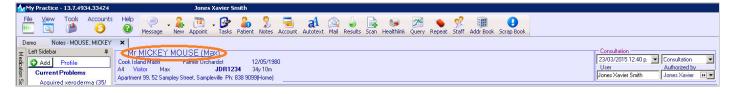
Health Certainty in Care

Quick Start Guide Sending a St John Medical Alarm Service referral from myPractice

The St John Medical Alarm Service online referral form has been designed to make it easier for you to complete and submit a Medical Alarm Service referral for your patient electronically to St John. This guide has been created to show you the key steps involved in completing a St John Medical Alarm Service online referral form within myPractice.

1. Open the patient record

Search for the patient and open their medical record in myPractice. Go into the 'Clinical Notes' section of your patient's profile.



2. Select the Forms tab

Select the 'Forms' tab and click on the HealthLink forms option.

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The HealthLink launch page will display. Select St John Medical Alarm Service from the Referred Services section.



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St John Medical Alarm Service		
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3. Complete the St John Medical Alarm Service referral form

The St John Medical Alarm Service referral form will display and is very similar in format and functionality to a DHB eReferral form.

Complete the relevant fields under each tab on the left. You can park the form if you want to work on it later.

Mr.MICKEY MOUSE (Max) Cook Island Maori Yachtsman 12/05/1980 P4 Visitor Max JDR1234 35y 2m Apartment 99, 52 Sampley Street, Sampleville Ph: 838 9099(Home)					
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Storm > MEDICAL ALARMS	Medical Alarm Referral for Service Request				
Clinical Information No Request Type Chosen Medical Details Included	MEDICAL ALARM General Request type* Plea	ase Select	➡ Preferred Contact Time*	Please Select	-
Attachments / <u>Reports</u> No reports selected No files attached	Comments:		_	,	-
Medications / Warnings 6 long term medications specified 3 medical warnings specified	Funding application signed by GP I confirm the prospective client ha		a call *		V
Medical History Medical history specified	The patient has approved the sense Please Note:	ding of medical info	ormation to the service provider	N	
Patient Information MICKEY MOUSE, JDR1234 35yrs Disability not specified	t Information MOUSE, JDR1234 Funding application forms can be downloaded via the below links: • http://www.workandincome.govt.nz/documents/forms/disability-allowance-application-for-existing-clients.pdf				
Recipient / Referrer St John Medical Alarm Referred by: Jones Xavier No Different Regular GP					

Should the patient not want medical information to be sent to St John, untick the 'The patient has approved the sending of medical information to the service provider' checkbox. This will remove a number of the form tabs, and prevent submission of the medical information within those tabs.

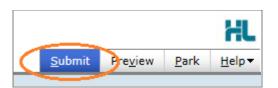


'Disability Allowance Application' and 'Disability Allowance – Medical Alarm Assessment' forms can be downloaded by clicking on the application form URL's within the St John Medical Alarm Service referral form.



4. Submit the St John Medical Alarm Service referral form

Select the 'Submit' button when you are ready to send your form to St John. The St John Medical Alarm Service referral form will be sent electronically via HealthLink.



Upon successful submission a copy of the St John Medical Alarm Service referral form will be displayed within the EMR showing the Referral Acknowledgement information.

		Referral Sent and Ackn	owledged on 17/04/2015 at 09:30	
Medical Alarm	Referral for Servi	ce Request	Selection > MEDICAL ALARMS	
Patient: MICKEY MOUSE, 37yrs, NHI HUX8660, F, DOB 05/07/1978, PH: Wrk 09 555 555, Hme 0800288887, Mob 021022077 13 Teed Street, Auckland, Newmarket, Auckland 1023				
Referred by: Sam En	twistle, Millstone Family P	ractice, NZMC 123456, PH 09	358 0117, FAX 789457	
(Test Referral)				
Clinical Informat	ion			
General				
Request Type:	Installation	Contact Time:	Early Afternoon	
Patient wishes to app	Patient wishes to apply for a Medical allowance			
Patient has agreed to receive call				
Patient has approved the sending of medical information to the service provider				
Medications / Wa	arnings			

If you want to print a copy of the St John Medical Alarm Service referral form, select 'Print' at the end of your submitted form, remembering to select your default printer.

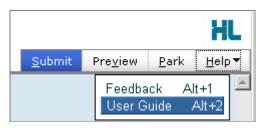
Click on OK to close the submitted form view and return to the EMR.



5. Hints and Tips

a. St John Medical Alarm Service referral form help

To access the HealthLink eReferrals User Guide go to the 'Help' menu and click on the 'User Guide' link provided.



b. Access parked St John Medical Alarm Service referral form from patient electronic medical record A parked St John Medical Alarm Service referral form can be found in your 'Notes' tab in your electronic medical record within myPractice.

Notes Results Measurements Scripts Lab Radiol Cardiol Endo Audio Letters Forms Imms/Meds		
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÷	25/05/2015 02:35 p.m. Action: Parked : httCommunityNursingService	
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+	01/05/2015 01:39 p.m. Action: Submitted : Influenza	
+	30/04/2015 10:37 a.m. Action: Parked : WorkCapacity	
Ŧ	25/03/2015 02:19 p.m. Action: Parked : John Chaplin Referral	

c. Access submitted St John Medical Alarm Service referral form from patient electronic medical record A copy of the St John Medical Alarm Service referral form submitted for the patient can be found in your 'Notes' tab in your electronic medical record within myPractice.

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+	01/05/2015 01:39 p.m. Action: Submitted : Influenza
+	30/04/2015 10:37 a.m. Action: Parked : WorkCapacity
+	25/03/2015 02:19 p.m. Action: Parked : John Chaplin Referral

For all queries, please call the HealthLink Customer Support Line:

Monday to Friday (except public holidays) 8am – 6pm Phone: 0800 288 887 Support email: helpdesk@healthlink.net



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www.healthlink.net info@healthlink.net HealthLink delivers certainty in care to over 30,000 healthcare practitioners by integrating their computer systems and enabling them to exchange data quickly, reliably and securely.

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