If yes, the clinician name: → ¶	
Site: →	Contact Number: → ¶
Referral advice given: → ¶	

- i. Has the referral been *discussed with the registrar or consultant?*
- ii. *Name of Registrar*
- iii. *Contact Number*
- iv. *Referral advise given*

d. Usual GP details

Is the referrer the usual GP for the Patient? → ¶	
If No, name of usual GP: → ¶	
Contact number: → ¶	

- i. Are you the *usual GP* for this patient
- ii. If not, enter *Name of Usual GP*
- iii. *Contact number*

e. Referral Types details

If the patient has been referred to this speciality for the same condition before, do they need to be referred to the same place again? → Yes/No ¶	
Is the patient suitable for a <u>Telehealth</u> consult? → Yes/No ¶	
Length of Referral: → 3mth → 12mth → Indefinite ¶	
Is this a renewed referral? → Yes/No ¶	
Reason for referring: ¶	

- i. Does this patient *need to be referred to the same place as before*
- ii. Are they suitable for a *telehealth consultation*
- iii. *Length of referral*
 - 1. *3 mths*
 - 2. *12 mths*
 - 3. *Indefinite*
- iv. *Renewed referral*
- v. *Reason for referral*



f. **Clinical details**

Clinical Information

Observations

(BMI, Height & Weight): → BMI: → 28.4 → Height: → 178-178 → Weight: → 90

Current Problems: → Recurrent depressive disorder

Past History: → Melanocytic naevi - 01/09/2000

Current Medications: → Ventolin CFC-free Inhaler 100mcg/dose Inhaler 1 PRN As required

Allergies: → Nil Known

Other: →

Family & Social History: → Family and Social History

Relevant Investigations and tests (Please attach)

Pathology Provider: → **Radiology Provider:** →

Other Notes: →

- i. Other clinical information
- ii. Pathology provider
- iii. Radiology provider
- iv. Other notes

7. Click *send via 3rd party* (circled in red)

Template: CRS: General Adult

Date: 09/12/2014

From: Dr A Demo

To: Central Referral Serv

Type: REFERRAL

Send via 3rd party

Prefers: Healthlink

Reviewed

Printed

Flag for Followup

Reply Received

Can't Delete

Spellchecking

Ready To Send

Sent from Genie

Delivery Acknowledged

a. This will open the *Messaging Parameters Screen*

PRIORITY

Routine

Critical/Urgent

ASAP

REQUESTED ACTION

Send Written Report

Return Patient After Evaluation

Assume Management

Second Opinion

Discharge Summary

FYI. No Action Requested

Case Conference

- b. Leave the priority as Routine
- c. Click Assume Management (circled in red)
- d. Click OK (circled in orange)

8. Save the referral (circled in green)

Template: CRS: General Adult

Date: 09/12/2014

From: Dr A Demo

To: Central Referral Serv

Type: REFERRAL

Send via 3rd party

Prefers: Healthlink

Reviewed

Printed

Flag for Followup

Reply Received

Can't Delete

Spellchecking


Ready To Send

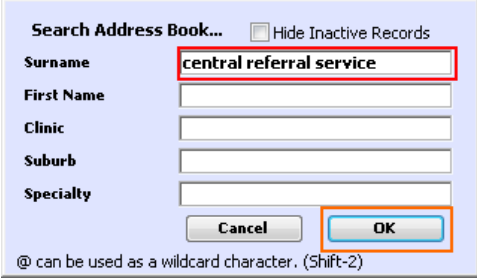
Sent from Genie

Delivery Acknowledged



Obstetrics & Gynaecology Referral Template

1. Open **Genie**
2. Select the correct **patient** from the Main appointment screen
3. Click the *create referral or reply letter template* icon 
4. Enter **Central referral service** in the *Surname* field (circled in red)



Search Address Book... Hide Inactive Records

Surname: central referral service

First Name:

Clinic:

