

## Create a Referral

A Referral (previously called a Consult Request) is a request for an in-person specialist appointment. A standard referral form is used for most specialties to create a consistent referral experience and to identify a specific **Referral Reason**. Before you submit a request, your [Referring/Referring on Behalf of](#) information must be completed in your My Details.

- 1 From the **Clinical Portal Menu**, go to **Searches**. You can search for your patient using their first and last name, Personal Health Number (PHN) or Unique Lifetime Identifier (ULI). Press **Search** to display results.

**Patient Search**

Identifier: 974253514  
Identifier Type: PHN / ULI

Last Name: ereferral  
First Name: two  
Middle Name/Initial:

Search Clear Enter a new favourite search +

- 2 Open the patient's Electronic Health Record (EHR) and click **Create Referrals** from the **Context Menu**.

**EREFERRAL, TWO B** ULI 100008114

DATE OF BIRTH (54y) SEX F

NO CPAR PRIMARY PROVIDER PATIENT PRIMARY ADDRESS PATIENT MAILING ADDRESS PATIENT HOME ADDRESS


All Documents Flowsheets Patient Event History Immunization History Medications **Create Referrals** View Referral


Clinical Documents  
Showing All Mark All As Read  
Group By Category Sort By Date

Dynamic Patient Summary  
Medication Profile  
Pharmacy Care Plan  
BPMH Form - Medication Reconciliation  
Referrals - In Progress (14 / 15)  
Consultations (1 / 1)  
Diagnostic Imaging (4 / 4)  
Discharge/Transfer Summaries (1 / 1)  
Progress Notes (2 / 2)

**Patient Demographics**  
**EREFERRAL, Two B**

Date Of Birth		
Age	54 years	
Sex	F	Cell/Alter
Eligibility Start Date	Note: Future-dated and blank eligibility start dates should be confirmed in Person Directory.	
Address (Primary)		
AH Address (Mailing)		

- 3 Enter a reason in the **Referral Reason** field. You can start typing the reason to see what selections are available.
  - If you don't know the reason or want to see what options are available, enter the **Request Type** and the **Specialty** to show what **Referral Reasons** are available by zone/city.
  - If the **Referral Reason** is not on the list, select a reason that is closest to the reason for referral (e.g., Sciatica is not on the list – use Radiculopathy). The exact reason can be entered later in this process in the **Referral Details** section – **Reason for sending this referral** field.
- 4 Select **Referral** beside **Request Type**.
- 5 Select the **Specialty** and **Zone(s) Served** and/or **City**. You can start typing the **Specialty**, **Zone(s) Served**, and **City** to show what is available (e.g. Ortho). These are not mandatory but will help narrow down the options you can select.
- 6 Click **Search for Options**. If the Referral is a duplicate, the **Check for duplicate referral(s)** icon  is shown. Hover over the symbol to see the duplicate referral. Check for duplicates in the **Drafts**, **In Progress** and **Completed/Cancelled/Declined** list as well to ensure that a duplicate Referral doesn't exist in another Zone or a similar Referral such as Knee Issue - Right vs Knee Issue - Left.

Referral Reason	Request Type	Specialty
Shoulder instability 	Referral	Orthopaedic Surgery
<b>Check for duplicate referral</b>		
Patient has existing referral(s) <b>RF5-AAD-935062</b>		

- 7 Click the **Clinical Pathway** icon to view detailed information to help support care decisions. You can also view existing referral(s) for the patient. If the **Clinical Pathway** icon is showing, it indicates the pathway is not available at this time.

