

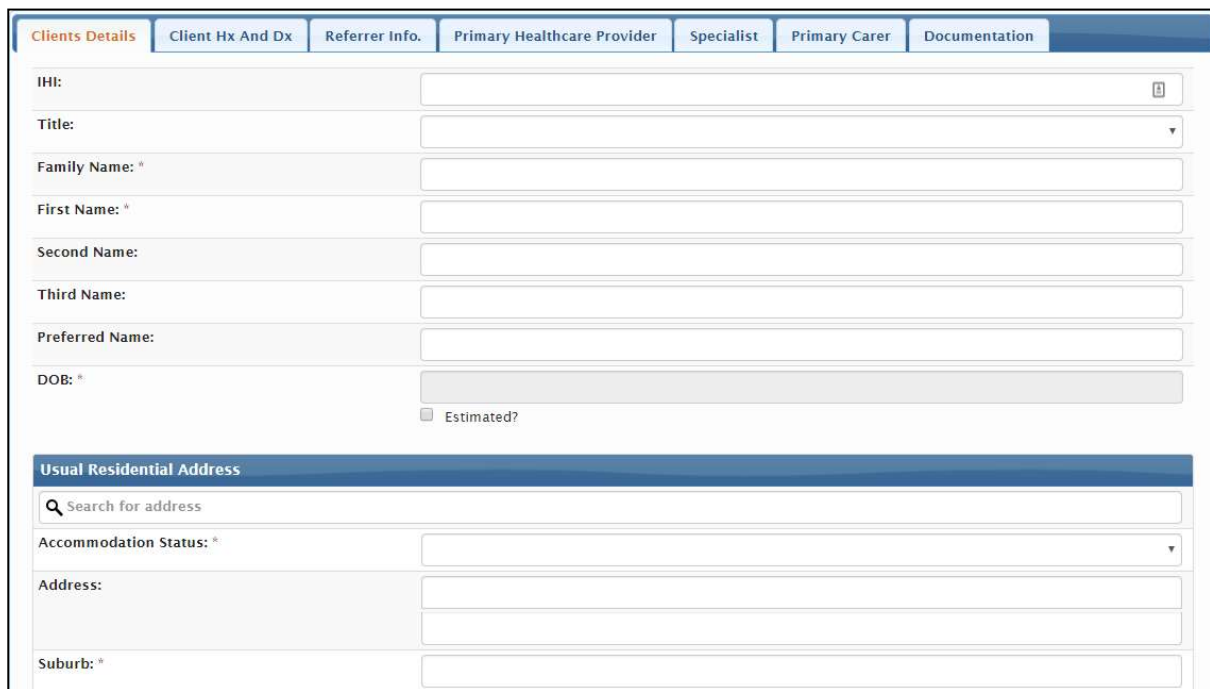
USER GUIDE

1 USING PALCARE – ENTERING A REFERRAL

A referral must be created for all clients/patients.

1.1 CREATING A NEW REFERRAL

1. Go to www.ipswichnurses.com.au
2. Click Referrals tab and the referral form will open:
3. There are seven (7) tabs on the referral form. Work through each of these tabs from left to right to complete the referral, entering as much information as is known.
4. Fields with a red asterisk (*) are mandatory fields. **Please ignore the IHI section.**



The screenshot shows the 'Clients Details' tab of a referral form. The form is divided into several sections:

- Client Information:** Fields for IHI, Title, Family Name (*), First Name (*), Second Name, Third Name, Preferred Name, and DOB (*). There is a checkbox for 'Estimated?' below the DOB field.
- Usual Residential Address:** A section with a search bar labeled 'Search for address', a dropdown for 'Accommodation Status: *', and text input fields for 'Address' and 'Suburb: *'.

1.2 REFERRAL FORM – CLIENT/PATIENT DETAILS

This tab is for recording key demographic information, including name, address, date of birth, gender, indigenous status, country of birth, and insurance status.



