

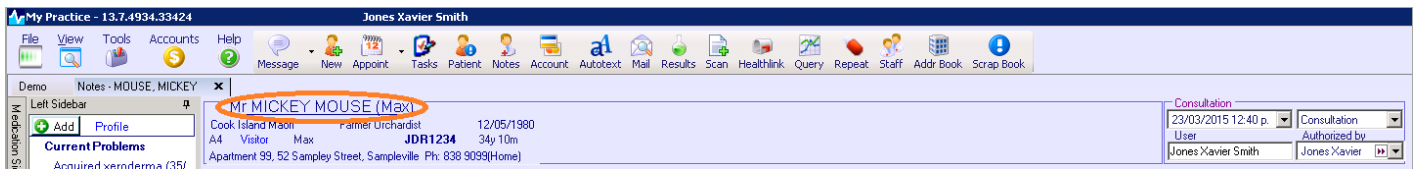
Quick Start Guide

Sending an Access Community Health referral from myPractice

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

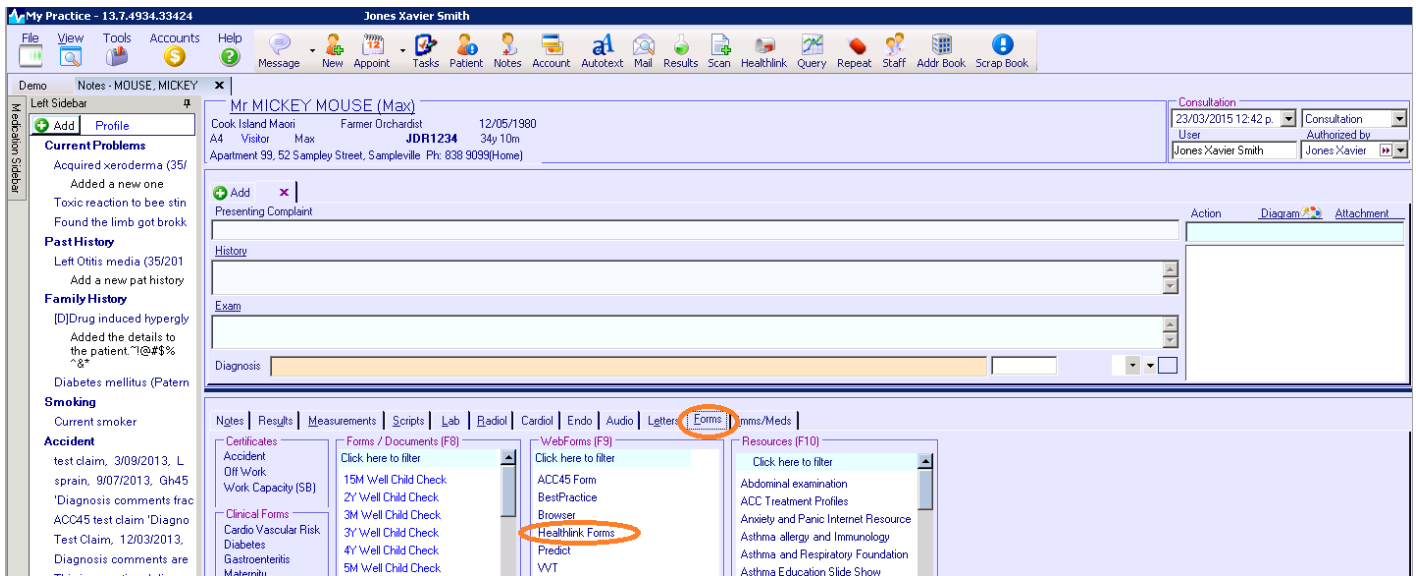
1. Open the patient record

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 the Access Community Health Services link 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 9039(Home)

Consultation
22/11/2015 10:41 p
User
Authorised by
James Xavier Smith James Xavier

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

Address http://localhost:8080/healthdirectory/Forms/Listing.action?this_form_id=healthdirectory/thisreferral-hsio_v1

HealthLink Certainty in Care
0800 288 687 (NZ)
helpdesk@healthlink.net Contact Us