Create Request Select a favourite search

Referral Reason:

Request Type:

Specialty:

Zone(s) Served:

Triage Site:

City:

Referral Reason	Request Type	Specialty	Triage Site	City	Clinical Pathways	Approximate Wait Time	Zone(s) Served
Instability of knee	Referral	Orthopaedic Surgery	Calgary FAST Orthopaedics CAT		<input type="button" value="📄"/>	Not Supplied	Calgary

**Drafts**

No Results Found

**In Progress**

Request Type/Referral ID	Received Date (T2)	Status/Status Reason	Referral Reason	Priority	Triage Site	External Triage Site	Service Provider	Appointment Date/Time	Accepted Date (T3)	Referring Provider	Elapsed Time/Time To Target	Approx. Wait Time	Flagged for Referrer	Spn Ref
eConsult RPS-AAB	26-Jan-2024	Waiting for Clinical Triage	Urology Issue		Kaye Edmonton Clinic - Dianne and Irving Kipler Urology Centre						3 days	5		
eConsult RPS-AAB	26-Jan-2024	Waiting for Clinical Triage	Shoulder Issue		Orthopaedic Surgery - Provincial						3 days	5		
eConsult RPS-AAB	26-Jan-2024	Waiting for Clinical Triage	Shoulder Issue		Orthopaedic Surgery - Provincial						3 days	5		
Referral RPS-AAB	16-Jan-2024	Clinical Triage In Progress	Hematuria gross		Calgary FAST Urology CAT						1 week 6 days	14		

**Completed/Cancelled/Declined**

Request Type/Referral ID	Received Date (T2)	Status/Status Reason	Referral Reason	Priority	Triage Site	External Triage Site	Service Provider	Appointment Date/Time	Accepted Date (T3)	Referring Provider	Elapsed Time/Time To Target	Last Modified/Modified By
eConsult RPS-AAB	28-Dec-2023	Completed Continue Managing within Your Scope of	Shoulder Issue		Orthopaedic Surgery - Provincial		Receiving Provider I				4 weeks 4 days	12-Jan-2024 Three Tran

- Select the **Received Date (T2) (For Receiving Office use only)**. **Note:** If you are not a receiving office, leave this blank. The field will default to the current date and time. All fields marked with a red asterisk (\*) are mandatory and must be completed to submit a Referral.

Orthopaedic Surgery Request for Service

Flag Referral (For Referring Provider use)

Received Date (T2) (For Receiving Office use only)

- Review the **Exclusions** to ensure that this referral is appropriate. Exclusions are specialty and/or **Referral Reason** specific.
- Select **Who has been informed**.
- For helpful information on completing the Referral, refer to the **QuRE Card Checklist** by clicking on the box beside **View QuRE Card Checklist**.

Who has been informed? \*  Patient  Guardian  Patient & Guardian  Information not available

*Please ensure the patient or guardian has been informed of the diagnosis or reason for referral.*

QuRE Reference

View QuRE Card Checklist

*The information captured in this form is based on the Quality Referral Pocket Checklist (www.ahs.ca/QuRE).*

- 12 Scroll down to **Patient Details** and select the **Patient Preference** if indicated. Select **Preferred Provider** and/or **Preferred Location** if indicated by the patient.

Patient Details

*Any changes to the patient's information will be saved in this referral only.*

Patient Preferences  Next Available Provider  Preferred Provider  Preferred Location

Patient Details

*Any changes to the patient's information will be saved in this referral only.*

Patient Preferences  Next Available Provider  Preferred Provider  Preferred Location

Preferred Provider \*

*If a preferred provider is selected instead of next available, the patient's wait time may be longer.*

Preferred Location \*

*If a preferred location is selected instead of next available, the patient's wait time may be longer.*

- 13 The patient's address and phone number will be auto populated from the patient's Electronic Health Record (EHR). You can modify it if needed. Use the option to indicate if there is a **Preferred Contact**. Continue filling out **Additional Info** and **Special Considerations** (e.g., patient's physical, psychological, social and/or economic situation) sections.

