

James L. Holly, M.D.

Referrals

Patient-Centeredness

The power of patient-centered medical home is in putting the patient back into the center of the health care process both in the care which is received and in the dynamic and operation of the medical practice. Patient-centeredness is reflected in the patient's participation in the healthcare plan through a process which is called shared-decision making and through the manner in which healthcare providers relate to patients through a process called "patient-centered conversations".

The measure of patient centeredness is done through two processes:

1. In the inpatient setting, patient-centeredness is measured via the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). This process is carried out by the hospital employing a vendor who samples inpatient care and reports HCAHPS scores to the hospital. SETMA has a process of its own for HCAHPS measurement. While this is not an officially endorsed process, it gives SETMA providers the opportunity to measure their own fulfillment of the HCAHPS scores. The following link explains SETMA's process of fulfilling HCAHPS.:[Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\): Tutorial for SETMA's Internal HCAHPS Survey](#)
2. In the outpatient setting, patient-centeredness is measured via the Consumer Assessment of Healthcare Providers and Systems (CAHPS). Like the HCAHPS in-patient audit, the outpatient CAHPS survey must be done by an independent vendor. From a list of vendors accredited by the National Committee for Quality Assurance (NCQA), SETMA chose the Myers Group (<http://www.themyersgroup.net>) which will do quarterly auditing. We began this process in the fall of 2013.

Referrals

The process of shared-decision making takes place at several patient/provider interfaces, among the most significant of those is the referral process. The process of one provider sending a patient to another provider, or to another facility for care is a complex process which involves:

1. Provider involvement of the patient in the decision making.
2. Provider explanation to the patient of why the referral is required and what is to be gained.
3. Provider determination as to whether the patient can meet the cost requirement of the referral.
4. Provider making certain that the patient can carry out the requirements of the referral as to transportation, etc.
5. Patient comprehending and concurring with the referral both as to content and the provider to whom he/she is being referred.

The larger a practice the more complex the referral process becomes. Some of those complexities are resolved at SETMA simply because the referral process is initiated at the point of service, making it possible to:

1. Involve the patient in a shared-decision process about the need for a referral, to whom that referral will be made, the reason for the referral, and the timing of the referral
2. The details of the referral require the above to be done before the referral can be completed.
3. Track referrals, archive referrals and document when the response to the referral has been received and when that response has been sent to the provider.
4. Document that the provider has received and has responded to the referral if required.
5. In addition, the connection between referrals and the care coordination department is such that when a patient has three or more referrals initiated in a single day, an e-mail is automatically sent to care coordination which works to make the completion of those referrals as convenient as possible.

The principle behind this process is that SETMA believes that Coordination of Care translates into:

- Convenience for the patient which
- Results in increased patient satisfaction which contributes to
- The patient having confidence that the healthcare provider cares personally about him/her, which
- Increases the trust the patient has in the provider, all of which,
- Increases compliance in obtaining healthcare services recommended which,
- Promotes cost savings in travel, time and expense of care which
- Results in increased patient safety and quality of care.

(This analysis was first published by SETMA in August, 2011 at: [Medical Home Series Two: Part VII Care Coordination](#). At the HIMSS Leaders & Innovators Conference at

Amelia Island in November, 2011, Mr. Mark Bertolini, Chairman, CEO & President of AETNA used the phrase, "Convenience is the new word for quality."

"Convenience Is The New Word For Quality"

Initially, SETMA did not think that patient convenience was of sufficient value as to make it important to spend time and effort to increase the convenience of the care delivered. After developing the seven-step analysis above, and connecting the steps between convenience and quality, we realized that convenience really did contribute to and in reality result in quality care. In February, 2012, SETMA's CEO gave a presentation to the HIMSS Leaders and Innovators breakfast that explained this concept. This is the link to that presentation: [HIMSS 2012: Leaders and Innovators Breakfast Meeting](#)

It is in this context that SETMA designed, deployed and uses our Referral template to fulfill the patient-centric element of this complex and critical element of medical practice.

Referral Tutorial

The referral template can be accessed from multiple sites in SETMA's EMR application including:

- AAA Home
- Disease Management Tools Plan Templates (Diabetes, HTN and CHF)
- Plan Template
- Others

The following is the AAA Home Template; outlined in green is the referral function:

Status	Priority	Referral	Referring Provider
In Progress	Routine	SETMA Diabetes Education	Holly
Completed	Routine	SETMA Ophthalmology	Holly

Also the blue 'T' is a link to the **tutorial for referral template**. There are four places where the tutorial appears:

1. Within the EMR
2. Within SETMA's Intranet
3. Within SETMA's Internet webpage
4. Within manuscripts of all of SETMA's tutorials

Status	Priority	Referral	Referring Provider
In Progress	Routine	Cardiology - SETCA	Anwar
In Progress	Routine	SETMA Diabetes Education	Holly
Completed	Routine	SETMA Ophthalmology	Holly

The Referral Template is opened by either:

1. Double clicking in the Referral window
2. Right clicking in the Referral window and clicking on "Add New."

When the Referral Templates is accessed the following template will appear. The key to successfully using the Referral template is to make sure that you complete:

1. The reason **or** diagnosis for the referral -- see below outlined in green. **Note: all of the boxes in red are required fields and must be completed before the referral can be submitted to the referral department.** Those fields are:
 - a. Reason for referral or Diagnosis
 - b. Referring Provider

- c. Other referral - if a referral is made which does not appear on the template - a description of the necessary referral must be placed in this box before the referral can be submitted.