This is a close-up of the search bar within the 'Usual Residential Address' section. It features a magnifying glass icon and the text 'Search for address'.

Typing into these fields searches Google for the address, thus improving accuracy and saving time.

1.3 REFERRAL FORM – DIAGNOSIS AND HISTORY

This is where information about the client/patient's diagnosis, reason for referral, diagnosis and other information is recorded, as well as an indication of the urgency of the referral.

There is space for free text in selected fields, so that more detailed information can be recorded if known. The information entered here is then verified by the clinician who is admitting the client/patient to the service.

Clients Details	Client Hx And Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation
Reason For Referral: *		<input type="checkbox"/> Symptom Management <input type="checkbox"/> Respite Care <input type="checkbox"/> Counselling <input type="checkbox"/> End Stage Care <input type="checkbox"/> Consult <input type="checkbox"/> Other				
Reason For Referral - Details: *		<input type="text"/>				
Date of Diagnosis:		<input type="text"/>				<input type="checkbox"/> Estimated?
Primary Diagnosis: *		Please Select <input type="text"/>				
Specific Diagnosis: *		Please Select... <input type="text"/>				
Other Diagnosis / Medical Conditions: *		<input type="text"/>				
Allergies:		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unidentified				
Relevant Social History: *		<input type="text"/>				
Is Advance Care Plan:		<input type="radio"/> In Place <input type="radio"/> Discussed <input type="radio"/> Not Discussed <input checked="" type="radio"/> Not Applicable				
Client Aware of Referral:		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				

1.4 REFERRAL FORM – REFERRER INFORMATION

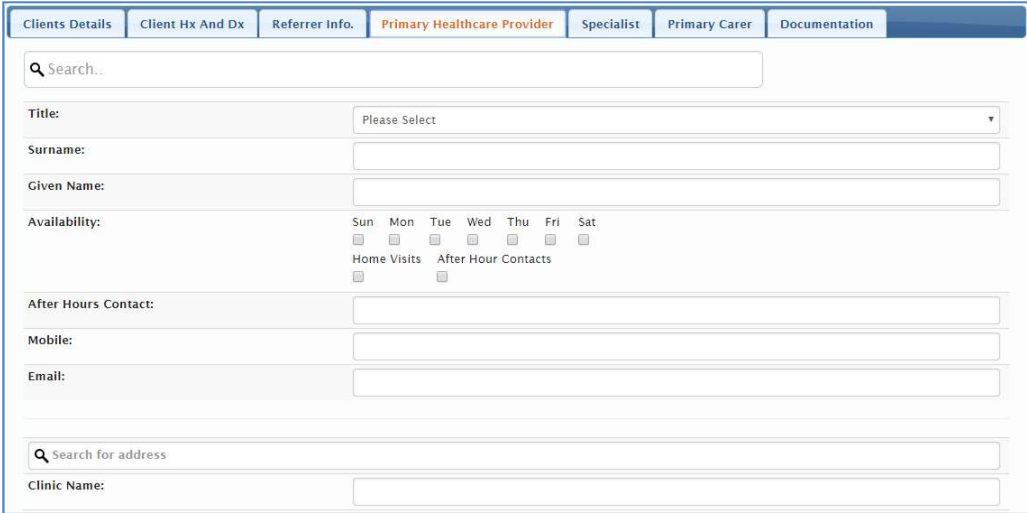
This is where information about the referrer is recorded.

Clients Details	Client Hx And Dx	Referrer Info.	Primary Healthcare Provider	Specialist	Primary Carer	Documentation
Referrer Name: *		<input type="text"/>				
Referrer Source: *		Please Select <input type="text"/>				
Referrer Agency:		<input type="text"/>				
Referrer Hospital:		<input type="text"/>				
Department:		<input type="text"/>				
Phone: *		<input type="text"/>				
Fax:		<input type="text"/>				
Email:		<input type="text"/>				
This Referral Entered By: *		PalCare Administrators				
« Prev Page		Next Page »				

1.5 REFERRAL FORM – PRIMARY HEALTHCARE PROVIDER AND SPECIALIST

These two tabs are where details about the client/patient's primary healthcare provider (e.g. GP, Nurse Practitioner, other primary healthcare provider) and specialist are recorded.

