

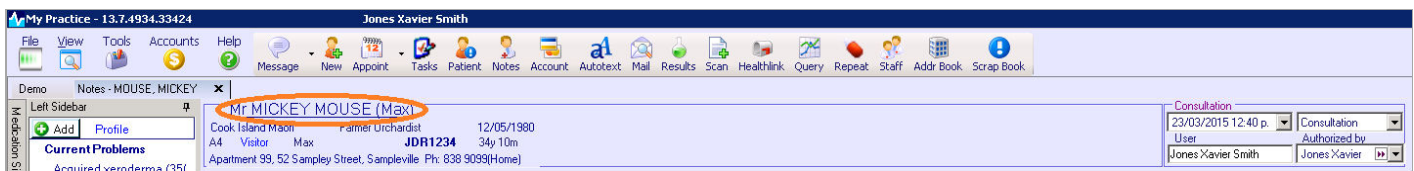
Quick Start Guide

Sending a St John Medical Alarm Service referral from myPractice

The St John Medical Alarm Service online referral form has been designed to make it easier for you to complete and submit a Medical Alarm Service referral for your patient electronically to St John. This guide has been created to show you the key steps involved in completing a St John Medical Alarm Service online referral form within myPractice.

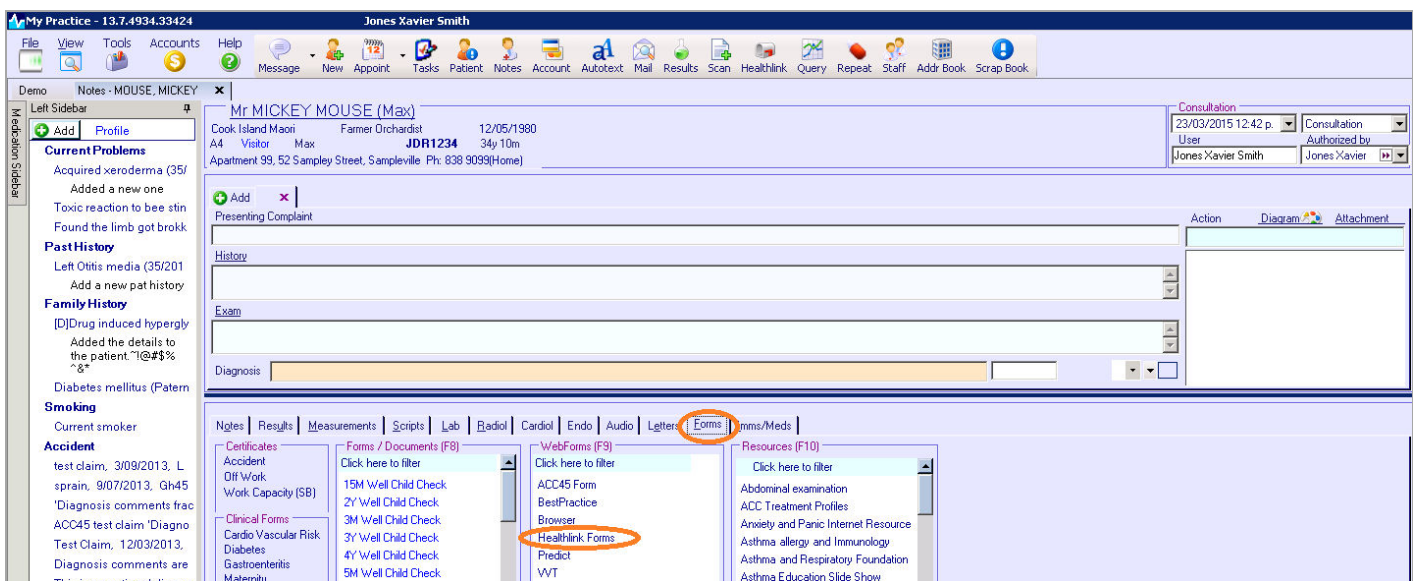
1. Open the patient record

Search for the patient and open their medical record in myPractice. Go into the 'Clinical Notes' section of your patient's profile.



2. Select the Forms tab

Select the 'Forms' tab and click on the HealthLink forms option.



The HealthLink launch page will display. Select St John Medical Alarm Service from the Referred Services section.

