GUIDELINES FOR USING REFERRAL TEMPLATES IN MEDICAL DIRECTOR 3
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MEDICAL DIRECTOR 3

General Adult Referral Template

1. Open **Medical Director 3**
   a. With the correct patient record open
2. Open the **Word Processor**
3. Select **New**; Select **CRS_Adult_v1-1** from the list
4. **Enter/select** the following fields to be merged into the referral:

   **NB**: these fields are **not compulsory** and cannot be reopened after the **OK** button is clicked.

   ![User Defined Fields](image)

   a. **Refer To** section (shown in blue above):
      1. **Speciality** for the referral
      2. Name of the **Referring to Doctor**
      3. Name of the **Hospital or site** for the referral
   b. **Patient details** section (shown in purple above):
      1. **URMN**
      2. **Preferred Name**
      3. **Previous name** (maiden name for patient)
      4. **ATSI Status**
         1. Aboriginal, Torres Strait Islander, Aboriginal & Torres Strait Islander, or Neither Aboriginal or Torres Strait Islander
      5. **Patient fax number**
      6. **Interpreter required**
      7. **Which dialect**
      8. **Medicare eligible**
      9. **DVA card Type**
      10. **MVIT** (Motor Vehicle Insurance)
      11. **Worker's Compensation**
      12. **Next of Kin name**
   5. Click **Fields 2** (circled in red above) to continue to the next set of fields
6. Patient Details continued
   1. Next of Kin relationship
   2. Next of Kin Phone

   b. **Referral Details** (shown in pink above):
      1. Has this referral been *discussed with the Registrar or Consultant*?
      2. Name of Registrar
      3. Contact number
      4. Referral advice given

   c. **Usual GP Details**: (shown in orange above)
      1. Are you the *usual GP* for this patient
      2. if not usual, enter *Name of usual GP*
      3. Contact number

   d. **Referral Type** details (shown in green above):
      1. Does this patient *need to be referred to the same place as before*
      2. Are they suitable for a *telehealth consult*
      3. Length of referral
         1. 3 mths
         2. 12 mths
         3. Indefinite
      4. Renewed referral

   7. Click *Fields 3* (circled in red above) to continue to the next set of fields
a. Referral Type details continued (shown in green above):
   1. Reason for referral
b. Clinical details:
   1. BMI
   2. Height
   3. Weight
   4. Current issue/problem
   5. Other clinical information
   6. Pathology provider
   7. Radiology Provider
   8. Other notes
   9. Designation of the referring Doctor
c. Click OK to place this information into the template

8. Select send via MD exchange icon
9. Select the sending Doctor (circled in red)
10. Select CRS from the Address list (circled in orange)

11. Click Send (circled in Green)
12. A prompt will populate stating that the document has been successfully exported. Click OK
Obstetric & Gynaecology Referral Template

1. Open **Medical Director 3**
   a. With the correct patient record open
2. Open the **Word Processor**
3. Select **New**; Select **CRS_Adult_v1-1** from the list
4. Enter/select the following fields to be merged into the referral:

   NB: these fields are **not compulsory** and cannot be reopened after the **OK** button is clicked.

   a. Select the relevant medications to be inserted into the referral

   ![Medications Image]

   b. Click **OK**

   c. **Service/s required** for the referral
      1. Antenatal Clinic
      2. Gynaecology
      3. Oncology
      4. Ultrasound
      5. Fertility
      6. Colposcopy
      7. CVS/Amino
      8. Urogynaecology
      9. Menopause
      10. Genetic Services
      11. Other: Please advise in space provided

   d. Click **OK**

   e. **Relevant Antenatal Investigations and tests to be copied to CRS**
      1. Full blood Picture
      2. Pap (within 2 years)
      3. Pap (abnormal)
      4. Blood Group & antibody screen
      5. Midstream Sterile Urine/MC&S
      6. Rubella IgG Serology
      7. Chlamydia Screening
      8. Syphilis Serology
      9. Hep B Surface Antigen
      10. Hep C Serology
      11. HIV Serology
      12. Vitamin D
      13. Haemoglobinopathy screening
      14. Early dating ultrasound (if dates uncertain)
15. 1st Trimester screen or Maternal Serum
16. Fetal Anatomy U/S
17. Pelvic Ultrasound
18. Glucose Tolerance Test
19. Other: Please advise in space provided

f. Click OK

g. Specialist service/s required before 20 weeks
   1. Genetic Services
   2. Diabetes
   3. Adolescent
   4. Ultrasound
   5. Obstetric Medicine
   6. Drug & Alcohol
   7. Maternal Fetal Medicine
   8. Dietician
   9. Psychology
   10. Social Work
   11. Other: Please advise in space provided

h. Click OK

i. Refer To section (shown in blue above):
   1. Name of the Referring to Doctor
   2. Name of the Hospital or site for the referral

j. Patient details section (shown in purple above):
   1. URMN
   2. Preferred Name
   3. Previous name (maiden name for patient)
4. **ATS1 Status**
   1. Aboriginal, Torres Strait Islander, Aboriginal & Torres Strait Islander, or Neither Aboriginal or Torres Strait Islander