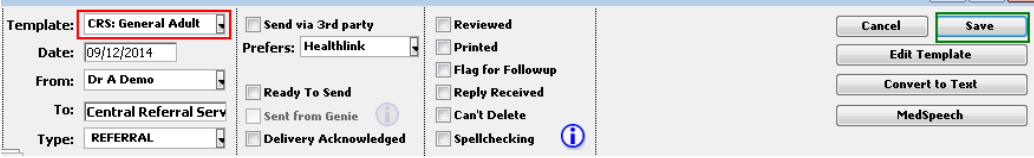
Suburb:

Specialty:

Cancel OK

@ can be used as a wildcard character. (Shift-2)

- a. Click **OK** (circled in orange)



Template: CRS: General Adult Send via 3rd party Reviewed

Date: 09/12/2014 Printed

From: Dr A Demo Healthlink Flag for Followup

To: Central Referral Serv Ready To Send Reply Received

Type: REFERRAL Sent from Genie Can't Delete

Delivery Acknowledged Spellchecking

Cancel Save

Edit Template

Convert to Text

MedSpeech

5. Select the *CRS: Gynae & Obs v1-1* from the dropdown menu (circled in red)
6. Enter the following information into the referral
 - a. **Service/s required** for the referral

Referral To: ↑			
(URGENT/IMMEDIATE REFERRALS ARE NOT SENT TO CRS, SEND DIRECTLY TO HOSPITAL) ↑			
<input type="checkbox"/> Antenatal Clinic →	<input type="checkbox"/> Gynaecology →	<input type="checkbox"/> Oncology →	<input type="checkbox"/> Ultrasound ↑
<input type="checkbox"/> Fertility →	<input type="checkbox"/> Colposcopy →	<input type="checkbox"/> CVS/Amino →	<input type="checkbox"/> Urogynaecology ↑
<input type="checkbox"/> Menopause →	<input type="checkbox"/> Genetic Services →	Other: ↑	

- i. *Antenatal Clinic*
- ii. *Gynaecology*
- iii. *Oncology*
- iv. *Ultrasound*
- v. *Fertility*
- vi. *Colposcopy*
- vii. *CVS/Amino*
- viii. *Urogynaecology*
- ix. *Menopause*
- x. *Genetic Services*
- xi. *Other*

- b. **Refer To** section

Name of Specialist (if required): → ↑
Site: → ↑

- i. Name of the *Referring to Doctor*
- ii. name of the *Hospital* or *Site* for the referral



c. Patient Details section:

Patient Details	
First Name(s): → Kevin →	URMN Hospital No: (if known) →
Preferred Name: → Kevin →	Family Name: → Alexander
Title: → Mr →	Previous Name (e.g. Maiden): →
Country of Birth: →	Marital Status: →
Gender: → M	Birth Date: → 04/02/51
ATSI Status: → Non-Indigenous	
Address: →	Mailing Address (if different):
25b Oakes St Bundaberg 4670 →	→
Post code: →	Email: → 1@example.com
Telephone No:	
Home: → 0741523420 →	Work: →
Mobile: → 0400000000 →	Fax: →
Special Needs:	
Is an interpreter required? → Yes/No →	If Yes, language/Dialect: →
Other Special needs: →	
Medicare Eligible: → Yes/No →	Medicare No: →
DVA Card Number: →	DVA Card Type: →
MVIT Yes/No →	Workers Compensation Yes/No

- i. URMN
- ii. Interpreter required
- iii. Which dialect
- iv. Other special needs
- v. Medicare eligible
- vi. MVIT (motor Vehicle Insurance)
- vii. Worker's Compensation

d. Referral details

Referral Details
Fill this box for Immediate Referrals only (if the Patient must be seen by specialist within 7 days)
Has the referral been discussed with Registrar or Consultant: → Yes/No → (essential for Urgent Cases)
If yes, the clinician name: →
Site: →
Referral advice given: →
Contact Number: →

- i. Has the referral been *discussed with the registrar or consultant?*
- ii. *Name of Registrar*
- iii. *Contact Number*
- iv. *Referral advise given*

e. Usual GP details

Is the referrer the usual GP for the Patient? →
If No, name of usual GP: →
Contact number: →

- i. Are you the *usual GP* for this patient
- ii. If not, enter *Name of Usual GP*
- iii. *Contact number*



f. Referral Types details

If the patient has been referred to this speciality for the same condition before, do they need to be referred to the same place again? → Yes/No

