



# Working with Referral Manager (External)

## Understanding the Referral Module

Referral Management is the end to end process which facilitates creation of a patient referral by a care provider to a specialist, linking of clinical documents to send with the referral request, the ability to monitor and manage referrals, linking of consult result or evaluation and treatment documents to send back to the referring provider, and the ability to fax or print the referral and linked clinical request or response documents.

## Sending External Referrals

Create a Referral Form by clicking on "Enter Document"

Previous Next Refresh Enter Order Outpatient Find Find Health Health Enter Create Allergies Signature Prescription Worksheet Task FlowSheet Patient Patient Screen Order Reconciliation Medication Review Patient Visit Issues Manage Document Referral Summary Manager Writer Manager Viewer Manager

REN\_KYLO 0407840 / 2026 33y (04-07-1984) Female  
470 Clarkson Annex Unreviewed Allergies  
Language Spoken: Preferred Language: Expected Discharge Date:

Document Entry Worksheet - REN, KYLO  
Date of Service: 04 - 05 - 2018 Time: 09:56  
Authored: Date Now 04 - 05 - 2018 Time: 09:56  
Authored by: Me Other Source:  
Co-Signer(s):  
Mark Note As: Incomplete Results pending Priority  
Manual Entry Searching for re  
Document Name Referral Form

Document the following sections in the Referral Form:

Sections  
Referral Section  
Referral Form  
Problem List  
Allergies  
Medication  
Results

Referral to: External Provider  
Consultation Status: Routine Emergent  
Please see and (check all that apply)  
 Submit written consult only  Consult and follow up with me  Accept Transfer to your services  
 Order investigation (test)  Order therapy  
Create Referral... Link / Unlink Referral... Link today's clinical visit note  
Reason for Consultation (be specific)  
Type Reason for Consult Here

Complete the remaining sections of the Referral Form:

Structured Notes Entry - REN, KYLO - Referral Form  
Date of Service: 04 - 05 - 2018 Time: 10:04

Health Issue	Display Name	Status	POA	Scope	Code	ICD-9	Onset Dat
<input checked="" type="checkbox"/> Primary Dx	Hypertension	Essential (prima... Active	Chart		I10		04-05-2018
<input checked="" type="checkbox"/> Secondary Dx	Mental depression	Major depress... Active	Chart		F32.9		04-05-2018

Suggested Diagnoses Associated Diagnoses Differential Diagnoses  
Name Coding Schema Code  
Add Health Issue

## Sending External Referrals

Structured Notes Entry - REN, KYLO - Referral Form  
Date of Service: 04 - 05 - 2018 Time: 10:04

Referral Form  
Referral to: Budzikowski, Adam  
Consultation Status: Routine Emergent  
Please see and (check all that apply)  
 Submit written consult only  Consult and follow up with me  
 Accept transfer to your services  Order investigation (test)  Order therapy  
Create Referral... Link Clinical Note Create referral order  
Reason for Consultation (be specific)  
Enter reason(s) for Referral Here

Date of Referral: 04-05-2018 Exp. Date: Status: Pending

Referred To  
Referred To: External, Doctor  
Facility: SUNY Downstate Medical Center  
Service:   
Location:   
Location: Outside Private Referrals

If you have additional questions or concerns please call the "Global HelpDesk" at 7182704357 option # 1



# Working with Referral Manager (External)

Referred To: External Doctor  
 Facility: SUNY Downstate Medical Center  
 Referred From: Physicianamb, SUNYDMC  
 Facility: SUNY Downstate Medical Center  
 Location: Suite O Clinic

Additional Information:

Referred to Clinic:  
 Comment to Scheduler:  
 Referral Received:  
 Patient Letter Sent By:  
 Patient Letter Sent Date:  
 Reason for Referral:  
 Ref from Practice Address:  
 Ref from Practice Name:  
 Ref from Practice Number:  
 Ref from Provider Number:  
 Referral Duration:

Referral Actions: **Apply** OK Cancel

*click Apply*

Check the time stamp:

Send Referral - PATIENT, HEALTHBRIDGE (Female) 56y 09-03-1961

PATIENT, HEALTHBRIDGE  
 Suite B Clinic  
 Language Spoken: Preferred Language: Expected Discharge Date:

Sent by:  
 Internal Provider:  
 SUNY Downstate Medical Center - Suite B Clinic  
 Phone: Fax:  
 Referral Request recipient:  
 External Doctor  
 Kingsbrook Jewish, 585 Schenectady Ave, Brooklyn, NY, US, 11203  
 Phone: 7182219999  
 Fax: 7182210000

Last printed/faxed:  
 Printed: Faxed: 04-05-2018 16:24

timestamp

Enter fax number: 7182210000  
 Select Report: SUNY Referral Request (Fax) Save as my default

Buttons: Fax Print Preview Options Next Referral Close

Click "Save" to complete the Referral Form

Referred To: External Doctor  
 Facility: SUNY Downstate Medical Center  
 Referred From: Physicianamb, SUNYDMC  
 Facility: SUNY Downstate Medical Center  
 Location: Suite O Clinic

Additional Information:

Referred to Clinic:  
 Comment to Scheduler:  
 Referral Received:  
 Patient Letter Sent By:  
 Patient Letter Sent Date:  
 Reason for Referral:  
 Ref from Practice Address:  
 Ref from Practice Name:  
 Ref from Practice Number:  
 Ref from Provider Number:  
 Referral Duration:

Referral Actions: **Send Referral** Apply OK Cancel

*click "Send Referral"*

Referral Actions menu:  
 Link/Unlink Document  
 View Referral History  
**Send Referral**

Structured Notes Entry - REN, KYLO - Referral Form

CREATE Preview Date of Service: 04 - 05 - 2018 Time: 10 : 04

Sections:  
 Referral Section  
 Referral Form  
 Problem List  
 Allergies  
 Medications  
 Referral OMP  
 Results  
 Referral Results

Referral Form:  
 Referral to: Budzikowski, Adam  
 Consultation Status: Routine Emergent  
 Please see and (check all that apply):  
 Submit written consult only  
 Consult and follow up with me  
 Accept Transfer to your services  
 Order investigation (test)  
 Order therapy

Buttons: Create Referral, Link Clinical Note, Create referral order

Referred to Specialist, Internal: 04-05-2018

Reason for Consultation (be specific):

Buttons: Retrieve Last Charted Val..., Insert Default Values, Clear Unsavved Data

Buttons: **Save** Cancel

*click SAVE*

Acknowledge the Referral Order

Alert Summary

Ack...	View...	Doc...	Alert	Priori...	Type	Comment	Scope
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		Orders Entered from Document	LOW	WARNING	Acknowledged	Chart

Alert: Orders Entered from Document  
 Message: **The following Orders will be created Referral to Clinic**

Acknowledgment Comment: Acknowledged

Buttons: Unacknowledge, Previous, Alert 1 of 1, Next

To continue with the Save Structured Note unchanged click Proceed.  
 To return to the Save Structured Note and discard alerts click Go Back.

Buttons: Proceed, Go Back, Help

Send Referral - PATIENT, HEALTHBRIDGE (Female) 56y 09-03-1961

PATIENT, HEALTHBRIDGE  
 Suite B Clinic  
 Language Spoken: Preferred Language: Expected Discharge Date:

Sent by:  
 Internal Provider:  
 SUNY Downstate Medical Center - Suite B Clinic  
 Phone: Fax:  
 Referral Request recipient:  
 External Doctor  
 Kingsbrook Jewish, 585 Schenectady Ave, Brooklyn, NY, US, 11203  
 Phone: 7182219999  
 Fax: 7182210000

1) check the number and change it if need be

2) pick the referral type

3) click FAX when ready

Buttons: Fax Print Preview Options Next Referral Close

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