Referrals Template

* Indicates procedures done in house

Patient
 Chart: [] QTest: [] Date: 20131121 Company: United Healthca
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Specialty Provider: []
 Referring Provider: Holly James
 Referred To: []
 Facility: []

Reason: []
 Diagnosis: [] [Click To Add Dx](#)

Notes: []

PLEASE FILL OUT ALL FIELDS IN RED

Routine
 Immediate
 Stat

Special Procedures

- * Arterial Blood Gas
- Audiogram
- AV Fistula
- * Bladder Scan
- * Bone Density
- Bone Scan
- Breast Biopsy (Stereo)
- Bronchoscopy
- * Colonoscopy
- EEG
- EGD
- * EMG []
- ENG
- Eye Exam
- Flex Sigmoidoscopy
- HIDA Scan
- IVP
- Liver Biopsy
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel []
- PET Scan
- * PFT
- Postvoidal residual volume
- Renal Scan

Ultrasound/Sonogram

- * Segmental Pressures
- * Thoracentesis
- Thyroid Biopsy
- Thyroid Scan
- Sleep Studies - Altus
- UGI
- UGI w/Small Bowel Series
- Uroflowmetry
- V/Q Lung Scan
- * Abdominal U/S
- * Arterial Doppler Lower Extremity
- Breast U/S
- * Carotid Doppler
- * Gallbladder U/S
- Pelvic with Probe
- * Renal U/S
- * Renal Artery U/S
- * Small Parts (Testicular, Thyroid)
- * Venous Doppler, Lower Extremity
- * MRA []
- * MRI []
- * CT []

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy []

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Adenosine Cardiolite
- Ambulatory BP Monitoring
- * CPET
- Dobutamine Echo
- * Echocardiogram
- * Holter Monitor
- IMT Vascular Study
- Stress Echo
- * Stress Test
- Stress Thallium

Other Specialist

[]

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Coumadin
- Diabetes Education
- Continuous Glucose Monitoring
- Infusion Therapy []
- Endocrinology
- Infectious Disease
- Neurology
- Ophthalmology
- Rheumatology

Other Referral

[]

Report:

[] Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

Buttons: Clear For Add, Delete, Save, Close

In order to select a diagnosis for the box of that name, you click on the button entitled “Click to Add Dx.” This launches the ICD-9 Code list and allows the correct diagnosis for supporting the referral to be added to the referral template.

* Indicates procedures done in house

Referrals Template

Patient

Chart: QTest Date: 20131121 Company: United Healthce
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Routine Speciality Provider: _____
 Immediate Referring Provider: **Holly** **James**
 Stat Referred To: _____
 Facility: _____

Reason: _____
 Diagnosis: _____ [Click To Add Dx](#)
 PLEASE FILL OUT ALL FIELDS IN RED

Notes: _____

Special Procedures

<input type="checkbox"/> * Arterial Blood Gas	<input type="checkbox"/> * Segmental Pressures
<input type="checkbox"/> Audiogram	<input type="checkbox"/> * Thoracentesis
<input type="checkbox"/> AV Fistula	<input type="checkbox"/> Thyroid Biopsy
<input type="checkbox"/> * Bladder Scan	<input type="checkbox"/> Thyroid Scan
<input type="checkbox"/> * Bone Density	<input type="checkbox"/> Sleep Studies - Altus
<input type="checkbox"/> Bone Scan	<input type="checkbox"/> UGI
<input type="checkbox"/> Breast Biopsy (Stereo)	<input type="checkbox"/> UGI w/Small Bowel Series
<input type="checkbox"/> Bronchoscopy	<input type="checkbox"/> Uroflowmetry
<input type="checkbox"/> * Colonoscopy	<input type="checkbox"/> V/Q Lung Scan
<input type="checkbox"/> EEG	Ultrasound/Sonogram
<input type="checkbox"/> EGD	<input type="checkbox"/> * Abdominal U/S
<input type="checkbox"/> * EMG _____	<input type="checkbox"/> * Arterial Doppler Lower Extremity
<input type="checkbox"/> ENG	<input type="checkbox"/> Breast U/S
<input type="checkbox"/> Eye Exam	<input type="checkbox"/> * Carotid Doppler
<input type="checkbox"/> Flex Sigmoidoscopy	<input type="checkbox"/> * Gallbladder U/S
<input type="checkbox"/> HIDA Scan	<input type="checkbox"/> Pelvic with Probe
<input type="checkbox"/> IVP	<input type="checkbox"/> * Renal U/S
<input type="checkbox"/> Liver Biopsy	<input type="checkbox"/> * Renal Artery U/S
<input type="checkbox"/> Mammogram	<input type="checkbox"/> * Small Parts (Testicular, Thyroid)
<input type="checkbox"/> Mod. Barium Swallow	<input type="checkbox"/> * Venous Doppler, Lower Extremity
<input type="checkbox"/> * Nerve Conduction Vel	<input type="checkbox"/> * MRA _____
<input type="checkbox"/> _____	<input type="checkbox"/> * MRI _____
<input type="checkbox"/> PET Scan	<input type="checkbox"/> * CT _____
<input type="checkbox"/> * PFT	<input type="checkbox"/> With Dye <input type="checkbox"/> Without Dye
<input type="checkbox"/> Postvoidal residual volume	
<input type="checkbox"/> Renal Scan	

