GUIDELINES FOR USING REFERRAL TEMPLATES IN MEDTECH 32
MEDTECH 32
General Adult Referral Template

1. Open **MT32**
   a. With the correct patient record open
2. Click **Other Documents**; Select **CRS Referrals**; Select **CRS: Adult v1-1**

3. Enter **Central referral service** in the **to** field (circled in red)
4. Click **Word** (circled in orange)
5. Tab through all of the following fields entering all of the relevant information for this referral.
   a. **Refer To** section

   **Referral To**
   (URGENT/IMMEDIATE REFERRALS ARE NOT SENT TO CRS, SEND DIRECTLY TO HOSPITAL)
   
   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:

   **Patient Details**

   **First Name(s):** Anastasia
   **Preferred Name:**
   **Title:** Miss
   **Country of Birth:** Australia
   **Gender:** Female
   **ATSI Status:** Neither Aboriginal nor Torres Strait Islander origin
   **Address:**
   **Post code:** 6530
   **Telephone No:** 08 9528 9369
   **Mobile:** 0401536347
   **Special Needs:**
   **Is an Interpreter required?** [ ]
   **Other Special needs:**
   **URMN Hospital No:** [if known] Abbot
   **Family Name:** Smith
   **Previous Name (e.g. Maiden):** Never Married
   **Marital Status:** 04 May 1989
   **Birth Date:**
   **Mailing Address (if different):**
   **345 Shell Terrace Waggrakine, WA 6530**
   **Email:**
   **Work:** 08 5214 8523
   **Fax:**
   **Special needs:**
   **Is an Interpreter required?** [ ]
   **Other Special needs:**
   **Medicare Eligible:** [ ]
   **Medicare No:** 4545 4545 4545
   **Ref:** 3
   **Expiration:** 30 Dec 1899
   **DVA Card Number:** N123456
   **DVA Card Type:** Workers Compensation [ ]
   **Next of Kin/Guardian**
   **Name:** Justin Abbot
   **Relationship:** Partner
   **Phone:** 08 9310 0000
1. URMN
2. Interpreter required
3. Which dialect
4. Other special needs
5. Medicare eligible
6. MVIT (motor Vehicle Insurance)
7. Worker’s Compensation

c. Referral details

<table>
<thead>
<tr>
<th>Referral Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fill this box for immediate Referrals only (if the Patient must be seen by specialist within 7 days)</td>
</tr>
<tr>
<td>Has the referral been discussed with Registrar or Consultant [ ] (essential for Urgent Cases)</td>
</tr>
<tr>
<td>Site:</td>
</tr>
<tr>
<td>Referral advice given:</td>
</tr>
</tbody>
</table>

1. Has the referral been discussed with the registrar or consultant?
2. Name of Registrar
3. Contact Number
4. 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: |

1. Are you the usual GP for this patient
2. If not, enter Name of Usual GP
3. 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: [ ] 3mths [ ] 12mths [ ] Indefinite |
| Is this a renewed referral? [ ] |
| Reason for referring: |

1. Does this patient need to be referred to the same place as before
2. Are they suitable for a telehealth consultation
3. Length of referral
   1. 3 mths
   2. 12 mths
   3. Indefinite
4. Renewed referral
5. Reason for referral

f. Clinical details
Clinical Information

Observations
BMI: BMI 24.2
Height: Height: 166
Weight: Weight: 77

Current Problem:
- ? Pregnancy
- Asthma

Past History:
- Ventolin CFC-free Inhaler 100 mcg/1 dose 200 doses
- Albuterol 35 mg Once-a-Week Tablets 35 mg
- 26 Mar 2014: - Patient is currently pregnant. Ensure that current medications and any new medications will not have adverse effects on the patient or fetus

Other:
- Depression: manic - MOTHER HAS MANIC EPISODES FREQUENTLY - Mother Current Smoker -
- EX Drinker -

Relevant investigations and tests (Please attach)
Pathology Provider:
Doctor's Name: System Administrator
Provider Number: Date: 26 Nov 2014

1. Other clinical information
2. Pathology provider
3. Radiology provider
4. Other notes

6. Save and close this document
7. Click send via; Select message transfer
8. This will open the Messaging Parameters Screen
   a. Select the Messaging Platform (Healthlink RSDAU) (circled in red)
   b. Select the Message type: Referral Letter (RSD:R) (circled in red)
   c. Select the priority for the transmission: Routine (R)
   d. Click OK (circled in orange)
   e. A prompt will advise that this document will be lodged
   f. Click OK
Obstetrics & Gynaecology Referral Template

9. **Open MT32**
   
   a. With the *correct patient record* open

10. **Click Other Documents; Select CRS Referrals; Select CRS: Obs v1-1**

11. Enter **Central referral service** in the *to* field (circled in red)

12. **Click Word** (circled in orange)

13. **Tab through all of the following fields entering all of the relevant information for this referral.**
   
   a. **Service/s required** for the referral

   ![Referral To](image)

   **Referral To**
   
   (URGENT/IMMEDIATE REFERRALS ARE NOT SENT TO CRS. SEND DIRECTLY TO HOSPITAL)
   
