



## Central Referral Service

# 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.

- 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



User Defined Fields

Enter the values for these fields:

Fields 1 Fields 2 Fields 3

NOK Relationship: [text box]  
NOK Phone: [text box]

Discussed with Registrar or Consultant?:

Clinician Name: [text box]  
Site: [text box]  
Contact Number: [text box]  
Referral Advise given: [text area]

Usual GP?:   
Name of GP: [text box]  
Contact number: [text box]

Does patient need to be referred to the same place:   
Suitable for Telehealth Consult:   
Length of referral: [dropdown menu]  
Renewed Referral?:

OK Cancel

6.
  - a. 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



**User Defined Fields**

Enter the values for these fields:

Fields 1 Fields 2 Fields 3

Reason for referring:

BMI:

Height:

Weight:

Current Problem:

Other Clinical Information:

Pathology Provider:

Radiology Provider:

Other Notes:

Designation:

OK Cancel

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)

**Send via MDExchange**

Patient: Mr Doctor Leeming

From: Dr Kim Kwa

To...

Cc...

Subject: Mr Doctor Leeming

Sign With... Your default signing certificate

Send As: Rich Text Format

Send to PC-EHR

Preview Send Cancel

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

- 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. *1<sup>st</sup> 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**

**Specialist Services Required?**

Genetic Services

Diabetes

Adolescent

Ultrasound

Obstetric Medicine

Drug and Alcohol

Maternal Fetal Medicine (High Risk)

Dietician

Psychology

Social Work

Other:

**User Defined Fields**

Enter the values for these fields:

Fields 1 Fields 2 Fields 3

Name of Specialist:

Hospital:

UMRN:

Preferred Name:

Previous Name:

ATSI Status:

Postal Address:

Patient Fax:

Interpreter Required?:

Which Dialect?:

Other Special needs?:

Medicare eligible?:

DVA Card type:

MVIT:

Worker's Compensation:

NOK Name:

NOK Relationship:

- 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. *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*
  13. *Next of Kin relationship*
5. Click *Fields 2* (circled in red above) to continue to the next set of fields

- 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

Enter the values for these fields:

Fields 1 Fields 2 Fields 3

Reason for referring:

EDD (by scan): 26/11/2014

Twins:

Other Multiple Births:

DCDA:

MCDA:

MCMA:

BMI:

Height:

Weight:

Current Problem:

Other Clinical Information:

Pathology Provider:

Radiology Provider:

Designation:

OK Cancel

- 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*



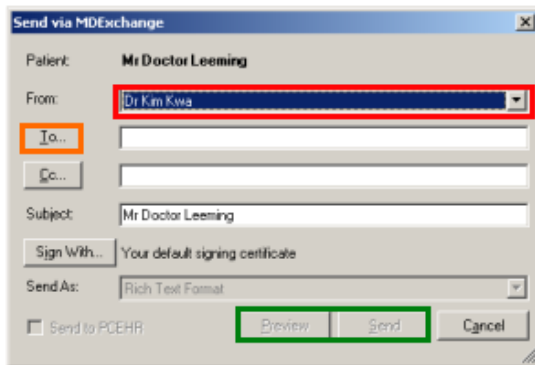
14. *Designation* of the referring Doctor

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**

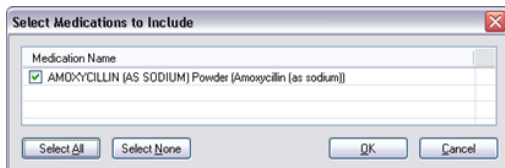


## Paediatric Referral Template

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



- b. Click **OK**

- 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

- 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

User Defined Fields

Enter the values for these fields:

Fields 1 Fields 2 Fields 3

Renewed Referral?

Reason for referring:

Percentile:

Height:

Weight:

Current Problem:

Other Clinical Information:

Pathology Provider:

Radiology Provider:


Other Notes:

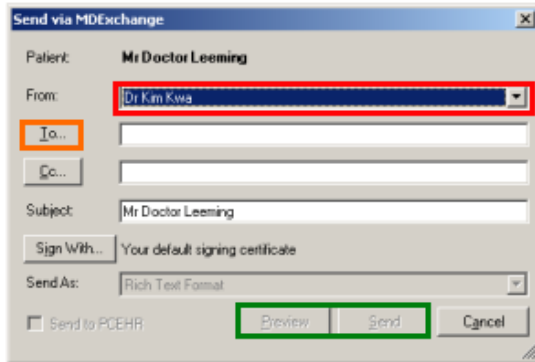
Designation:

OK Cancel

- a. **Referral Type** details continued (shown in green above):
  1. *Renewed referral*
  2. *Reason for referral*
- b. **Clinical** details:
  1. *Percentile*
  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
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*