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Adenosine Cardioltie
- Ambulatory BP Monitoring
- * CPET
- Dobutamine Echo
- * Echocardiogram
- * Holter Monitor
- IMT Vascular Study
- Stress Echo
- * Stress Test
- Stress Thallium

Other Specialist

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Coumadin
- Diabetes Education
- Continuous Glucose Monitoring
- Infusion Therapy
- Endocrinology
- Infectious Disease
- Neurology
- Ophthalmology
- Rheumatology

Other Referral

Incomplete Email _____

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report: _____

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

Clear For Add Delete Save Close

- a. It is imperative that the provider specify a diagnosis, or condition, or question which motivated the referral.
- b. The **reason** field is a free text area which allows the placing of a specific questions into the referral template.
- c. If the referral is for a procedure or study, that must be indicated by checking the box by the appropriate study or procedure.
- d. **Only one referral can be made with each template**, this is to allow the auditing and tracking of each individual referral.
- e. If a second or third referral is being made in the same encounter, after you click the **EMAIL** button to send the first referral, you must click the "**Clear for Add**" button or **close referral template** and right click in the referral box and select **Add NEW**.
- f. Remember the **EMAIL** button has to be clicked after EACH referral.

- g. Note: when the **EMAIL** button is clicked, the work group list pops up and referral group is already in the task recipients box just click **ok** and it is sent to the referral department.
- h. After the **EMAIL** button is clicked you will see **COMPLETE** written in green to the left of the **EMAIL** button. (See Below)

* Indicates procedures done in house

Referrals Template

Patient

Chart: QTest Date: 20131121 Company: United Healthcar
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4096339797 Status: In Progress Policy #: 112236548239

Specialty Provider: [Redacted] Referring Provider: **Holly** **Jenkins**
 Referred To: [Redacted] Facility: [Redacted]

Reason: [Redacted] Notes: [Redacted]
 Diagnosis: [Redacted] [Click To Add Dx](#)

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- * Arterial Blood Gas
- Audiogram
- AV Fistula
- * Bladder Scan
- * Bone Density
- Bone Scan
- Breast Biopsy (Stereo)
- Bronchoscopy
- * Colonoscopy
- EEG
- EGD
- * EMG
- ENG
- Eye Exam
- Flex Sigmoidoscopy
- HDA Scan
- I/F
- Liver Biopsy
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel
- PET Scan
- * PFT
- Postvoidal residual volume
- Renal Scan

Ultrasound/Sonogram

- * Segmental Pressures
- * Thoracentesis
- Thyroid Biopsy
- Thyroid Scan
- Sleep Studies - Atlas
- UGI
- UGI w/Small Bowel Series
- Uroflowmetry
- V/Q Lung Scan
- * Abdominal U/S
- * Arterial Doppler Lower Extremity
- Breast U/S
- * Carotid Doppler
- * Gallbladder U/S
- Pelvic with Probe
- * Renal U/S
- * Renal Artery U/S
- * Small Parts (Testicular, Thyroid)
- * Venous Doppler, Lower Extremity
- * MRA
- * MRI
- * CT

With Dye Without Dye

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Adenosine Challenge
- Ambulatory BP Monitoring
- * CPET
- Dobutamine Echo
- * Echocardiogram
- * Holter Monitor
- MT Vascular Study
- Stress Echo
- * Stress Test
- Stress Thallium

Other Specialist

Incomplete Email

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Coumadin
- Diabetes Education
- Continuous Glucose Monitoring
- Endocrinology
- Infectious Disease
- Neurology
- Ophthalmology
- Rheumatology

Other Referral

[Redacted]

Three or more referrals have been made for this visit and an additional referral has been sent to case coordination to manage this patient's referrals.

Report

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing. InfoSent InfoRecvd RefCom

Referrals Template

* Indicates procedures done in house

Patient
 Chart: QTest Date: 20131121 Company: United Healthcar
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4298339797 Status: In Progress Policy #: 112236546239

Specialty Provider: [Redacted]
 Referring Provider: Holly James
 Referred To: [Redacted]
 Facility: [Redacted]

Reason: [Redacted]
 Diagnosis: [Redacted] [Click To Add Dx](#)

Notes: [Redacted]

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- * Arterial Blood Gas
- Audiogram
- AV Fistula
- * Bladder Scan
- * Bone Density
- Bone Scan
- Breast Biopsy (Stereo)
- Bronchoscopy
- * Colonoscopy
- EEG
- ECG
- * EMG
- EKG
- Eye Exam
- Flex Sigmoidoscopy
- HDA Scan
- IVP
- Liver Biopsy
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel
- PET Scan
- * PFT
- Postvoidal residual volume
- Renal Scan

Ultrasound/Sonogram

- * Segmental Pressures
- * Thoracentesis
- Thyroid Biopsy
- Thyroid Scan
- Sleep Studies - Atlas
- UOI
- UOI w/Small Bowel Series
- Uriflowmetry
- V/Q Lung Scan
- * Abdominal US
- * Arterial Doppler, Lower Extremity
- Breast US
- * Carotid Doppler
- * Gallbladder US
- Pelvic with Probe
- * Renal US
- * Renal Artery US
- * Small Parts (Testicular, Thyroid)
- * Venous Doppler, Lower Extremity
- * MRA
- * MRI
- * CT

