GUIDELINES FOR USING REFERRAL TEMPLATES IN ZEDMED
1. Open ZedMed
2. Select the correct patient from the Main appointment screen
3. Right Click the Documents Tab to open the Quick document menu (shown below)

4. Select the CRS: Adult v1-1 from the menu
5. Insert the following pre filled sections
   a. Measures (shown below):
      i. Select the Height, Weight and BMI to be inserted (circled in red)
      ii. Click OK (circled in orange)
6. Enter/Select the following merged information into the referral:

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

   a. Refer To section (shown in blue above)
      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 (shown in purple above):
   i. Previous Name
   ii. Country of Birth
   iii. ATSI Status
   iv. Patient Fax
   v. Interpreter required
   vi. Which dialect
   vii. Other special needs

7. Scroll down for more fields

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a. **Patient Details** section continued (shown in purple above):
   i. Special needs
   ii. Medicare eligible
   iii. Medical Reference
   iv. DVA Card type
   v. MVIT (motor Vehicle Insurance)
   vi. Worker’s Compensation

b. **Referral Details** section (shown in pink above):
   i. Has the referral been discussed with the registrar or consultant?
   ii. Name of Registrar

8. Scroll down for more fields
a. **Referral details** section continued (shown in pink above):
   i. Registrar Site
   ii. Contact Number
   iii. Referral advise given

b. **Usual GP** details (shown in orange above)
   i. Are you the **usual GP** for this patient
   ii. If not, enter **Name of Usual GP**
   iii. **Contact number**

c. **Referral Types** details (shown in green above)
   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

9. Scroll down for more fields

![User Defined Field Entry](image)

a. **Referral Types** details continued (shown in green above)
   i. **Renewed referral**
   ii. **Reason for referral**

b. **Clinical** details (shown in black above)
   i. **Other clinical information**
   ii. **Pathology provider**
   iii. **Radiology provider**
   iv. **Other notes**

10. Click **OK**
11. Select **File; Select Distribute**
   a. This will open the **Print/Send Screen**
b. Select *Send electronically to all electronic recipients* (circled in red)
c. Click *OK* (circled in orange)
Obstetrics & Gynaecology Referral Template

1. Open ZedMed
2. Select the correct patient from the Main appointment screen
3. Right Click the Documents Tab to open the Quick document menu (shown below)

![Quick document menu]

4. Select the CRS: Obs_Gyane v1-1 from the menu
5. Insert the following pre filled sections
   a. Measures (shown below):
     i. Select the Height, Weight and BMI to be inserted (circled in red)
     ii. Click OK (circled in orange)
6. Enter/Select the following merged information into the referral:

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

   ![User Defined Field Entry]

   a. Service/s required for the referral (shown above)
     i. Antenatal Clinic
     ii. Gynaecology
iii. Oncology
iv. Ultrasound
v. Fertility
vi. Colposcopy
vii. CVS/Amino
viii. Urogynaecology
ix. Menopause
tax. Genetic Services

7. Scroll down for more fields

a. Service/s required for the referral continued:
   i. Other
b. Refer To section (shown in blue above)
   i. Name of the Referring to Doctor
   ii. name of the Hospital or Site for the referral
c. Patient Details section (shown in purple above)
   i. Previous Name
   ii. Country of birth
   iii. ATSI Status
   iv. Patient Fax
   v. Interpreter required
   vi. Which dialect
   vii. Other special needs

8. Scroll down for more fields
a. **Patient Details** section continued (shown in purple above)
   i. Medicare eligible
   ii. Medicare Reference
   iii. Medicare expiry
   iv. DVA Card Type
   v. MVIT (motor Vehicle Insurance)
   vi. Worker’s Compensation

b. **Referral Details** section (shown in pink above)
   i. Has the referral been *discussed with the registrar or consultant*?
   ii. Name of Registrar
   iii. Registrar Site
   iv. Contact Number

9. Scroll down for more fields

![Referral Details cont.](image)

a. **Referral Details** Section continued (shown in pink above)
   i. Registrar Contact
   ii. Referral advise given

b. **Usual GP** details (shown on orange above)
   i. Are you the *usual GP* for this patient
   ii. If not, enter *Name of Usual GP*
   iii. Contact number

c. **Referral Types** details (shown in green above)
   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