5. **Patient fax number**
6. **Interpreter required**
7. **Which dialect**
8. **Medicare eligible**
9. **DVA card Type**
10. **MVIT (Motor Vehicle Insurance)**
11. **Worker’s Compensation**
12. **Next of Kin name**
13. **Next of Kin relationship**

5. Click **Fields 2** (circled in red above) to continue to the next set of fields

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<table>
<thead>
<tr>
<th>User Defined Fields</th>
<th>Enter the values for these fields:</th>
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<tbody>
<tr>
<td><strong>Fields 1</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fields 2</strong></td>
<td><strong>Fields 3</strong></td>
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</table>

- **NOK Phone:**
- Discussed with Registrar or Consultant?
- Clinician Name:
- Site:
- Contact Number:
- Referral Advice given:

- **Usual GP:**
- Name of GP:
- Contact number:

- **Does patient need to be referred to the same place:**
- Suitable for Telehealth Consult:
- Length of referral:
- Renewed after?
- Consent to shared obstetric care:

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a. **Patient Details** continued (shown in purple above)
   1. Next of Kin Phone

b. **Referral Details** (shown in pink above):
   1. Has this referral been *discussed with the Registrar or Consultant*?
   2. **Name of Registrar**
   3. **Contact number**
   4. **Referral advice given**

c. **Usual GP Details:** (shown in orange above)
   1. Are you the *usual GP* for this patient
   2. if not usual, enter **Name of usual GP**
   3. **Contact number**

d. **Referral Type** details (shown in green above):
   1. Does this patient *need to be referred to the same place as before*
2. Are they suitable for a **telehealth consult**
3. Length of referral
   1. 3 mths
   2. 12 mths
   3. Indefinite
4. **Renewed referral**
5. **Consent to obstetric care**
6. Click **Fields 3** (circled in red above) to continue to the next set of fields

![User Defined Fields](image)

a. **Referral Type** details continued (shown in green above):
   1. **Reason for referral**

b. **Clinical** details: (shown in black above)
   1. **EDD (by Scan)**
   2. Twins
   3. **Other Multiple Births**
   4. DCDA
   5. MCDA
   6. MCMA
   7. BMI
   8. Height
   9. Weight
   10. **Current issue/problem**
   11. **Other clinical information**
   12. Pathology provider
   13. Radiology Provider
14. *Designation* of the referring Doctor
   c. Click *OK* to place this information into the template

7. Select *send via MD exchange* icon
8. Select the sending Doctor (circled in red)
9. Select **CRS** from the *Address list* (circled in orange)

10. Click *Send* (circled in Green)
11. A prompt will populate stating that *the document has been successfully exported.* Click *OK*
Paediatric Referral Template

1. Open **Medical Director 3**
   a. With the *correct patient record* open
2. Open the **Word Processor**
3. Select *New*; Select *CRS_Paed_v1-1* from the list
4. *Enter/select* the following fields to be merged into the referral:
   
   NB: these fields are *not compulsory* and cannot be reopened after the *OK* button is clicked.

   a. Select the relevant medications to be inserted into the referral
   
   ![Select Medications to Include](image)

   b. Click *OK*

   ![User Defined Fields](image)

   a. **Refer To** section (shown in blue above):
      1. *Speciality* for the referral
      2. Name of the *Referring to Doctor*
      3. Name of the *Hospital or site* for the referral

   b. **Patient details** section (shown in purple above):
      1. *URMN*
      2. *Preferred Name*
      3. *Previous name* (maiden name for patient)
4. **Name of hospital**, if born in WA
5. **ATSI Status**
   1. Aboriginal, Torres Strait Islander, Aboriginal & Torres Strait Islander, or Neither Aboriginal or Torres Strait Islander
6. **Postal address**
7. **Patient fax number**
8. **Interpreter required**
9. **Which dialect**
10. **Other Special needs**
11. **Medicare eligible**
12. **DVA card Type**
13. **MVIT (Motor Vehicle Insurance)**
14. **Worker’s Compensation**

5. Click **Fields 2** (circled in red above) to continue to the next set of fields

![User Defined Fields](image)

**a. Patient Details** continued (circled in purple above)

1. **Next of Kin name**
2. **Next of Kin relationship**
3. **Next of Kin Phone**
4. **Mother’s name at time of birth**

**b. Referral Details** (shown in pink above):

1. Has this referral been **discussed with the Registrar or Consultant?**
2. **Name of Registrar**
3. **Contact number**
4. Referral advice given

c. **Usual GP Details**: (shown in orange above)
   1. Are you the *usual GP* for this patient
   2. if not usual, enter *Name of usual GP*
   3. *Contact number*

d. **Referral Type** details (shown in green above):
   1. Does this patient *need to be referred to the same place as before*
   2. Are they suitable for a *telehealth consult*
   3. Length of referral:
      1. 3 mths
      2. 12 mths
      3. Indefinite

6. Click *Fields 3* (circled in red above) to continue to the next set of fields
7. Radiology Provider
8. Other notes
9. Designation of the referring Doctor
c. Click OK to place this information into the template
7. Select send via MD exchange icon
8. Select the sending Doctor (circled in red)
9. Select CRS from the Address list (circled in orange)

10. Click Send (circled in Green)
11. A prompt will populate stating that the document has been successfully exported. Click OK
Delivering a Healthy WA