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Adenosine Cardiolite
- Ambulatory BP Monitoring
- * CPET
- Dobutamine Echo
- * Echocardiogram
- * Holter Monitor
- MTT Vascular Study
- Stress Echo
- * Stress Test
- Stress Thallium

Other Specialist

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Coumadin
- Diabetes Education
- Continuous Glucose Monitoring
- Endocrinology
- Infectious Disease
- Neurology
- Ophthalmology
- Rheumatology

Other Referral

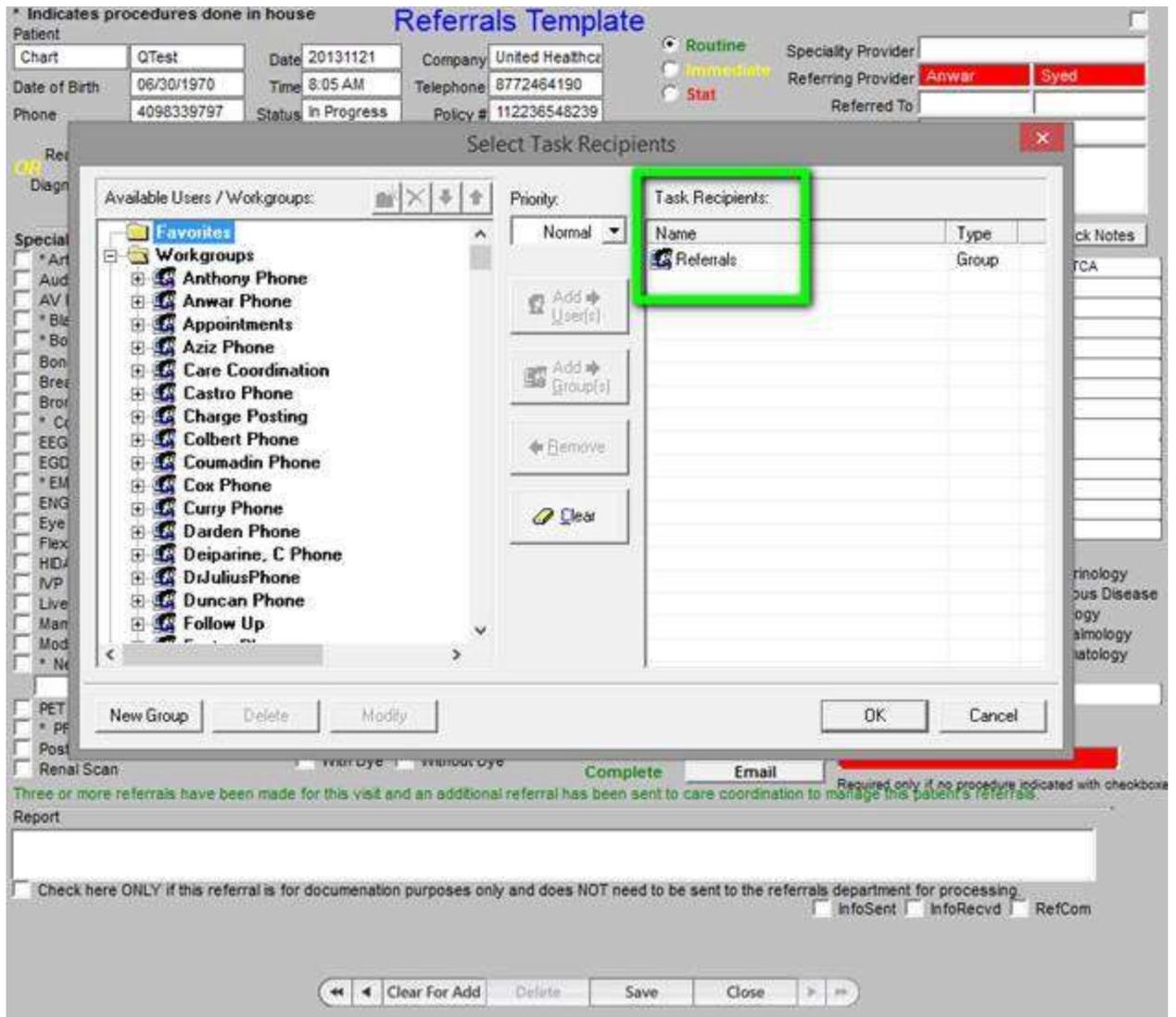
[Redacted]

Report

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

Buttons: Clear For Add, Delete, Save, Close



2. To whom the referral is being directed within SETMA, or for what the referral is being made. There are several options to from which to choose.
 - a. Click in the 'Referred To' box and a list of providers will pop up. (see Below)

Indicates procedures done in house

Referrals Template

Patient: _____
 Chart: GTest Date: 20131121 Company: United Healthco Routine Specialty Provider: _____

Date of Birth: _____
 Phone: _____

Provider Mstr

Last Name	First Name
Abbas	Asad
Abdullah	Nabeel
Abi Hanna	Piase
Abochannah	Dia
Abraham	Aleyamma
Acharita	Venkata
Achilles	Jack.com
Adkins	Charles
Adyanthaya	Ajit
Aha	Sohal
Agent	Cornelia
Agicola	Dennis
Agustin	Gilberto
Agustin	Gilberto
Ahmad	Shahid
Ahmad	Waqar