**Patient Details**  
*Any changes to the patient's information will be saved in this referral only.*

**Patient Preferences**  Next Available Provider  Preferred Provider  Preferred Location

**Contact Information**

Phone Number Type *	Phone Number *
<input checked="" type="radio"/> Home <input type="radio"/> Mobile <input type="radio"/> Work <input checked="" type="checkbox"/>	000 999 0000
<input type="button" value="+ Add Row"/> <i>At least one row is required.</i>	

**Preferred Contact?**  Home  Mobile  Work

Line 1 *	XXX Test Street	City *	LETHBRIDGE
Line 2		Province *	AB
		Postal Code *	XXX XXX

**Additional Info**

- Patient Has Guardian
- Patient Has Alternate Contact
- Patient unable to communicate adequately in English
- Patient has hearing or vision requirements
- WCB Claim

**Special Considerations**

*Please provide details about the patient's physical, psychological, social and economic situation.*

**14** Complete the **Referral Details** section. There are two options: Complete the form in eReferral or attach the referral from you EMR. If you are attaching an external referral form, locate the referral form by clicking **Choose File** beside **Referral Form**.

- If the exact **Referral Reason** was not available (e.g., Sciatica), make sure to enter this in the **Referral Details** section – **Reason for sending this referral** field.

**NOTE:** Note: To learn more about adding an external document to eReferral from your computer or EMR, visit the [Helpful Resources](#) page.

**15** Complete the **Referral Requirements** section. Review the mandatory requirements. Attach or link the required investigations or images and check the **Have all mandatory requirements listed above been met?** box. Additional comments, if any, can be added to the **Notes** field.

Referral Details

Referral Form Source \*  eReferral Form  Attach Referral Documents

Clinical Reason \*

Reason for sending this referral

Patient's current status \*

Current and past management

*Please provide details about if the patient's condition is stable or worsening. What you think is going on? Key symptoms and findings. Symptom onset/duration. Red flags.*

Pertinent History \*  Complete in form  
 Complete by attaching an EMR patient summary / snapshot from desktop  
 None  
 Clear

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Referral Requirements

Mandatory	Requirement	Time Period
	Weight bearing hip - routine x-rays: AP pelvis, AP hip, lateral view (Lauenstein)	180

Have all mandatory requirements listed above been met?  Yes  No

Optional —

Additional Information

Attach External Document(s)    
*File size restricted to 100MB. Multiple files can be uploaded up to a limit of 300MB.*

Netcare Document(s)

Notes

- 16** Confirm that the **Referring Provider** section is complete with the referring provider's name and clinic details. The clinic details will auto-populate from **My Details** (if available) and can be changed on this request if needed. **Note:** Click **Add** if the Referral is being created on behalf of another provider or the referring provider is from out of province.

Referring Provider Information

*Complete the Referring Provider Referrals or Referring Provider Referrals On Behalf Of section on your My Details to display referrals on Referrals dashboard and to auto complete this section each time a referral is created.*

Referring Provider \*

- 17** Search **First Name** – Out, **Last Name** – Province.
- 18** Select **Out of Province Provider**. Enter the name of the referring provider and the phone number; these fields are mandatory.

Provincial Provider Registry Select a favourite search ▼

First Name:  Last Name:

Name	Provider Type	City	Status
Out of Province Provider			

Referring Provider Information

*Complete the Referring Provider Referrals or Referring Provider Referrals On Behalf Of section on your My Details to display referrals on the My Referrals dashboard and to auto complete this section each time a referral is created.*

Referring Provider \*

*Indicate name of Out of Province Provider*

Phone Number * <input type="text" value="555 555 00xx"/>	Address
Fax Number <input type="text"/>	Line 1 <input type="text" value="6789 St"/>
	Line 2 <input type="text"/>
	City <input type="text" value="Sparwood"/>
	Province <input type="text" value="BC"/>
	Postal Code <input type="text" value="xxxx"/>

19 Click the appropriate option under **Primary Care Provider**.

Primary Care Provider \*  Same as Referring Provider  Different from Referring Provider  Patient does not have a Primary Care Provider

Unknown

20 Select the **Submission Method**.

Primary Care Provider \*

Submission Method \*

- eReferral
- Fax rerouted from non-FAST Office
- Connect Care
- Phone
- Fax
- Mail

21 Click **Submit** to send the Referral to the specialty. If you did not complete all mandatory fields marked by (\*), you will receive an error message. Review the Referral to locate any blank fields.

