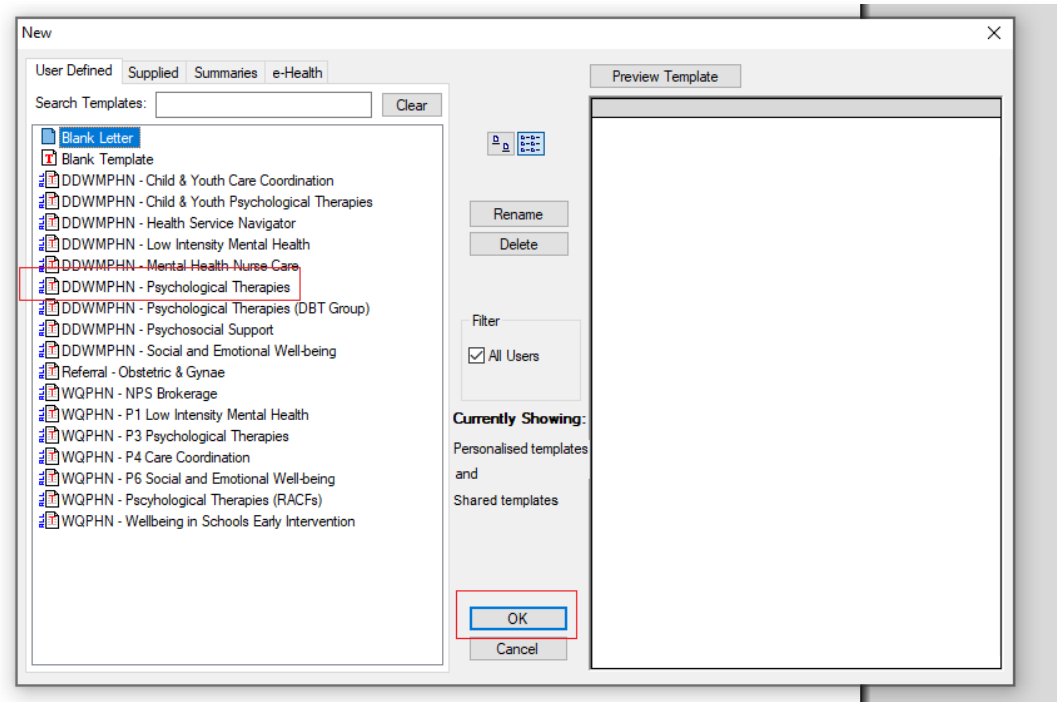


Using refeRHEALTH templates in Medical Director

1. Open the Letter Writer while in a patient file.
2. Once in the Letter Writer a popup will appear, select the template for service type you which to refer to (if you are not prompted, you can also open the template by clicking 'File' then 'New'), then click 'Ok':



3. Once you click 'Ok', you will be prompted to complete some custom fields, two important fields are 'Service Type', where you will select the specific service, you are referring to, and 'Service Provider', where you will select your preferred provider:

Enter the values for these fields:

Does patient agree to the provision of their data?:	Yes - Consent is required to proceed
Is date of birth Accurate?:	Yes - Accurate
English Skill:	
Is an interpreter required?:	No
Service Type:	
Service Provider:	
If provider not available refer to another provider?:	<input type="checkbox"/>
Reason for referral?:	
GP Mental Health Treatment Plan Completed?:	
Is their an active suicide risk for this client? :	
Current Medications - Antipsychotics:	<input type="checkbox"/>
Current Medications - Anxiolytics:	<input type="checkbox"/>
Current Medications - Hypnotics and sedatives:	<input type="checkbox"/>
Current Medications - Antidepressants:	<input type="checkbox"/>
Current Medications - Psychostimulants/nootropics:	<input type="checkbox"/>
Additional comments regarding this referral:	

OK Cancel

4. Once you have completed these fields, click 'Ok', at which point the template will auto fill the fields you have answered, plus the patients' details (note demo data used):

RE: Mr David Anderson
DOB: 4/1/1955

Does the person agree to the provision of their de-identified data for statistical purposes? <i>Note - Client must consent to provision of data for this service to proceed</i>	Yes - Consent is required to proceed
--	--------------------------------------