Refresh OK Cancel

Referred To: Facility

Special I

- * Antc
- Audio
- AV Ff
- * Biad
- * Bon
- Bone
- Breast
- Bronc
- * Coa
- EEG
- EGO
- * EMC
- ENG
- Eye E
- Flex C
- HDA
- IVP
- Liver
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel
- PET Scan
- * PFT
- Postvoidal residual volume
- Renal Scan

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Coumadin
- Diabetes Education
- Continuous Glucose Monitoring
- Infusion Therapy
- Endocrinology
- Infectious Disease
- Neurology
- Ophthalmology
- Rheumatology

Other Referral

With Dye Without Dye

Complete Email

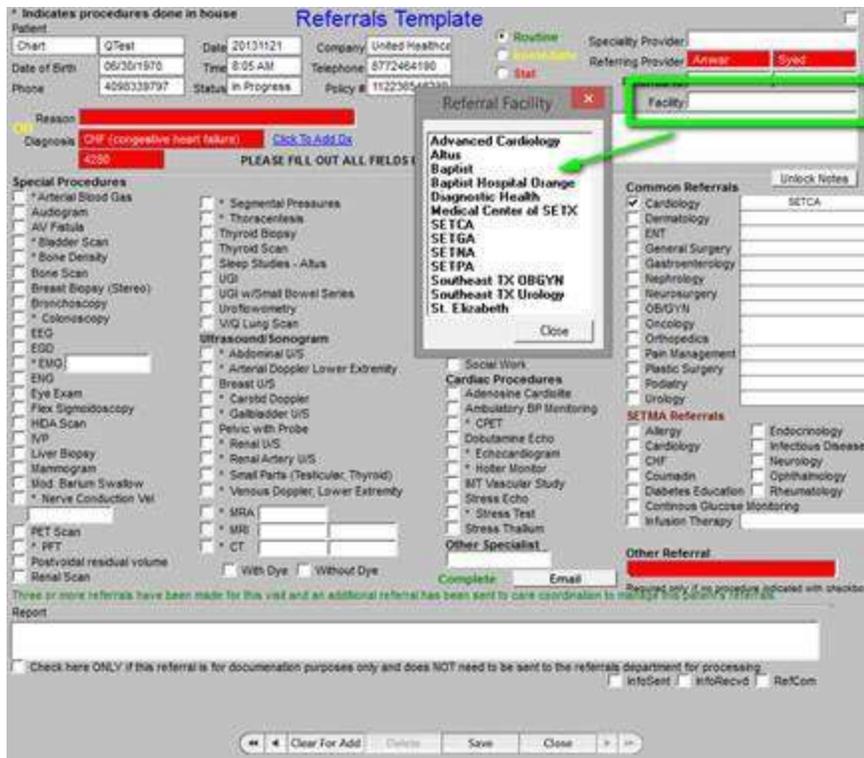
Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report: _____

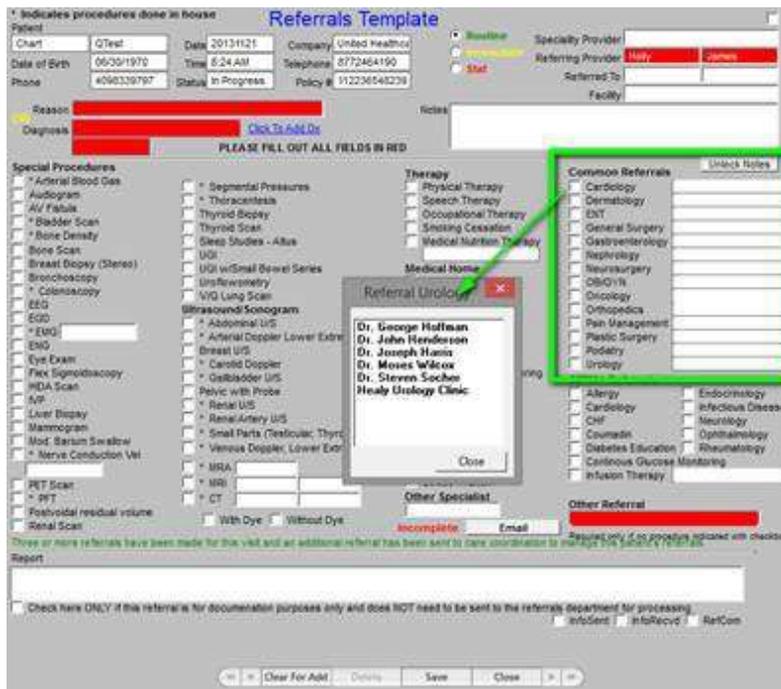
Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

- b. Click in the Facility box and a list of facilities will pop up, click your choice. This box also allows free text, if the facility of choice of referral is not on the pop-up list.



- c. The “Common referrals section” lists the most common referrals and commonly used providers. Click the specialty that you want to refer to, click in the blank next to the specialty and it will generate a Pop Up list of the most common providers.