- If you want to save a draft of the Referral before submitting it, you can save it by clicking **Save as Draft**. You can access the draft at any time in the **Drafts** worklist on the **My Referrals** dashboard. You can click **Cancel** if you want to stop completing the Referral.
- Once you click **Submit**, the Referral will appear on your **My Referrals** dashboard on the **In Progress** and **Recently Updated** worklists with a status of **Clerical Triage in Progress**.

**NOTE:**

If a referral has been declined because it did not meet the criteria appropriateness, do not edit the referral to include more information or attachments. Please create a new referral with the correct information.

## Review a Submitted Referral

At any point, you can review the status of a submitted Referral from your *My Referrals* dashboard.

- 1 Click *eReferral* from the *Clinical Portal Menu*. Click *My Referrals* and then the *In Progress* worklist.

The screenshot shows the 'My Referrals' dashboard. On the left is a navigation menu with categories: COMMON, FAVOURITES, SEARCHES, EREFERRAL (expanded), EREFERRAL REPORTS, and PATIENT LISTS. Under EREFERRAL, 'My Referrals' is selected. The main area displays a table with the following data:

Requests	Total	Referrals	eConsults
Recently Updated	30	23	7
Cancelled/Declined	2	2	0
Action Required	0	0	0
Drafts	1	0	1
Undelivered	0	0	0
In Progress	27	20	7
Completed	1	1	0
Waiting for Response	2	1	1

- 2 Select *Referral* for *Request Type* and click *Search* to generate a list of referrals. You can further define the search by choosing options like *PHN/ULI*, *Referral Reason*, or *Status*. To remove a status, click the *X* to the right of the status; to add a status, click the *Add* button. Note that the status selections are “sticky”, meaning that if you access this dashboard and worklist during your eReferral working session (have not logged out) the same items will be selected.



Referrer: In Progress

Received Date	<input type="text"/> to <input type="text"/>	PHN/ULI	<input type="text"/>
Referral Reason	<input type="text"/>	Patient First Name	<input type="text"/>
Specialty	<input type="text"/>	Patient Last Name	<input type="text"/>
Triage Site	<input type="text"/>	Request Type	<b>Referral</b> ▼
Service Provider	<input type="text"/>	Referral ID	<input type="text"/>
Referring Provider	<input type="text"/>	External Triage Site	<input type="text"/>
Priority	▼	Show Referrals for Review	<input type="checkbox"/>

Status

Accepted ✕ Appointment Booked ✕ Appointment Missed ✕

Clerical Triage in Progress ✕ Clinical Triage in Progress ✕

Deferred ✕ Redirected ✕ Request Additional Information ✕

Response in Progress ✕ Waiting for Appointment ✕

Waiting for Clinical Triage ✕ Waitlisted ✕

**+ Add**

**Search** Reset  +

- 3 Select the appropriate Referral from the list. Click the arrow located on the **Summary Bar** to expand the referral header. The **Status Reason** field may be populated or blank. Only specific changes to the Referral will result in this field being populated (**Redirect**, **Complete/Cancelled/Declined**, **Missed Appointments**, **Provide Information to Receiver**).

- View the activity that has occurred on the Referral in the **Right Panel** in the **Activity** and **Notes** sections.
- Click **Show this patient's other referrals** to view all referrals for this patient. All referrals are listed here regardless of the status. This is helpful if a screening Referral or eConsult needs to be linked to the procedural referral.