Mr MICKEY MOUSE (Max)
 Cook Island Maori Yachtsman 12/05/1980
 A4 Visitor Max JDR1234 35y 2m
 Apartment 99, 52 Sampley Street, Sampleville Ph: 838 9099(Home)

Consultation
 27/07/2015 03:41 p.
 User Authorized by
 Jones Xavier Smith Jones Xavier

Notes | Results | Measurements | Scripts | Lab | Radiol | Cardiol | Endo | Audio | Letters | Forms | Imms/Meds | **Healthlink Forms**

Address http://localhost:5008/hsiformsdirectory/FormListing.action?hsio_formDefinitorId=hsioformsdirectory/hsioVersion=hsio_v1

HL HealthLink Certainty in Care
 0800 288 887 (NZ)
 1800 125 036 (AUS)
 helpdesk@healthlink.net Contact Us

Specialist and Allied Health Referrals

CareSelect Enter keywords, e.g. Name, Speciality, Procedure ... near Anywhere Clear

General Services
 Health Pages NHI Lookup Healthpoint NZ Guidelines Group

Referred Services
 St John Medical Alarm Service

3. Complete the St John Medical Alarm Service referral form

The St John Medical Alarm Service referral form will display and is very similar in format and functionality to a DHB eReferral form.

Complete the relevant fields under each tab on the left. You can park the form if you want to work on it later.

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Notes | Results | Measurements | Scripts | Lab | Radiol | Cardiol | Endo | Audio | Letters | Forms | Imms/Meds | **Healthlink Forms**

Address about:blank

St John MEDICAL ALARMS
 first to care

Medical Alarm Referral for Service Request

Clinical Information
 No Request Type Chosen
 Medical Details Included

Attachments / Reports
 No reports selected
 No files attached

Medications / Warnings
 6 long term medications specified
 3 medical warnings specified

Medical History
 Medical history specified

Patient Information
 MICKEY MOUSE, JDR1234
 35yrs
 Disability not specified

Recipient / Referrer
 St John Medical Alarm
 Referred by: Jones Xavier ...
 No Different Regular GP

MEDICAL ALARM

General

Request type* Please Select Preferred Contact Time* Please Select

Comments:

Funding application signed by GP

I confirm the prospective client has agreed to receive a call *

The patient has approved the sending of medical information to the service provider

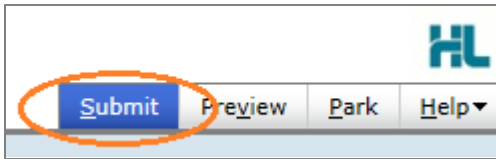
Please Note:
 Funding application forms can be downloaded via the below links:

- <http://www.workandincome.govt.nz/documents/forms/disability-allowance-application-for-existing-clients.pdf>
- <http://www.workandincome.govt.nz/documents/forms/disability-allowance-medical-alarm-assessment-form.pdf>

Should the patient not want medical information to be sent to St John, untick the 'The patient has approved the sending of medical information to the service provider' checkbox. This will remove a number of the form tabs, and prevent submission of the medical information within those tabs.

4. Submit the St John Medical Alarm Service referral form

Select the 'Submit' button when you are ready to send your form to St John. The St John Medical Alarm Service referral form will be sent electronically via HealthLink.



If you want to print a copy of the St John Medical Alarm Service referral form, select 'Print' at the end of your submitted form, remembering to select your default printer.

Medical Alarm Referral for Service Request

 **MEDICAL ALARMS**

Patient: MICKEY MOUSE, 37yrs, NHI HUX8660, F, DOB 05/07/1978, PH: Wrk 09 555 555, Hme 0800288887, Mob 021022077
13 Teed Street, Auckland, Newmarket, Auckland 1023

Referred by: Sam Entwistle, Millstone Family Practice, NZMC 123456, PH 09 358 0117, FAX 789457
(Test Referral)

Clinical Information

MEDICAL ALARM

General

Request Type: Installation Contact Time: Early Morning

Patient wishes to apply for a Medical allowance

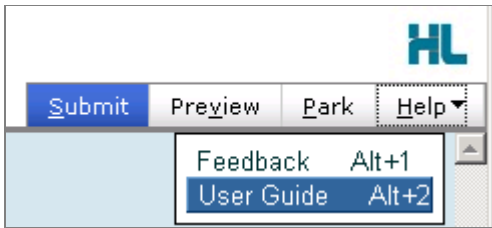
Patient has agreed to receive call

Patient has approved the sending of medical information to the service provider

5. Hints and Tips

a. St John Medical Alarm Service referral form help

To access the HealthLink eReferrals User Guide go to the 'Help' menu and click on the 'User Guide' link provided.



b. Access parked St John Medical Alarm Service referral form from patient electronic medical record

A parked St John Medical Alarm Service referral form can be found in your 'Notes' tab in your electronic medical record within myPractice.



c. Access submitted St John Medical Alarm Service referral form from patient electronic medical record

A copy of the St John Medical Alarm Service referral form submitted for the patient can be found in your 'Notes' tab in your electronic medical record within myPractice.



**For all queries, please call the
HealthLink Customer Support Line:**

Monday to Friday (except public holidays) 8am – 6pm
Phone: 0800 288 887 Support email: helpdesk@healthlink.net