   - Antenatal Clinic
   - Ultrasound
   - CVS/Amino
   - Genetic Services
   - **Name of Specialist (if required):**
   - Site:
     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

   b. **Refer To** section
      1. Name of the *Referring to Doctor*
      2. name of the *Hospital or Site* for the referral

   c. **Patient Details** section:
1. URMN
2. Interpreter required
3. Which dialect
4. Other special needs
5. Medicare eligible
6. MVIT (motor Vehicle Insurance)
7. Worker's Compensation
d. Referral details

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<tbody>
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1. Has the referral been discussed with the registrar or consultant?
2. Name of Registrar
3. Contact Number
4. Referral advise given
e. Usual GP details

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<tr>
<th>Usual GP details</th>
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</thead>
<tbody>
<tr>
<td>Is the referrer the patient's usual GP?</td>
</tr>
</tbody>
</table>

1. Are you the usual GP for this patient
2. If not, enter Name of Usual GP
3. Contact number
f. Referral Types details

<table>
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<tr>
<td>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?</td>
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1. Does this patient need to be referred to the same place as before
2. Are they suitable for a telehealth consultation
3. Length of referral
1. 3 mths
2. 12 mths
3. Indefinite
4. Renewed referral
5. 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). If DO/DO NOT wish to be involved in shared care
6. Reason for referral

**g. Clinical details**

<table>
<thead>
<tr>
<th>Clinical Information</th>
</tr>
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<tbody>
<tr>
<td>Obstetric history:</td>
</tr>
<tr>
<td>Gravida:</td>
</tr>
<tr>
<td>Parity:</td>
</tr>
<tr>
<td>LMP:</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Multiple Pregnancy:</th>
</tr>
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<tbody>
<tr>
<td>Twins:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI: BMI: 24.2</td>
</tr>
</tbody>
</table>

1. Multiple pregnancy types
   1. Twins
   2. Other
   3. DCDA
   4. MCDA
   5. MCMA

2. Other clinical information

**h. 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.

| 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. Early dating ultrasound (if dates uncertain) |
| 8. Chlamydia Screening |
| 9. 1st Trimester screen or Maternal Serum |
| 10. Syphilis Serology |
| 11. Fetal Anatomy U/S |
| 12. Hep B Surface Antigen |
13. Pelvic Ultrasound
14. HIV Serology
15. Glucose Tolerance Test
16. Vitamin D
17. Haemoglobinopathy
18. Other:
   i. Other Clinical details continued
      1. Pathology provider
      2. Radiology provider
   j. Specialist service/s required before 20 weeks
      
      | Reason |
      |--------|
      | Diabetes |
      | Adolescent |
      | Obstetric Medicine |
      | Drug & Alcohol |
      | Maternal Fetal Medicine |
      | Dietician |
      | Psychology |
      | Social Work |
      | Reason |
      |--------|

14. Save and close this document
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   g. Select the Messaging Platform (Healthlink RSDAU) (circled in red)

   h. Select the Message type: Referral Letter (RSD:R) (circled in red)

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   l. Click OK
Paediatric Referral Template

17. Open **MT32**
   a. With the correct patient record open

18. Click **Other Documents**; Select **CRS Referrals**; Select **CRS: Paed v1-1**

19. Enter **Central referral service** in the to field (circled in red)

20. Click **Word** (circled in orange)

21. Tab through all of the following fields entering all of the relevant information for this referral.
   a. **Refer To** section

   ![Image of Refer To section]

   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:

   ![Image of Patient Details]

   1. **URMN**
   2. **Name of hospital**, if born in WA
   3. **Interpreter required**
4. Which dialect
5. Other special needs
6. Medicare eligible
7. MVIT (motor Vehicle Insurance)
8. Worker’s Compensation
9. Name of Mother at time of birth

c. Referral details

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<td>If yes, the clinician’s name:</td>
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<td>Referral advice given:</td>
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2. Name of Registrar
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d. Usual GP details

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2. Are they suitable for a telehealth consultation
3. Length of referral
   1. 3 mths
   2. 12 mths
   3. Indefinite
4. Renewed referral
5. Reason for referral

f. Clinical details
Clinical Information

- **Observations**
  - Percentile: Height: Height: 106
  - Weight: Weight: 77

- **Current Problem**
  - ? Pregnancy
  - Asthma

- **Past History**
  - **Medications**
    - Ventolin CFC-free inhaler 100 mcg/1 dose 200 doses
    - Actonel 35 mg Once-a-Week Tablets 35 mg

- **Allergies**
  - 26 Mar 2014 - Patient is currently pregnant. Ensure that current medications and any new medications will not have adverse effects on the patient or foetus

- **Family**
  - Depression, manic - MOTHER HAS MANIC EPISODES FREQUENTLY - Mother
  - Current Smoker
  - EX Drinker

**Relevant Investigations and tests (Please attach)**

- **Pathology Provider**
- **Radiology Provider**
  
  1. Other clinical information
  2. Pathology provider
  3. Radiology provider
  4. Other notes

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Delivering a Healthy WA