



Government of **Western Australia**
Department of **Health**

healthy pc

Central Referral Service

GUIDELINES FOR USING REFERRAL TEMPLATES IN BEST PRACTICE





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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):

Insert observations

Blood Pressure Height
 Pulse Weight
 Temperature Head Circumference
 Respiratory rate BMI
 BSL Waist
 Hip Waist/Hip ratio

Recorded between:
 and

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):

Insert Past History

Tick the items to be inserted: No Significant PMH Include details

Date	Condition	Status	Details	Summary	Conlic
09/06/2004	Tonsillitis	Active		Yes	No
11/05/2011	Moderate Asthma, childhood	Active		Yes	No

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):

Insert current Rx

Tick the items to be inserted: No regular medications

Drug	Dose	Regular	Last script	Reason
Ventolin CFC-Free 100mcg/dose 1...	2 puffs without regar...	Yes	11/05/2011	Asthma, childhood

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.



The screenshot shows a web form titled "CRS_Adult_v1-1" with four main sections highlighted by colored arrows and boxes:

- Refer To Section (blue):** Includes fields for Speciality, Name of Specialist, Hospital, UMRN, Previous Name, Country of Birth, ATSI Status (dropdown menu), Patient Fax, Interpreter Required? (checkbox), Which Dialect?, Other Special needs, Medicare eligible? (checkbox), MVIT (checkbox), and Worker's Compensation (checkbox).
- Patient Details Section (purple):** Includes fields for Speciality, Specialist Name, Hospital Name, UMRN, Country of Birth, ATSI Status (dropdown menu), Patient Fax, Interpreter Required? (checkbox), Which Dialect?, Other special needs, Medicare eligible? (checkbox), MVIT (checkbox), and Worker's Compensation (checkbox).
- Referral Details (pink):** Includes fields for Discussed with Registrar or Consultant? (checkbox), Clinician Name, Site, Contact Number, and Referral Advise given (text area).
- Usual GP Section (orange):** Includes a field for Usual GP? (checkbox).

At the bottom right of the form, there are three buttons: "< Back", "Next >" (circled in red), and "Cancel".

- 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):

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.



CRS_OBS_v1-1

Service/s Required for referral

- Antenatal Clinic
- Gynaecology
- Oncology
- Ultrasound
- Fertility
- Colposcopy
- CVS/Amino
- Urogynaecology
- Menopause
- Genetic Services
- Other

Refer To Section

Name of Specialist

Hospital

UMRN

Patient Details Section

Previous Name

Country of Birth

ATSI Status

Patient Fax

Interpreter Required?

Which Dialect?

Other Special needs?

Medicare eligible?

< Back **Next >** Cancel

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 fax 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



The screenshot shows a web form titled "CRS_OBS_v1-1" with several sections highlighted by colored arrows and boxes:

- Patient Details Cont.** (purple arrow): Points to "MVI" and "Worker's Compensation" checkboxes.
- Referral Details Section** (pink arrow): Points to "Discussed with Registrar or Consultant?", "Clinician Name", "Site", "Contact Number", and "Referral Advice given" (text area).
- Usual GP Section** (orange arrow): Points to "Usual GP?", "Name of GP", and "Contact number" fields.
- Referral Type Section** (green arrow): Points to "Does patient need to be referred to the same place", "Suitable for Telehealth Consult", "Length of referral" (dropdown), "Renewed Referral?", "Consent to shared obstetric care" (dropdown), and "Reason for referring" (text area).
- Clinical Details Section** (black arrow): Points to "Gravida" and "Twins" checkboxes.

At the bottom right, there are three buttons: "< Back", "Next >" (circled in red), and "Cancel".

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



CRS_OBS_v1-1

Clinical Details Cont. ←

Other Multiple Births

DCDA

MCDA

MCMA

Current Problem

Other Clinical Information

Relevant Antenatal Investigations and Tests to be copied to CRS ←

Full Blood Picture

Pap (within 2 years)

Pap (abnormal)

Blood Group and Antibody Screen

Midstream Sterile Urine/MCS

Rubella IgG Serology

Early Dating ultrasound

Chlamydia Screening

1st Trimester screen or Maternal serum

Syphilis Serology

Fetal Anatomy U/S (18-20 weeks)

Hep B Surface Antigen

Pelvic Ultrasound (non obstetric referrals)

HIV Serology

Glucose Tolerance Test routine (24-28 weeks)

Vitamin D

< Back **Next >** Cancel

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):

Observation	Selected
Blood Pressure	<input type="checkbox"/>
Pulse	<input type="checkbox"/>
Temperature	<input checked="" type="checkbox"/>
Respiratory rate	<input checked="" type="checkbox"/>
BSL	<input checked="" type="checkbox"/>
Hip	<input checked="" type="checkbox"/>
Height	<input checked="" type="checkbox"/>
Weight	<input checked="" type="checkbox"/>
Head Circumference	<input checked="" type="checkbox"/>
BMI	<input checked="" type="checkbox"/>
Waist	<input checked="" type="checkbox"/>
Waist/Hip ratio	<input checked="" type="checkbox"/>

Recorded between: 06/08/1981 and 08/10/2014

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):

Date	Condition	Status	Details	Summary	Conc
09/06/2004	Tonsillitis	Active		Yes	No
11/05/2011	Moderate Asthma, childhood	Active		Yes	No

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):

Drug	Dose	Regular	Last script	Reason
Ventolin CFC-Free 100mcg/dose 1...	2 puffs without regar...	Yes	11/05/2011	Asthma, childhood

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.



The screenshot shows a web-based form titled "CRS_Adult_v1-1". The form is divided into four sections, each highlighted with a colored arrow and label on the left side:

- Refer To Section (blue):** Includes fields for Speciality, Name of Specialist, Hospital, and UMRN.
- Patient Details Section (purple):** Includes fields for Previous Name, Country of Birth, ATSI Status (dropdown menu), Patient Fax, Interpreter Required? (checkbox), Which Dialect?, Other Special needs?, Medicare eligible? (checkbox), and MVIT (checkbox).
- Referral Details (pink):** Includes a checkbox for "Discussed with Registrar or Consultant?", fields for Clinician Name, Site, and Contact Number, and a text area for "Referral Advise given".
- Usual GP Section (orange):** Includes a checkbox for "Usual GP?".

At the bottom right of the form, there are three buttons: "< Back", "Next >" (circled in red), and "Cancel".

- 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*