Make a referral Update referral

Specialist and Allied Health Referrals

CareSelect Enter keywords, e.g. Name, Specialty, Procedure... near Anywhere clear

General Services

Advanced Tracking Case Weaver
Generic Waspac Demo Health Pages
Healthpoint NH Lookup
NZ Guidelines Group

Referred Services

Access Community Health Services

3. Complete the Access Community Health Service referral form

The Access Community Health 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

Access community health

Access Community Health Services Submit Preview Park Help

Clinical Information Total Care Community Nursing Services

Attachments / Reports No reports selected No files attached

Medical History No medical history specified

Medications / Warnings 1 long term medication specified 1 medical warning specified

Patient Information Micky Mouse, JDR1234 19yrs Disability not specified

Recipient / Referrer Referred by: Smith John No Different Regular GP

Select the ACC record associated with the referral*
Please enter data into the last box if not showing

ACC45	Date	Is Work Related	Location	Details
<input type="radio"/> T667710	09/06/2000	Yes	On work site	Back pain due to heavy lifting
<input type="radio"/> T667711	08/05/1998	No	Residential Property	Fall from Ladder
<input type="radio"/>				

Diagnosis of selected ACC* record

First visit required*

Community Nursing Services Required

Service(s) Required*

Wound Care
 IV Management
 Bladder Care
 Bowel Care
 Other

Eligibility - Reason for referral* Please Select

Tetanus Status*

Smoking Cessation

Allergies (if any)

Nominated Person for Contact

Name

Contact Number

Address to be visited at*

Home Other

Hazards at address (Please specify e.g. Dogs etc)

Nursing Intervention Required

Treatment to date

4. Submit the Access Community Health Service referral form

Select the 'Submit' button when you are ready to send your form to Access Community Health. The Access Community Health Service referral form will be sent electronically via HealthLink.




Upon successful submission a copy of the Access Community Health referral form will be displayed within the EMR showing the Referral Acknowledgement information.

Print

Referral Sent and Acknowledged on 05/08/2019 23:49 NZST

Access Community Health Services Referral
for Service Request



Patient: Micky Mouse, 20yrs, NHI JDR1234, F, DOB 21/02/1999, PH: Day Phone Number, Wrk 09 3766281, Hme 021 0780980, Oth 3756281
Residential address: 12 Teed Street, Newmarket, Auckland 0230
Postal address: same as residential address
Referred by: Smith John, Smith's Practice, NZMC 88976, PH 3678900, FAX 3678902
Referral date: 05/08/2019 23:49 NZST

Clinical Referral Information

ACC

ACC45	Date	Work Related	Location	Details
T667711	08/05/1998	No	Residential Property	Fall from Ladder

Diagnosis of selected ACC test record:
 First Visit required: 06/08/2019

Community Nursing Services Required
 Service(s) Required
 • Wound Care

Eligibility - Reason for referral: Reduced Mobility
 Tetanus Status: test

Nominated Person for Contact
 Address to be visited at: Home

Nursing Intervention Required

Measurement Details

Date	Code	Value
10/09/2014	Height	175
06/11/2015	Weight	80

Date	Code	Value
06/11/2015	BMI	26.1
06/11/2015	BP	155/22

Medical History - No family and personal history specified

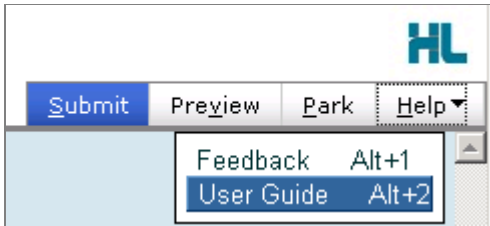
If you want to print a copy of the Access Community Health referral form, select 'Print' at the end of your submitted form, remembering to select your default printer.

Click on OK to close the submitted form view and return to the EMR.

5. Hints and Tips

a. Access Community Health 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 Access Community Health referral form from patient electronic medical record

A parked Access Community Health Service referral form can be found in your 'Notes' tab in your electronic medical record within myPractice.



c. Access submitted Access Community Health Service referral form from patient electronic medical record

A copy of the Access Community Health 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