Is the patient suitable for a Telehealth consult? → Yes/No

Length of Referral: → 3mth → 12mth → Indefinite

Is this a renewed referral? → Yes/No

Reason for referring:

- i. Does this patient *need to be referred to the same place as before*
- ii. Are they suitable for a *telehealth consultation*
- iii. *Length of referral*
 - 1. *3 mths*
 - 2. *12 mths*
 - 3. *Indefinite*
- iv. *Renewed referral*
- v. *Consent to shared care:* **DO/DO NOT**

If Obstetric Patient:

We would like to share antenatal care with you, both before and after the first clinic visit (usually at 20 weeks).

I **do/do not** wish to be **involved** in shared care.

- vi. *Reason for referral*

b. Clinical details

Clinical Information

Obstetric History:

Gravida: →	→	EDD (by Dates): →	→	EDD (by Scan): →	//
Parity: →	→	Multiple Pregnancy:	→	DCDA []	
LMP: →	→	Twins []	→	MCDA []	
	→	Other []	→	MCMA []	

Observations

(BMI, Height & Weight): → BMI: → 28.4 → Height: → 178 → Weight: → 90

Current Problem: → Recurrent depressive disorder

Past History: → Melanocytic naevi - 01/09/2000

Current Medications: → Ventolin CFC-free Inhaler 100mcg/dose Inhaler 1 PRN As required

Allergies: → Nil Known

Other: →

Family & Social History: → Family and Social History

- i. *Multiple pregnancy types*
- ii. *Twins*
- iii. *Other*
- iv. *DCDA*
- v. *MCDA*
- vi. *MCMA*
- vii. *Other clinical information*



b. Relevant Antenatal Investigations and Tests to be copied to CRS

Relevant Antenatal Investigations and tests

Please include photocopies or arrange for copies of results of tests to be sent to the hospital. Nominate the test results you have arranged or will arrange: Please refer to CPAC guidelines for non obstetric referrals

- | | |
|--|--|
| <input type="checkbox"/> Full Blood Picture | <input type="checkbox"/> Pap (within 2 years) |
| <input type="checkbox"/> Blood Group and Antibody screen | <input type="checkbox"/> Pap (abnormal) |
| <input type="checkbox"/> Rubella IgG Serology | <input type="checkbox"/> Midstream Sterile Urine/MC&S |
| <input type="checkbox"/> Syphilis Serology | <input type="checkbox"/> Chlamydia Screening |
| <input type="checkbox"/> Hep B Surface Antigen | <input type="checkbox"/> Early dating ultrasound (if dates uncertain) |
| <input type="checkbox"/> Hep C Serology | <input type="checkbox"/> 1 st trimester screen (11-13 weeks) or |
| <input type="checkbox"/> HIV Serology | maternal serum screening (15-17 weeks) |
| <input type="checkbox"/> Vitamin D | <input type="checkbox"/> Fetal anatomy U/S (18-20 weeks) |
| <input type="checkbox"/> Haemoglobinopathy Screening | <input type="checkbox"/> Pelvic Ultrasound (non obstetric referrals) |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Glucose Tolerance Test routine 24-28 weeks. |
- If high risk for GDM please do early OGTT*

- i. *Full blood Picture*
- ii. *Pap (within 2 years)*
- iii. *Pap (abnormal)*
- iv. *Blood Group & antibody screen*
- v. *Midstream Sterile Urine/MC&S*
- vi. *Rubella IgG Serology*
- vii. *Early dating ultrasound (if dates uncertain)*
- viii. *Chlamydia Screening*
- ix. *1st Trimester screen or Maternal Serum*
- x. *Syphilis Serology*
- xi. *Fetal Anatomy U/S*
- xii. *Hep B Surface Antigen*
- xiii. *Pelvic Ultrasound*
- xiv. *HIV Serology*
- xv. *Glucose Tolerance Test*
- xvi. *Vitamin D*
- xvii. *Haemoglobinopathy*
- xviii. *Other:*

c. Other Clinical details continued

- i. *Pathology provider*
- ii. *Radiology provider*

d. Specialist service/s required before 20 weeks

Indicate Specialist services/s that you believe need to be see this patient before 20 weeks, please state reason: †

