Health Certainty in Care

Quick Start Guide Sending a St John Medical Alarm Service referral from Medtech32

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 Medtech32.

1. Open the patient record

Search for the patient and open their medical record in Medtech32.

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13 Teed Street, Newmarket, 09 555 555, 0800288887, 021022077	01 Nov 1966 48 yrs Female European/Pakeha 10.00

2. Select the HealthLink icon

Select the HealthLink icon above the patient details banner.

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

New HealthLink Forms (HEALTHLINK)	
₩eb More Audit	
Health Certainty in Care	0900 288 887 (NZ) 1800 125 036 (AUS) helpdesk@healthlink.net
Specialist and Allied Health Referrals	
CareSelect Enter keywords, e.g. Name, Speciality, Pro-	cedure Q near Anywhere Clear
General Services	
Health Pages	Healthpoint
NHI Lookup	NZ Guidelines Group
Referred Services	
St John Medical Alarm Service	



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.

🕐 New HealthLink Forms (HEALTHLINK)						
Web More Audit	Web More Audit					
St.John > MEDICAL ALARMS	Medical Alarm Referral for Service Request					
Clinical Information	MEDICAL ALARM					
No Request Type Chosen	General					
Wedical Details Included	Request type* Please Select Preferred Contact Time*	Please Select				
Attachments / <u>Reports</u> No reports selected No files attached	Comments:	<u>×</u> -				
Madianaina (Manutum						
4 long term medications specified	Funding application signed by GP	_				
3 medical warnings specified	I confirm the prospective client has agreed to receive a call *					
Medical History Medical history specified	The patient has approved the sending of medical information to the service provider	▼				
	Please Note:					
Patient Information	Funding application forms can be downloaded via the below links:					
MICKEY MOUSE, HUX8660 37vrs	 http://www.workandincome.govt.nz/documents/forms/disability-allowance-application-fo 	r-existing-clients.pdf				
Disability not specified	 http://www.workandincome.govt.nz/documents/forms/disability-allowance-medical-alam 	n-assessment-form.pdf				
Recipient / Referrer						
Referred by: Sam Entwistle						
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.

Patient Information	Please Note:
MICKEY MOUSE, HUX8660	Funding application forms can be downloaded via the below links:
37yrs Disability not specified Recinient / Referrer	 http://www.workandincome.govt.nz/documents/forms/disability-allowance-application-for-existing-clients.pdf http://www.workandincome.govt.nz/documents/forms/disability-allowance-medical-alarm-assessment-form.pdf

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 Acknowledged on 17/04/2015 at 09:30					
Medical Alarm Ro	eferral for Servio	ce Request	Skoren > 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 Entwis	stle, Millstone Family Pi	ractice, NZMC 123456, PH 09	358 0117, FAX 789457		
(Test Referral)					
Clinical Information	1				
General					
Request Type:	Installation	Contact Time:	Early Afternoon		
Patient wishes to apply	for a Medical allowand	;e			
Patient has agreed to re	ceive call				
Patient has approved the sending of medical information to the service provider					
Medications / Warr	nings				

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 the Parked Forms list (Module > Advanced Forms > Parked) in your electronic medical record within Medtech32.

🛟 Parked A	dvanced Forms		
Date	Patient	Form	Prov 🔺
9 Jul 2015	MOUSE Mickey (130292)	Cardiology	SFE
10 Jul 2015	MOUSE Mickey (130292)	Cardiology	SFE
10 Jul 2015	MOUSE Mickey (130292)	Cardiology	SFE
22 Jul 2015	MOUSE Mickey (130292)	Cardiology	SFE
22 Jul 2015	MOUSE Mickey (130292)	ACC Injury Claim Form	SFE
zz. Jul 2015	MOUSE Mickey (130292)	Medical Alarm	SFE
			-



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 the Patient Forms list (Module > Advanced Forms > Patient Forms) and the Patient Outbox list (Module > Outbox > Patient Outbox) in your electronic medical record within Medtech32.

🕙 P	S Patient Advanced Forms			×
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Tck	Date	Form Name	Prov	
ĥ	27 Jul 2015	Medical Alarm	SFE	
	27 Jul 2015	eLab Lab Request-Iron Studies	SFE	
	27 Jul 2015	eLab Lab Request-Iron Studies	SFE	
	27 Jul 2015	eLab Lab Request-Iron Studies	SFE	
	22 Jul 2015	ACC Injury Claim Form	SFE	
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Tck	Date	Document	Subject	Folder	Prov]	•
	30 Jul 2015	WFORM	Medical Alarm	N/A	SFE	,
	29 Jul 2015	WFORM	eLab Lab Request- Fastin	N/A	SFE	
	29 Jul 2015	WFORM	eLab Lab Request-ALT, I	N/A	SFE	
	27 Jul 2015	WFORM	eLab Lab Request- Iron S	N/A	SFE	
	27 Jul 2015	WFORM	eLab Lab Request- Iron S	N/A	SFE	
	27 Jul 2015	WFORM	eLab Lab Request- Iron S	N/A	SFE	
	16 Jul 2015	WFORM	eLab Lab Request- Thyro	N/A	SFE	

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



HealthLink Level 3, 13-15 Teed Street Newmarket Auckland 1023 New Zealand

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.

0800 288 887 (NZ) 1800 125 036 (AU)