- d. SETMA Referrals section is for in-house provider referrals. If you click any of the choices in this section your referral will automatically go to the SETMA providers or clinic for that specialty. (note if you choose infusion you will see a pop up of medications available in the infusion clinic.) (See below)

Referrals Template

Indicates procedures done in house

Patient: Chart: QTest Date: 20131121 Company: United HealthCare
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4056338797 Status: In Progress Policy #: 112236540239

Reason: [Redacted] Notes: [Redacted]
 Diagnosis: [Redacted] [Click To Add Dx](#)

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- Arterial Blood Gas
- Audiogram
- Air Puffule
- Shoulder Scan
- Bone Density
- Bone Scan
- Breast Biopsy (Sterec)
- Bronchoscopy
- Colonoscopy
- EGD
- ENG
- EKG
- Eye Exam
- Flex Sigmoidoscopy
- HGA Scan
- HVP
- Liver Biopsy
- Mammogram
- Med. Barkum Swallow
- Nerve Conduction Vel
- PET Scan
- PET
- Postvoid residual volume
- Retinal Scan

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy
- Medical Nurse
- Case Coordinator
- Financial
- Home Health
- Hospice
- Social Work
- Cardiac Procedures
- Adenosine Cardiolite
- Ambulatory BP Monitoring
- CRT
- Dopamine Echo
- Echocardiogram
- Holter Monitor
- MT Vascular Study
- Stress Echo
- Stress Test
- Stress Thallium
- Other Specialist

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Oncology
- Ophthalmology
- Optometry
- Diabetes Education
- Rheumatology
- Continuous Glucose Monitoring
- Infusion Therapy

Other Referral: [Redacted]

These or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referral.

Report: [Redacted]

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

Inpatient Inpatient Outpatient

[Check For Add...](#) [Save](#) [Close](#)

Infusion medication

Referrals Template

* Indicates procedures done in house

Patient: Chart Date Company Routine Immediate Stat
 Date of Birth Time Telephone Referring Provider
 Phone Status Policy # Referred To Facility

Reason
 Diagnosis [Click To Add Dx](#)

Notes

PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures

- * Arterial Blood Gas
- Audiogram
- AV Fistula
- * Bladder Scan
- * Bone Density
- Bone Scan
- Breast Biopsy (Stereo)
- Bronchoscopy
- * Colonoscopy
- EEG
- EGD
- * EMG
- ENG
- Eye Exam
- Flex Sigmoidoscopy
- HIDA Scan
- IVP
- Liver Biopsy
- Mammogram
- Mod. Barium Swallow
- * Nerve Conduction Vel
-
- PET Scan
- * PFT
- Postvoidal residual volume
- Renal Scan

* Segmental Pressures
 * Thoracentesis
 Thyroid Biopsy
 Thyroid Scan
 Sleep Studies - Altus
 UGI
 UGI w/Small Bowel Series
 Uroflowmetry
 V/Q Lung Scan

Ultrasound/Sonogram

- * Abdominal U/S
- * Arterial Doppler Lower Extremity
- Breast U/S
- * Carotid Doppler
- * Gallbladder U/S
- Pelvic with Probe
- * Renal U/S
- * Renal Artery U/S
- * Small Parts (Testic...)
- * Venous Doppler, L...
- * MRSA
- * MRI
- * CT
- With Dye W...

Therapy

- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Smoking Cessation
- Medical Nutrition Therapy
-

Medical Home

- Care Coordinator
- Financial
- Home Health
- Hospice
- Social Work

Cardiac Procedures

- Cardiolite
- BP Monitoring
- Echo
- iogram
- nitor
- ar Study
- o
- ct
- lum
- ist
- Email

Common Referrals

- Cardiology
- Dermatology
- ENT
- General Surgery
- Gastroenterology
- Nephrology
- Neurosurgery
- OB/GYN
- Oncology
- Orthopedics
- Pain Management
- Plastic Surgery
- Podiatry
- Urology

SETMA Referrals

- Allergy
- Cardiology
- CHF
- Coumadin
- Diabetes Education
- Continuous Glucose Monitoring
- Infusion Therapy
- Endocrinology
- Infectious Disease
- Neurology
- Ophthalmology
- Rheumatology

Other Referral

-

Three or more referrals have been made for this visit and an...
 Report

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

Buttons: Clear For Add, Delete, Save, Close

3. The urgency of the referral: routine, immediate, stat.

*** Indicates procedures done in house**

Referrals Template

Routine
 Immediate
 Stat

Patient: Chart: QTest Date: 20131121 Company: United Healthcare
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Specialty Provider: _____
 Referring Provider: **Holly James**
 Referred To: _____
 Facility: _____

Reason: _____
 Diagnosis: _____ [Click To Add Dx](#)

PLEASE FILL OUT ALL FIELDS IN RED

Notes: _____

[Unlock Notes](#)