With most of our referrals, don't worry about entering the specialist.



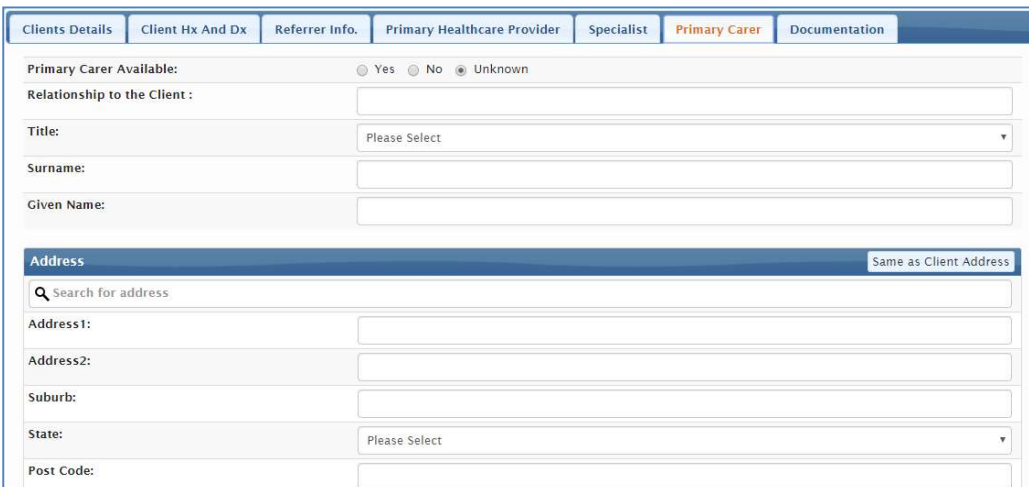
The screenshot shows the 'Primary Healthcare Provider' tab selected. The form includes a search bar at the top. Below it are fields for Title (dropdown), Surname, and Given Name. An 'Availability' section has checkboxes for days of the week (Sun-Sat) and options for 'Home Visits' and 'After Hour Contacts'. There are also input fields for 'After Hours Contact', 'Mobile', and 'Email'. At the bottom, there is another search bar for the address and a 'Clinic Name' field.

If the GP is willing to participate in multidisciplinary care plans and case conferences, this can be indicated by ticking the box at the bottom of the screen: If unsure just indicate no.

I am willing to participate in multi disciplinary care plans and case conferences: No Yes

1.6 REFERRAL FORM – PRIMARY CARER

This is where information about the contact person is entered



The screenshot shows the 'Primary Carer' tab selected. The form starts with 'Primary Carer Available' (radio buttons for Yes, No, Unknown) and 'Relationship to the Client' (input field). It then has fields for Title (dropdown), Surname, and Given Name. An 'Address' section has a 'Same as Client Address' checkbox and a search bar. Below are input fields for Address1, Address2, Suburb, State (dropdown), and Post Code.

1.7 REFERRAL FORM - DOCUMENTATION

The final tab on the referral form is where documentation such as medication charts, advance care planning documents, etc., can be uploaded. Click Upload Document(s) to commence the upload process.



The screenshot shows a web interface with a navigation bar at the top containing tabs: Clients Details, Client Hx And Dx, Referrer Info., Primary Healthcare Provider, Specialist, Primary Carer, and Documentation. The Documentation tab is selected and highlighted in orange. Below the navigation bar is a section titled "File Uploads" with a table structure. The table has columns for File Name, File Size, Type, and Status. A red circle highlights the "Upload Document(s)" button in the top right corner of the File Uploads section. At the bottom left of the File Uploads section is a "« Prev Page" button, and at the bottom right is a "Submit Referral" button.

Click **Submit Referral** once all information has been entered. This sends the referral to the Palliative Care Team