Patient Details

First Name:	David
Last Name:	Anderson
Date of Birth:	4/1/1955
Is date of birth Accurate:	Yes - Accurate
Gender:	Male
Mobile:	
Phone:	
Address:	61 Wallace Street
City:	BUNDABERG
Postcode:	4670
State:	QLD
Country of Birth:	Australia
Ethnicity:	Australian
Main Language Spoken:	English
English Skill:	N/A - Under 5yo or only speaks English
Is an interpreter required:	No

Referral Details

Referrer:	A Practitioner
Referrer Email:	practitioner.a@hcn.samplesdb.com.au
Referring Practice:	MedicalDirector Samples Database
Referral Date:	30/11/2021

Service Details

Service Type:	Targeted Psychological Therapies - Provisional/Urgent
Service Provider:	Example Provider

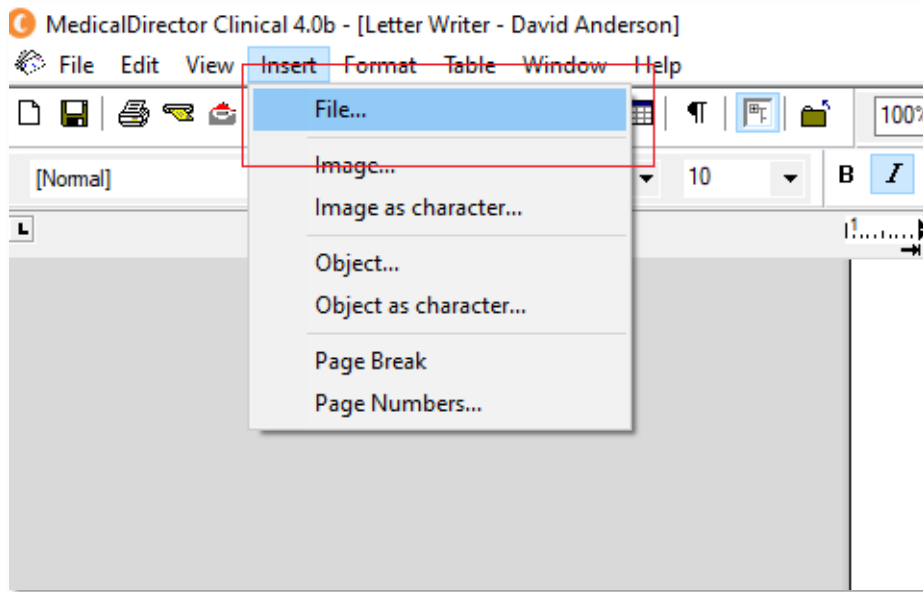
5. (Optional – if you would like to add files/a Mental health care plan to the template) Place your cursor below the section marked 'Insert Mental Health Care Plan':

responsibility or guarantee the provision of service to this client, or the acceptance of this referral by the selected or alternate service provider.

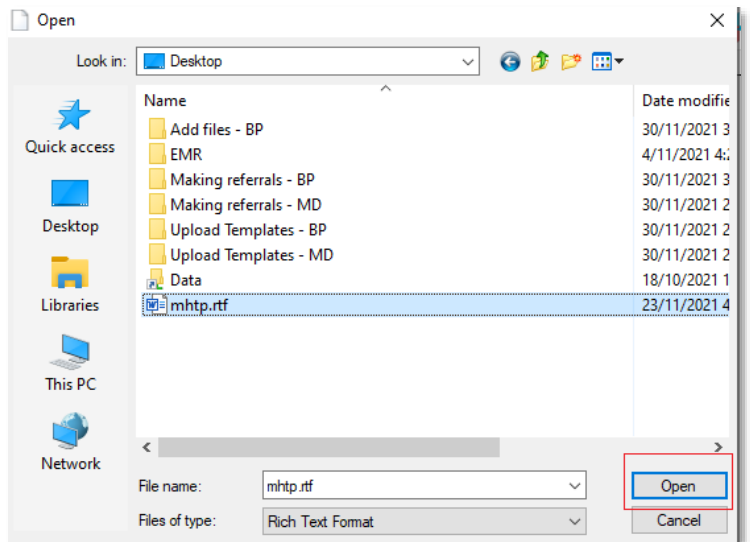
PHN Site Code: DDWMPHN
Version 6
Do not remove site code