Special Procedures <input type="checkbox"/> * Arterial Blood Gas <input type="checkbox"/> Audiogram <input type="checkbox"/> AV Fistula <input type="checkbox"/> * Bladder Scan <input type="checkbox"/> * Bone Density <input type="checkbox"/> Bone Scan <input type="checkbox"/> Breast Biopsy (Stereo) <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> * Colonoscopy <input type="checkbox"/> EEG <input type="checkbox"/> EGD <input type="checkbox"/> * EMG _____ <input type="checkbox"/> ENG <input type="checkbox"/> Eye Exam <input type="checkbox"/> Flex Sigmoidoscopy <input type="checkbox"/> HIDA Scan <input type="checkbox"/> IVP <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Mammogram <input type="checkbox"/> Mod. Barium Swallow <input type="checkbox"/> * Nerve Conduction Vel _____ <input type="checkbox"/> PET Scan <input type="checkbox"/> * PFT <input type="checkbox"/> Postvoidal residual volume <input type="checkbox"/> Renal Scan	<input type="checkbox"/> * Segmental Pressures <input type="checkbox"/> * Thoracentesis <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Sleep Studies - Altus <input type="checkbox"/> UGI <input type="checkbox"/> UGI w/Small Bowel Series <input type="checkbox"/> Uroflowmetry <input type="checkbox"/> V/Q Lung Scan Ultrasound/Sonogram <input type="checkbox"/> * Abdominal U/S <input type="checkbox"/> * Arterial Doppler Lower Extremity <input type="checkbox"/> Breast U/S <input type="checkbox"/> * Carotid Doppler <input type="checkbox"/> * Gallbladder U/S <input type="checkbox"/> Pelvic with Probe <input type="checkbox"/> * Renal U/S <input type="checkbox"/> * Renal Artery U/S <input type="checkbox"/> * Small Parts (Testicular, Thyroid) <input type="checkbox"/> * Venous Doppler, Lower Extremity <input type="checkbox"/> * MRA _____ <input type="checkbox"/> * MRI _____ <input type="checkbox"/> * CT _____ <input type="checkbox"/> With Dye <input type="checkbox"/> Without Dye	Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medical Nutrition Therapy _____ Medical Home <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Financial <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Social Work Cardiac Procedures <input type="checkbox"/> Adenosine Cardiolite <input type="checkbox"/> Ambulatory BP Monitoring <input type="checkbox"/> * CPET <input type="checkbox"/> Dobutamine Echo <input type="checkbox"/> * Echocardiogram <input type="checkbox"/> * Holter Monitor <input type="checkbox"/> IMT Vascular Study <input type="checkbox"/> Stress Echo <input type="checkbox"/> * Stress Test <input type="checkbox"/> Stress Thallium Other Specialist <input type="checkbox"/> _____	Common Referrals <input type="checkbox"/> Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> ENT <input type="checkbox"/> General Surgery <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> OB/GYN <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pain Management <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Urology SETMA Referrals <input type="checkbox"/> Allergy <input type="checkbox"/> Cardiology <input type="checkbox"/> CHF <input type="checkbox"/> Coumadin <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Continuous Glucose Monitoring <input type="checkbox"/> Infusion Therapy _____ <input type="checkbox"/> Endocrinology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Rheumatology
--	--	---	--

Incomplete

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report: _____

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

In order to complete a referral all areas in **RED**, must be filled in with appropriate information. Procedures with an * (asterisks) in front are test performed in-house. Annual test such as mammograms, use notes area to indicate the facility where previous exam was performed.

*** Indicates procedures done in house**

Referrals Template

Patient
 Chart: QTest Date: 20131121 Company: United Healthcare Routine Speciality Provider:
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190 Immediate Referring Provider: **Holly** **James**
 Phone: 4098339797 Status: In Progress Policy #: 112236548239 Stat Referred To:
 Reason: [Redacted] Facility:
 Diagnosis: [Redacted] [Click To Add Dx](#) Notes: [Redacted]
PLEASE FILL OUT ALL FIELDS IN RED

Special Procedures <input type="checkbox"/> * Arterial Blood Gas <input type="checkbox"/> Audiogram <input type="checkbox"/> AV Fistula <input type="checkbox"/> * Bladder Scan <input type="checkbox"/> * Bone Density <input type="checkbox"/> Bone Scan <input type="checkbox"/> Breast Biopsy (Stereo) <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> * Colonoscopy <input type="checkbox"/> EEG <input type="checkbox"/> EGD <input type="checkbox"/> * EMG [Redacted] <input type="checkbox"/> ENG <input type="checkbox"/> Eye Exam <input type="checkbox"/> Flex Sigmoidoscopy <input type="checkbox"/> HIDA Scan <input type="checkbox"/> IVP <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Mammogram <input type="checkbox"/> Mod. Barium Swallow <input type="checkbox"/> * Nerve Conduction Vel <input type="checkbox"/> [Redacted] <input type="checkbox"/> PET Scan <input type="checkbox"/> * PFT <input type="checkbox"/> Postvoidal residual volume <input type="checkbox"/> Renal Scan	<input type="checkbox"/> * Segmental Pressures <input type="checkbox"/> * Thoracentesis <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Sleep Studies - Altus <input type="checkbox"/> UGI <input type="checkbox"/> UGI w/Small Bowel Series <input type="checkbox"/> Uroflowmetry <input type="checkbox"/> V/Q Lung Scan Ultrasound/Sonogram <input type="checkbox"/> * Abdominal U/S <input type="checkbox"/> * Arterial Doppler Lower Extremity <input type="checkbox"/> Breast U/S <input type="checkbox"/> * Carotid Doppler <input type="checkbox"/> * Gallbladder U/S <input type="checkbox"/> Pelvic with Probe <input type="checkbox"/> * Renal U/S <input type="checkbox"/> * Renal Artery U/S <input type="checkbox"/> * Small Parts (Testicular, Thyroid) <input type="checkbox"/> * Venous Doppler, Lower Extremity <input type="checkbox"/> * MRA [Redacted] <input type="checkbox"/> * MRI [Redacted] <input type="checkbox"/> * CT [Redacted] <input type="checkbox"/> With Dye <input type="checkbox"/> Without Dye	Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> [Redacted] Medical Home <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Financial <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Social Work Cardiac Procedures <input type="checkbox"/> Adenosine Cardiolite <input type="checkbox"/> Ambulatory BP Monitoring <input type="checkbox"/> * CPET <input type="checkbox"/> Dobutamine Echo <input type="checkbox"/> * Echocardiogram <input type="checkbox"/> * Holter Monitor <input type="checkbox"/> IMT Vascular Study <input type="checkbox"/> Stress Echo <input type="checkbox"/> * Stress Test <input type="checkbox"/> Stress Thallium Other Specialist <input type="checkbox"/> [Redacted]	Common Referrals <input type="checkbox"/> Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> ENT <input type="checkbox"/> General Surgery <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> OB/GYN <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pain Management <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Urology SETMA Referrals <input type="checkbox"/> Allergy <input type="checkbox"/> Cardiology <input type="checkbox"/> CHF <input type="checkbox"/> Coumadin <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Continuous Glucose Monitoring <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Endocrinology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Rheumatology
--	---	---	--

