

MAY 14, 2025

ENTER A REFERRAL FOR ORTHOPEDIC
SERVICES

CENTRAL INTAKE



NOTE: Only orthopedic 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.* Follow existing procedures or protocols for submitting these referrals.

1. Access Central Intake using **Health NL** or your **EMR**. Refer to the user guide “Accessing the Central Intake Solution” for more information.
2. Search for the patient you want to enter an orthopedic referral. The **Central Intake – Referral** screen is displayed.

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

4. The Patient’s Demographic Summary 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).

TIP

Depending on how you answer a question or complete a field may expand a section of the referral that requires additional information to be entered.

5. Enter the **Patient Supplemental Information** section and answer the question by checking the appropriate checkbox: “Has the on call Orthopaedic specialist been contacted about this referral?”

TIP

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

6. Follow the screen prompts to enter information for the referral.
7. **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, the patient’s referral will be prioritized with a specialist who has availability

- If you answer **Yes** to the **Appointment Location** question, you will be prompted to enter additional information to further explain the reasons and preferred zone to receive treatment.

- Complete the **Clinical Information** (Reason(s) for Referral and Potential Diagnosis) section – Identify the **Problem** and choose the option from the corresponding **Type** section dropdown list.

- Identify the **Potential Diagnosis** and choose from the corresponding options.
- In some cases, you will be prompted with a question related to x-rays being completed. Answer the question appropriately by selecting either **Yes** or **No**. If **No** is selected, a message is displayed indicating the referral cannot proceed without first completing the necessary x-ray(s).

* Has an x-ray of the knee (AP weight bearing; lateral of knee) been completed within 6 months? Yes No

This referral cannot proceed. Please submit a new referral when the required Diagnostic Imaging is complete.

- In the **Symptoms** section, you may select one or more symptoms that the patient is experiencing. Additional fields will be displayed which must be completed. Select the appropriate **Condition of Symptoms** and **Duration of Symptoms** from each of the dropdown lists.

13. **[Optional]** Enter **History of presenting illness** that may provide more information to the Central Intake team and the specialist assigned to the case.

History of presenting illness (Optional)

14. For two of the questions, if you respond Yes, you will be prompted to enter additional information:

*** Have you completed a physical assessment of the patient?** Yes No

Please provide a reason

*** Has the patient been seen by an Orthopaedic specialist in the past?** Yes No Unknown

Please provide the specialist name

*** Does the patient have any mobility concerns?** Yes No

History of falls Mobility Aids Non-Ambulatory Range of motion restrictions Other

15. **[Optional]** The next sections to be completed are **Treatments to Date, Pertinent Past Medical History and Medications.**

Treatment(s) to Date (Optional)

Injections Pain Medications Physiotherapy Previous Orthopaedic Surgery Other

Pertinent Past Medical History (Optional)

Pertinent Past Medical History (Optional)

Medications (Optional)

Medications (Optional)

16. **[Optional]** Enter **Other Relevant Patient Information** that may provide more information to the Central Intake team and the specialist assigned to the case.

Other Relevant Patient Information

Other Relevant Patient Information

Additional Contact information:

17. Verify your information as the referrer. You have the option to update your contact information and add new location by clicking on **Manage Locations**.

TIP

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.

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

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.

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

- Close** will exit you from the referral without saving.
- 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.

TIP

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

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!**

Workflow History

Status	Status Date	Status Updated By	Status Detail
Submitted Referral	14-May-2025	euprclincppmh	
Draft referral	14-May-2025	loisgibson	

20. Click **Submit**. This triggers the referral to enter the queue with Central Intake for the next stage of the referral process – triage and prioritization.

Submit

✓ Saved

✓ Saved