Insert Mental Health Care Plans or additional information below this text

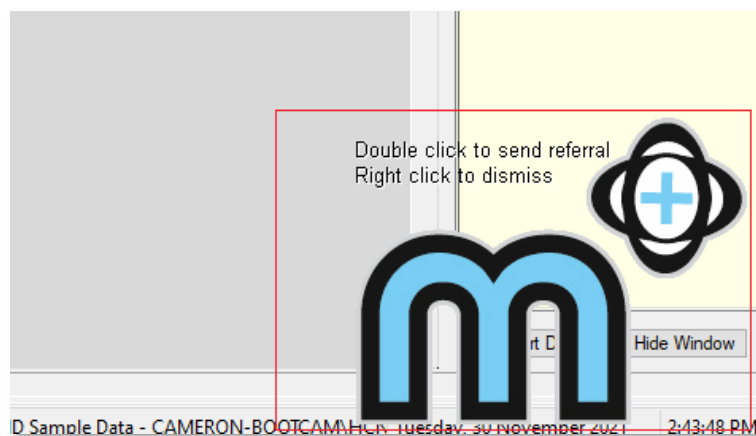
6. (Optional – if you would like to add files/a Mental health care plan to the template) – Click ‘Insert’, then ‘File’:



7. (Optional – if you would like to add files/a Mental health care plan to the template) – Navigate to where you saved the file (this requires exporting the file you have completed such as a mental health care plan to your desktop), then click ‘Open’. The contents of the file you insert will then append to the back of the referral, and be sent with the referral form:



8. Press ‘CTRL+A’, then ‘CTRL+C’ to access Medical Objects, when the Medical Objects icon appears, double click the icon:



- The referral will then populate within Medical Objects, under the 'Referral to:' field, enter 'REFERHEALTH' (lowercase will also work):

Trinity - Medical Objects Referral Client - Rhealth Testing as Testing RHEALTH (TR4350001Q4)

Utility

Surname: ANDERSON Given Name: David Date of Birth: 4/01/1955 Referral to: [Red Box]

RE: Mr David Anderson
DOB: 4/1/1955

Does the person agree to the provision of their de-identified data for statistical purposes?
Note - Client must consent to provision of data for this service to proceed Yes - Consent is required to proceed

Patient Details

First Name:	David
Last Name:	Anderson
Date of Birth:	4/1/1955
Is date of birth Accurate:	Yes - Accurate
Gender:	Male
Mobile:	
Phone:	
Address:	61 Wallace Street
City:	BUNDABERG
Postcode:	4670
State:	QLD
Country of Birth:	Australia
Ethnicity:	Australian
Main Language Spoken:	English
English Skill:	N/A - Under 5yo or only speaks English
Is an interpreter required:	No

Referral Details

Referrer:	A Practitioner
Referrer Email:	practitioner.a@hcn.samplesdb.com.au
Referring Practice:	MedicalDirector Samples Database

No Tasks Active Connected

- A popup will appear, you will need to click 'REFERHEALTH, RHEALTH' then click 'OK':

Lookup Provider

Australian Directory

Surname <space> Firstname <Return>
referhealth

Search Type: Name Max: 50 Lookup

Name	Job Title	Practice Name	Phone	Address	Provi.
REFERHEALTH, RHEALTH		referRHEALTH		EAST TOOWOOMBA 4 Tourist Road	LR43

More Detail Legend: Provider is online OK Cancel

referRHEALTH

11. A message preview will appear, click 'Ok' – you will then receive a prompt indicating the message has been sent. At this point you can close/save the referral form. The referral will be sent to referRHEALTH (note that it may take up to 20 minutes for the referral to appear in referRHEALTH).
12. The provider you chose on the 'Service Provider' drop down will receive a notification that the referral is waiting for them in referRHEALTH.