GUIDELINES FOR USING REFERRAL TEMPLATES IN BEST PRACTICE
CONTENTS

Best Practice ................................................................................................................................. 3
General Adult Referral Template ................................................................................................. 3
Obstetric & Gynaecology Referral Template ............................................................................... 6
Paediatric Referral Template ...................................................................................................... 11
BEST PRACTICE

General Adult Referral Template

1. Open Best Practice
   a. With the correct patient record open
2. Open the Word Processor
3. Select Templates; Select Use Template; Select CRS_Adult_v1-1 from the list
4. Insert the following pre filled sections
   a. Observations (shown below):

   1. Deselect all of the tick boxes that are circled in red; to leave *height*, *weight* and *BMI* selected.
   2. Select the *date range* for these observations to be inserted (circled in orange)
   3. Click *insert* (circled in green)
   b. Past Medical History (PMH) (shown below):

   1. Select the *relevant PMH* to be inserted into the referral (circled in red)
   2. Or select *No Significant PMH* (circled in orange)
   3. Click *Insert* (circled in green)
   c. Medications (shown below):

   1. Select the *relevant Medications* to be inserted into the referral (circled in red)
   2. Or select *No regular medications* (circled in orange)
   d. Click *Insert* (circled in green)
5. Enter/select the following fields to be merged into the referral:

   NB: these fields are **not compulsory** and cannot be reopened after the *insert* button is clicked.
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. *Previous name* (maiden name for patient)
   3. *Country of Birth*
   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. *MVIT* (Motor Vehicle Insurance)
   10. *Worker’s Compensation*

c. **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*

d. **Usual GP Details**: (shown in orange above)
   1. Are you the *usual GP* for this patient
   6. Click *Next* (circled in red above) to continue to the next set of fields
7. **Usual GP** details continued
   1. if not usual, enter *Name of usual GP*
   2. *Contact number*

   b. **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. *Reason for referral*

   c. **Clinical details**:
      1. *Current issue/problem*
      2. *Other clinical information*
      3. *Pathology provider*
      4. *Radiology Provider*
      5. *Other notes*
      6. *Designation* of the referring Doctor

   d. Click **Insert** to place this information into the template

8. Select **send HL7 file** icon

9. Select **CRS** from the **Address list** (shown right)

10. A prompt will populate stating that *the document has been successfully exported* (shown below). Click **OK**
Obstetric & Gynaecology Referral Template

1. Open **Best Practice**
   a. With the *correct patient record* open

2. Open the **Word Processor**

3. Select **Templates**; Select *Use Template*; Select *CRS_Obs & Gynae_v1-1* from the list

4. Insert the following pre filled sections
   a. **Observations** (shown below):

   ![Observations](image)

   1. Deselect all of the tick boxes that are circled in red; to leave *height*, *weight* and *BMI* selected.
   2. Select the *date range* for these observations to be inserted (circled in orange)
   3. Click *insert* (circled in green)

   b. **Past Medical History** (PMH) (shown below):

   ![Past Medical History](image)

   1. Select the *relevant PMH* to be inserted into the referral (circled in red)
   2. Or select *No Significant PMH* (circled in orange)
   3. Click *Insert* (circled in green)

   c. **Medications** (shown below):

   ![Medications](image)

   1. Select the *relevant Medications* to be inserted into the referral (circled in red)
   2. Or select *No regular medications* (circled in orange)
   3. Click *Insert* (circled in green)

5. **Enter/select** the following fields to be merged into the referral:

   **NB:** these fields are **not compulsory** and cannot be reopened after the *insert* button is clicked.
a. **Service/s required** for the referral (shown in pink above)
   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

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

c. **Patient details** section (shown in purple above):
   1. URMN
   2. Previous name (maiden name for patient)
   3. Country of Birth
   4. ATSI Status
      1. Aboriginal, Torres Strait Islander, Aboriginal & Torres Strait Islander, or Neither Aboriginal or Torres Strait Islander
   5. Patient tax number
   6. Interpreter required
   7. Which dialect
   8. Medicare eligible
   9. Click Next (circled in red above) to continue to the next set of fields
10. **MVIT** (Motor Vehicle Insurance)
11. **Worker’s Compensation**

d. **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

e. **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

f. **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 shared care
   6. Reason for referral

g. **Clinical details**: (shown in black above)
   1. Gravida
   2. Twins

6. Click Next (circled in red above) to continue to the next set of fields
7. Other multiple births
   1. DCDA
   2. MCDA
   3. MCMA
   4. Current issue/problem
   5. Other clinical information

b. Relevant Antenatal Investigations and tests to be copied to CRS (shown in pink above)
   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

8. Click Next (circled in red above) to continue to the next set of fields
a. **Relevant Antenatal tests** continued (shown in pink above)
   1. **Haemoglobinopathy**
   2. **Other**: please advise in space provided

b. Clinical details continued (shown in black above)
   1. Pathology provider
   2. Radiology Provider

c. **Specialist service/s required before 20 weeks**
   1. Diabetes
   2. Adolescent
   3. Obstetric Medicine
   4. Drug & Alcohol
   5. Maternal Fetal Medicine
   6. Dietician
   7. Psychology
   8. Social Work
   9. **Reason**

d. **Designation** of the referring Doctor

e. Click **Insert** to place this information into the template

9. Select **send HL7 file** icon

10. Select **CRS** from the **Address list** (shown right)

11. A prompt will populate stating that *the document has been successfully exported* (shown below). Click **OK**
Paediatric Referral Template

1. Open **Best Practice**
   a. With the **correct patient record** open

2. Open the **Word Processor**

3. Select **Templates; Select Use Template; Select CRS_Paediatric_v1-1** from the list

4. Insert the following pre filled sections
   a. **Observations** (shown below):

   ![Observations screenshot]

   1. Deselect all of the tick boxes that are circled in red; to leave **height**, **weight** and **BMI** selected.
   2. Select the **date range** for these observations to be inserted (circled in orange)
   3. Click **insert** (circled in green)
   
   b. **Past Medical History (PMH)** (shown below):

   ![PMH screenshot]

   1. Select the **relevant PMH** to be inserted into the referral (circled in red)
   2. Or select **No Significant PMH** (circled in orange)
   3. Click **Insert** (circled in green)
   
   c. **Medications** (shown below):

   ![Medications screenshot]

   1. Select the **relevant Medications** to be inserted into the referral (circled in red)
   2. Or select **No regular medications** (circled in orange)
   d. Click **Insert** (circled in green)

5. **Enter/select** the following fields to be merged into the referral:

   "NB: these fields are not compulsory and cannot be reopened after the **insert** button is clicked."
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. Previous name (maiden name for patient)
   3. Country of Birth
   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. MVIT (Motor Vehicle Insurance)
   10. Worker’s Compensation
c. 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
d. Usual GP Details: (shown in orange above)
   1. Are you the usual GP for this patient
   2. Click Next (circled in red above) to continue to the next set of fields
   3. Usual GP details continued
      1. if not usual, enter Name of usual GP
2. **Contact number**
   
b. **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. **Reason for referral**

c. **Clinical details:**
   1. Current issue/problem
   2. Other clinical information
   3. Pathology provider
   4. Radiology Provider
   5. Other notes
   6. Designation of the referring Doctor

d. Click **Insert** to place this information into the template

4. Select **send HL7 file icon**

5. Select **CRS** from the **Address list** (shown right)

6. A prompt will populate stating that *the document has been successfully exported* (shown below). Click **OK**
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