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Genetic Services → | <input type="checkbox"/> Diabetes → | <input type="checkbox"/> Adolescent → | <input type="checkbox"/> Ultrasound †† |
| <input type="checkbox"/> Obstetric Medicine → | <input type="checkbox"/> Drug & Alcohol → | <input type="checkbox"/> Maternal Fetal Medicine (high risk) †† | |
| <input type="checkbox"/> Dietician → | <input type="checkbox"/> Psychology → | <input type="checkbox"/> Social Work → | †† |

Other Notes: → ††

Reason: → ††

- i. *Diabetes*
- ii. *Adolescent*
- iii. *Obstetric Medicine*
- iv. *Drug & Alcohol*
- v. *Maternal Fetal Medicine*
- vi. *Dietician*
- vii. *Psychology*
- viii. *Social Work*
- ix. *Reason*



7. Click *send via 3rd party* (circled in red)

Template: **CRS: General Adult** **Send via 3rd party** Reviewed
Date: 09/12/2014 **Prefers:** Healthlink Printed
From: Dr A Demo Flag for Followup
To: Central Referral Serv Reply Received
Type: REFERRAL Can't Delete
 Ready To Send Spellchecking
 Sent from Genie Delivery Acknowledged

a. This will open the Messaging Parameters Screen

PRIORITY
 Routine
 Critical/Urgent
 ASAP

REQUESTED ACTION
 Send Written Report
 Return Patient After Evaluation
 Assume Management
 Second Opinion
 Discharge Summary
 FYI. No Action Requested
 Case Conference

Cancel **OK**

b. Leave the priority as Routine

c. Click Assume Management (circled in red)


d. Click OK (circled in orange)

8. Save the referral (circled in green)

Template: **CRS: General Adult** Send via 3rd party Reviewed Save
Date: 09/12/2014 **Prefers:** Healthlink Printed Edit Template
From: Dr A Demo Flag for Followup Convert to Test
To: Central Referral Serv Reply Received MedSpeech
Type: REFERRAL Can't Delete
 Ready To Send Delivery Acknowledged Spellchecking



Paediatric Referral Template

1. Open **Genie**
2. Select the correct **patient** from the Main appointment screen
3. Click the *create referral or reply letter template* icon 
4. Enter **Central referral service** in the *Surname* field (circled in red)

Search Address Book... Hide Inactive Records

Surname: **central referral service**

First Name:

Clinic:

Suburb:

Specialty:

Cancel OK

@ can be used as a wildcard character. (Shift-2)

- a. Click **OK** (circled in orange)

Template: **CRS: General Adult** Send via 3rd party Reviewed

Date: 09/12/2014 Printed

From: Dr A Demo Flag for Followup

To: Central Referral Serv Reply Received

Type: REFERRAL Sent from Genie Can't Delete

Ready To Send Delivery Acknowledged Spellchecking

Cancel Save

Edit Template

Convert to Text

MedSpeech

5. Select the *CRS: Paed v1-1* from the dropdown menu (circled in red)
6. Enter the following information into the referral

- a. **Refer To** section

Referral To
(URGENT/IMMEDIATE REFERRALS ARE NOT SENT TO CRS, SEND DIRECTLY TO HOSPITAL)
Specialty:
Name of Specialist (if required):
Site:

- i. *Speciality* for the referral
- ii. Name of the *Referring to Doctor*
- iii. name of the *Hospital* or *Site* for the referral

- b. **Patient Details** section:

Patient Details	
First Name(s): → Kevin →	URMN Hospital No: (if known) →
Preferred Name: → Kevin →	Family Name: → Alexander
Title: → Mr →	Previous Name (e.g. Maiden): →
Country of Birth: →	Marital Status: →
If born in WA, name of Hospital: →	Birth Date: → 04/02/51
ATSI Status: → Non-Indigenous	Gender: → M
Address: →	Mailing Address (if different):
25b Oakes St Bundaberg 4670 →	Email: → 1@example.com
Post code: →	Work: →
Telephone No: →	Fax: →
Home: → 0741523420 →	
Mobile: → 0400000000 →	
Special Needs: →	
Is an interpreter required? → Yes/No →	If Yes, language/Dialect: →
Other Special needs: →	
Medicare Eligible: → Yes/No → Medicare No: →	Ref: 0 → Expiry: 00/00/00
DVA Card Number: →	DVA Card Type: →
Next of Kin/Guardian →	
Name: →	
Relationship: →	Phone: →
Mothers name at time of birth: →	



