FEBRUARY 14, 2025

ENTER A REFERRAL FOR OPHTHALMOLOGY SERVICES

CENTRAL INTAKE



NOTE: Only ophthalmology referrals for adult cases should be entered into Central Intake. *Emergency cases or those to be referred to the Janeway are NOT to be submitted using Central Intake. Intake.* Follow existing procedures or protocols for submitting these referrals.

- 1. Access Central Intake using **HEALTHe NL** or your **EMR**. *Refer to the user guide "Accessing the Central Intake Solution" for more information.*
- Search for the patient you want to enter an ophthalmology referral. The Central Intake Referral screen is displayed.

≡	Central Intake • Refe		Patient TEST, TEST - (-)					Referral Type Ophthalmology	Referral ci-0000245	Status Draft referral
+ Patient I	Demographics	Patient Den	nographic Summary							
		Identifiers	Alternate Names	Sex / Gender		Date of Birth (Age)	Preferred Contact M	lethod		
+ Patient:	Supplemental Information A		TEST, TEST (Legal)	Male		01-jan-1944 (80 years)				
• Workflo	# History	Address			Phone		Email			
		1 HIROSHMA HIGHWA	Y, ADAMS COVE, Newfoundland and Labrador, Cana	da. A1A1A1 (Client						
+ Patient I	unavailability	Registry - Postal)								
. Change	Tracker									
		Patient Supr	plemental Information							
			has experienced an ophthalmology relat					conducted,		
		please contact	the ophthalmologist on call, otherwise	o direct the patie	t to the ne	rest emergency department				
		*Has the patient ha	ad an eye surgery completed within the last 1	2 davs? () Yes	No					
			, , , ,							
		Patient Loca	tion							
			*Zone							
		Patient home zone	*Zone XV							
			Please note - Request for specific	enerialiste vill	nerult in le	man unit times				
			Crease same sustained on spectrum	specialities with	essere an as	the mate constraints				
_										

3. Begin to complete the Ophthalmology referral for the patient.

4. The Patient's Demographic information displayed in this section is populated from the client registry. You have the option to edit some of the patient's **demographic**

information; fields with a blue +

or a Pencil icon can be updated. However, this information added will only be applicable for this current referral (and is not saved back to the Client Registry).

5. Enter the **Patient Supplemental Information** section and answer the *"Has the patient had an eye surgery completed in the last 12 days?" – Yes or No*

6. Follow the screen prompts to enter information for the referral.

Depending on how you answer a

question or complete a field may

entered.

expand a section of the referral that requires additional information to be

 Patient Location and Appointment Location identify the patient's health zone and the specialist where the referral will be submitted. If Next Available is selected from the dropdown list, TIP

The ***** indicates that the field is required, i.e., you must enter information, select from a dropdown list, or answer the question.

the patient's referral will be prioritized with a specialist who has availability.

	*Zone		*Book with Specialist		
Patient home zone:	Central X v Next Available X v		$\times \sim$		
	Please note	- Request for	specific specialists	will result	in longer wait times.
Appointment	Location				



 Identify if the patient's BMI is greater than 40 (required) and enter the patient's weight (optional).

0	Height and	Weight	
	*Is the patient's B	MI greater than 40? 🔿 Ye	s 💿 No 🔿 Unsure
	Metric In	mperial	
	Height (cm)	Weight (kg)	BMI
Clinica	al Information		
Prima	ary Problem(s)		
* 🗌 Ret	tina 🗌 Glaucoma 🗌 Cornea 📗	Cataract Eyelids Strabismus	Uveitis Other

Glaucoma

Bilateral

Othe

Strabismus

- Complete the Clinical Information section – Identify the Primary Problem(s) and choose the option from the corresponding Diagnoses section dropdown list. Enter any additional details in the Diagnosis/History of presenting illness box.
- 10. If you choose 'Yes' for the question "Are patient's Activities of Daily Living Affected?" question under

Functional Impact, additional prompts are displayed to provide additional details for the referral.

Diagnoses

Retina

Cornea

Eyelids

Uveitis

Please complete diagnosis ONLY for the selected problem(s)

Diagnosis/History of presenting illnes [Enter applicable details to this section]

Functional Impact	
*Are patient's Activities of Daily Living	Affected? Yes No
At risk of losing driving license 🗌	Has lost driver's license due to vision Occupation requires a high level of visual acuity
Occupation	○ Employed ○ Retired ○ Other
Level of Difficulty with Daily Activities	○ None ○ Some ○ Moderate ○ Extreme
Hearing Impairment	○ Yes ○ No
Other	Increased Fall Risk Unable to Care for Dependents Other

11. [Optional] Complete the Comorbidities and Medications sections for the Medical History section.





12. **[Optional]** Enter **Additional Patient Details** that may provide more information to the Central Intake team and the specialist assigned to the case.

If patient is not	the primary contac	t, please provide alternate conta	act information.	
ontact information:	Name	Phone number	Email	Relationship to patient
Other Relevar	nt Patient Infor	mation		

13. Verify your information as the referrer. You have the option to update your contact information by clicking on **New Address**.

Referring Physician -pr-clinc-pcp.mh	× v				
cation					
Sherman	×v				
New Address					
	*Fax	*Address line 1		City / Municipality	
New Address	*Fax +61 709-555-6300	*Address line 1 42 Wallaby Way	Address line 2	City / Municipality Sydney	Province / State
New Address			Address line 2		Province / State

If a new address is entered, it will be linked to this referral only. Referrals entered for other patients, will not display the new address for the referring physician.

14. **[Optional]** Upload any additional files in the **Supporting Documents** section.

Supporting Docun	nents		
Ophthalmology referral suppo	orting documents		
Filename	Document Type	Document Description	
	TIP		

Verify the document you are uploading is the correct patient to match the referral. Currently, the document CANNOT be DELETED once uploaded. This functionality is planned for a future release.



15. Click **Save**. **Clicking save does not submit the referral for processing.** The referral is in **DRAFT** form while the details are being entered.



- a. **Close** will exit you from the referral without saving.
- b. The **PDF** button appears after you click Save. The PDF version of the referral allows you to save a copy of the referral to your computer or to print a copy of the referral.
- 16. Click **Submit**. This triggers the referral to enter the queue with Central Intake for the next stage of the referral process triage and prioritization.

Workflow	
Submit	Cancel Referral (End)

TIP

Referrals in a DRAFT stage can only be viewed by the Primary Care Provider (PCP) who started the referral. <u>PCPs must complete the</u> <u>draft referral and SUBMIT!</u>

Central Intake staff will not be auditing referrals in DRAFT. For the referral to be processed, the PCP is responsible for completing the DRAFT referral. Click **SUBMIT** to move the referral to the next stage!