10. Scroll down for more fields
a. **Referral Type** Section continued (shown in green above)
   i. Consent to shared care:  **DO/DO NOT**
   ii. Reason for referral

b. **Clinical** details (shown in black above)
   i. Multiple pregnancy types
   ii. Twins
   iii. Other
   iv. DCDA
   v. MCDA

11. Scroll down for more fields

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a. Clinical Details section continued (shown in black above)
   i. MCMA
   ii. Other clinical information

b. **Relevant Antenatal Investigations and Tests** to be copied to CRS (shown in pink above)
   i. Full blood Picture
   ii. Pap (within 2 years)
   iii. Blood Group & antibody screen
   iv. Pap (abnormal)
   v. Rubella IgG Serology
   vi. Midstream Sterile Urine/MC&S
   vii. Chlamydia Screening

12. Scroll down for more fields
a. **Relevant Antenatal Investigations and Tests** section continued (shown above)
   
   i. *Early dating ultrasound (if dates uncertain)*
   
   ii. *1st Trimester screen or Maternal Serum*
   
   iii. *Syphilis Serology*
   
   iv. *Fetal Anatomy U/S*
   
   v. *Hep B Surface Antigen*
   
   vi. *Pelvic Ultrasound*
   
   vii. *HIV Serology*
   
   viii. *Vitamin D*
   
   ix. *Haemoglobinopathy*

13. Scroll down for more fields

b. **Other Clinical details** continued (shown in black above)
   
   i. *Pathology provider*
ii. Radiology provider

c. **Specialist service/s** required before 20 weeks (shown in pink above)
   
   i. Diabetes
   ii. Adolescent
   iii. Obstetric Medicine
   iv. Drug & Alcohol

14. Scroll Down for more fields

   ![Screen Shot](image)

   a. **Specialist Services** Section continued (shown above)
      
      i. Maternal Fetal Medicine
      ii. Dietician
      iii. Psychology
      iv. Social Work
      v. Reason

15. Select **File**; Select **Distribute**
   
   a. This will open the *Print/Send Screen*

   ![Screen Shot](image)

   b. Select **Send electronically to all electronic recipients** (circled in red)
      
      Click OK (circled in orange)
Paediatric Referral Template

1. Open ZedMed
2. Select the correct patient from the Main appointment screen
3. Right Click the Documents Tab to open the Quick document menu (shown below)

![Quick Document Menu]

4. Select the CRS: Paed v1-1 from the menu
5. Insert the following pre filled section:
   a. Measures (shown below):
      i. Select the Height, weight and BMI to be inserted (circled in red)
      ii. Click OK (circled in orange)
6. Enter the following merged information into the referral:

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

   ![User Defined Field Entry]

   a. Refer To section
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:  
   i. *Previous name*  
   ii. *Country of Birth*  
   iii. *Name of hospital, if born in WA*  
   iv. *ATSI Status*  
   v. *Patient Fax*  
   vi. *Interpreter required*  
   vii. *Which dialect*

7. Scroll down for more fields

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a. **Patient Details** section continued:  
   i. *Other special needs*  
   ii. *Medicare eligible*  
   iii. *Medicare Reference*  
   iv. *Medicare expiry*  
   v. *DVA Card Type*  
   vi. *MVIT (motor Vehicle Insurance)*  
   vii. *Worker’s Compensation*  
   viii. *Name of Mother at time of birth*

b. **Referral details**  
   i. Has the referral been *discussed with the registrar or consultant?*  
   ii. *Name of Registrar*

8. Scroll down for more fields
Referral Details section continued:

i. Registrar Site
ii. Contact Number
iii. Referral advise given

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

10. Referral Types details
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

11. Scroll down for more fields

Referral Type section continued:

Usual GP Section

Referral Type Section

Referral Type cont.

Clinical Details Section

Referral Types Section continued:
i. Renewed referral
ii. Reason for referral

b. Clinical details
   i. Other clinical information
   ii. Pathology provider
   iii. Radiology provider
   iv. Other notes

   1. Select File; Select Distribute

c. This will open the Print/Send Screen

   a. Select Send electronically to all electronic recipients (circled in red)
   b. Click OK (circled in orange)
Delivering a Healthy WA