**Waiting for Appointment**
**Referral**
**Instability of knee**
Orthopaedic Surgery

Triage Site Calgary FAST Orthopaedics CAT
Submitted 5 weeks ago
eReferral ID RFS-AAB-

Status Reason	—	External Triage Site	—
Accepted (T3)	10-Jan-2024	Referred For	Referral
		Submitted By	Three TRAINING
		Flagged for Referrer	Yes

### Orthopaedic Surgery Request for Service

[Patient Details](#) | [Referral Details](#) | [Referral Requirements](#) | [Providers](#)

Exclusions	1. Dislocation 2. Infection
Patient Information	PHN/ULI: 10000- Name: Sex: F DOB: 15-Mar-1974
Request Created For	Instability of knee - Calgary FAST Orthopaedics CAT
Clinical Pathway URL	<a href="https://www.albertahealthservices.ca/aph/page18236.aspx">https://www.albertahealthservices.ca/aph/page18236.aspx</a>
Who has been informed?	Patient

**QuRE Reference**

The information captured in this form is based on the Quality Referral Pocket checklist. ([www.ahs.ca/QuRE](http://www.ahs.ca/QuRE))

**Patient Details**

Patient Preferences Next Available Provider

**Contact Information**

Phone Number Type	Phone Number
Home	000 999 0000
Preferred Contact?	Home

Line 1	XXX Faraway Street
Line 2	—
City	LETHBRIDGE
Province	AB
Postal Code	

**Additional Info**

Special Considerations —

**People**

Referrer

Dr. [Redacted]

Service Provider

Receiving Provider II

**Linked Referrals**

RFS-AAB- [Redacted] Kaye Edmonton Clinic - Dianne and Irving Kipnes Urology Centre

COMPLETED

[Show this patient's other referrals](#)

**Referral Attachments**

AHC0562 (1).pdf (1185.94 kB) 4 WEEKS AGO

[Choose a file...](#)

**Referral Notes**

**Clerical**

Latest lab results have been attached

Added by Three Training on 12-Jan-2024 12:44 PM

**Activity** [Show Notes Only](#)

**Link**

A link between this referral and RFS-AAB- [Redacted] was added

RELATIONSHIP Related To

Last updated by Three TRAINING on 30-Jan-2024 10:04 AM

**Clerical Note**

ACTION Add Note

Latest lab results have been attached

Last updated by Three TRAINING on 12-Jan-2024 12:44 PM

**Waiting for Appointment**

STATUS Waiting for Appointment

Last updated by Three TRAINING on 10-Jan-2024 12:58 PM

**Set Service Provider**

[Hide Form](#)

Set Service Provider Receiving Provider II

Last updated by Three TRAINING on 10-Jan-2024 12:58 PM

**Accept (T3)**

[Hide Form](#)

Accepted Date (T3)	10-Jan-2024
Attachments	No Files
Netcare Document(s)	No documents

## Respond to a Request for Additional Information

On occasion, the triage centre or receiving provider may require additional information from the referring provider. Follow these instructions to add more information.

- 1 Click **eReferral** from the **Clinical Portal Menu**. Click **My Referrals** and select **Action Required**. Choose the appropriate Referral.

Requests	Total	Referrals	eConsults
Recently Updated	39	27	12
Cancelled/Declined	3	2	1
<b>Action Required</b> ⚠	3	2	1
Drafts	1	0	1
Undelivered	0	0	0
In Progress	41	31	10
Completed	3	1	2
Waiting for Response	4	4	0

- 2 Click **Provide Information (to Receiver)** from the **Workflow bar**. Attach or link the requested information if required and enter a **Comment to Receiver** (e.g., The latest lab results are attached). Click **Provide Information**. Single files no larger than 100MB can be attached, and multiple files not exceeding 300MB in total can be added.

Provide Information (to Receiver) Request Information (from Receiver)

Provide Information (to Receiver)

**i** Do not include any clinical information in the Comment to Receiver box below.

Attachments

▼ AHC0562 (1).pdf (1185.94 kB)

Choose a file...

File size restricted to 100MB. Multiple files can be uploaded up to a limit of 300MB.

Netcare Document(s)

⊕ Link a document

Comment to Receiver \*

The latest lab results are attached

Please state where in the referral information was edited.

Provide Information Cancel

The Referral will then be removed from the **Action Required** worklist and moved to the **In Progress** and **Recently Updated** worklists.