- i. *URMN*
- ii. *Name of hospital, if born in WA*
- iii. *Interpreter required*
- iv. *Which dialect*
- v. *Other special needs*
- vi. *Medicare eligible*
- vii. *MVIT (motor Vehicle Insurance)*
- viii. *Worker's Compensation*
- ix. *Name of Mother at time of birth*

c. Referral details

Referral Details

Fill this box for Immediate Referrals only (*if the Patient must be seen by specialist within 7 days*)

Has the referral been discussed with Registrar or Consultant (essential for Urgent Cases)

If yes, the clinician's name:

Site:

Contact Number:

Referral advice given:

- i. Has the referral been *discussed with the registrar or consultant?*
- ii. *Name of Registrar*
- iii. *Contact Number*
- iv. *Referral advise given*

d. Usual GP details

Is the referrer the patient's usual GP?

If No, name of patient's usual GP:

Contact number:

- i. Are you the *usual GP* for this patient
- ii. If not, enter *Name of Usual GP*
- iii. *Contact number*

e. Referral Types details

If the patient has been referred to this speciality for the same condition before, do they need to be referred to the same place again?

Is the patient suitable for a Telehealth consult?

Length of Referral: 3mth 12mth Indefinite

Is this a renewed referral?

Reason for referring:

- i. Does this patient *need to be referred to the same place as before*
- ii. Are they suitable for a *telehealth consultation*
- iii. *Length of referral*
 - 1. *3 mths*
 - 2. *12 mths*
 - 3. *Indefinite*
- iv. *Renewed referral*
- v. *Reason for referral*



f. **Clinical details**

Clinical Information

Observations ↑

(Percentile, Height & Weight): → Percentile: → → Height: → 178 → Weight: 90 ↑

Current Problems: → Recurrent depressive disorder ↑

Past History: → Melanocytic naevi - 01/09/2000 ↑

Current Medications: → Ventolin CFC-free Inhaler 100mcg/dose Inhaler 1 PRN As required ↑

Allergies: → Nil Known ↑

Other: → ↑

Family & Social History: → Family and Social History ↑

↑

Relevant Investigations and tests (Please attach) ↑

↑

Pathology Provider: → → **Radiology Provider:** → ↑

↑

Other Notes: → ↑

- i. *Other clinical information*
- ii. *Pathology provider*
- iii. *Radiology provider*
- iv. *Other notes*

7. Click *send via 3rd party* (circled in red)

Template: CRS: General Adult ↓ **Send via 3rd party** **Reviewed**

Date: 09/12/2014 **Prefers:** Healthlink ↓ **Printed**

From: Dr A Demo ↓ **Ready To Send** **Flag for Followup**

To: Central Referral Serv ↓ **Sent from Genie** ⓘ **Reply Received**

Type: REFERRAL ↓ **Delivery Acknowledged** **Can't Delete** ⓘ

Spellchecking ⓘ

a. This will open the Messaging Parameters Screen

PRIORITY

Routine

Critical/Urgent

ASAP

REQUESTED ACTION

Send Written Report

Return Patient After Evaluation

Assume Management

Second Opinion

Discharge Summary

FYI. No Action Requested

Case Conference

- b. Leave the priority as Routine
- c. Click Assume Management (circled in red)
- d. Click OK (circled in orange)

8. Save the referral (circled in green)

Template: CRS: General Adult ↓ **Send via 3rd party** **Reviewed**

Date: 09/12/2014 **Prefers:** Healthlink ↓ **Printed**

From: Dr A Demo ↓ **Ready To Send** **Flag for Followup**

To: Central Referral Serv ↓ **Sent from Genie** ⓘ **Reply Received**

Type: REFERRAL ↓ **Delivery Acknowledged** **Can't Delete** ⓘ

Spellchecking ⓘ