Incomplete Other Referral [Redacted]

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals.

Report:
 Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing. InfoSent InfoRecvd RefCom

Section on the bottom of the referral page is the area that the referral department documents on the progress of the referral process.

* Indicates procedures done in house

Referrals Template

Patient

Chart: QTest Date: 20131121 Company: United Healthce
 Date of Birth: 06/30/1970 Time: 8:18 AM Telephone: 8772464190
 Phone: 4098339797 Status: In Progress Policy #: 112236548239

Routine Speciality Provider: _____
 Immediate Referring Provider: **Holly** **James**
 Stat Referred To: _____
 Facility: _____

Reason: _____
 Diagnosis: _____ [Click To Add Dx](#)

Notes: _____

PLEASE FILL OUT ALL FIELDS IN RED

<p>Special Procedures</p> <p><input type="checkbox"/> * Arterial Blood Gas <input type="checkbox"/> Audiogram <input type="checkbox"/> AV Fistula <input type="checkbox"/> * Bladder Scan <input type="checkbox"/> * Bone Density <input type="checkbox"/> Bone Scan <input type="checkbox"/> Breast Biopsy (Stereo) <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> * Colonoscopy <input type="checkbox"/> EEG <input type="checkbox"/> EGD <input type="checkbox"/> * EMG _____ <input type="checkbox"/> ENG <input type="checkbox"/> Eye Exam <input type="checkbox"/> Flex Sigmoidoscopy <input type="checkbox"/> HIDA Scan <input type="checkbox"/> IVP <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Mammogram <input type="checkbox"/> Mod. Barium Swallow <input type="checkbox"/> * Nerve Conduction Vel <input type="checkbox"/> _____ <input type="checkbox"/> PET Scan <input type="checkbox"/> * PFT <input type="checkbox"/> Postvoidal residual volume <input type="checkbox"/> Renal Scan</p>	<p><input type="checkbox"/> * Segmental Pressures <input type="checkbox"/> * Thoracentesis <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Sleep Studies - Altus <input type="checkbox"/> UGI <input type="checkbox"/> UGI w/Small Bowel Series <input type="checkbox"/> Uroflowmetry <input type="checkbox"/> V/Q Lung Scan</p> <p>Ultrasound/Sonogram</p> <p><input type="checkbox"/> * Abdominal U/S <input type="checkbox"/> * Arterial Doppler Lower Extremity <input type="checkbox"/> Breast U/S <input type="checkbox"/> * Carotid Doppler <input type="checkbox"/> * Gallbladder U/S <input type="checkbox"/> Pelvic with Probe <input type="checkbox"/> * Renal U/S <input type="checkbox"/> * Renal Artery U/S <input type="checkbox"/> * Small Parts (Testicular, Thyroid) <input type="checkbox"/> * Venous Doppler, Lower Extremity <input type="checkbox"/> * MRA _____ <input type="checkbox"/> * MRI _____ <input type="checkbox"/> * CT _____ <input type="checkbox"/> With Dye <input type="checkbox"/> Without Dye</p>	<p>Therapy</p> <p><input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> _____</p> <p>Medical Home</p> <p><input type="checkbox"/> Care Coordinator <input type="checkbox"/> Financial <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Social Work</p> <p>Cardiac Procedures</p> <p><input type="checkbox"/> Adenosine Cardioltie <input type="checkbox"/> Ambulatory BP Monitoring <input type="checkbox"/> * CPET <input type="checkbox"/> Dobutamine Echo <input type="checkbox"/> * Echocardiogram <input type="checkbox"/> * Holter Monitor <input type="checkbox"/> IMT Vascular Study <input type="checkbox"/> Stress Echo <input type="checkbox"/> * Stress Test <input type="checkbox"/> Stress Thallium</p> <p>Other Specialist <input type="checkbox"/> _____</p>	<p>Common Referrals</p> <p><input type="checkbox"/> Cardiology <input type="checkbox"/> Dermatology <input type="checkbox"/> ENT <input type="checkbox"/> General Surgery <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Nephrology <input type="checkbox"/> Neurosurgery <input type="checkbox"/> OB/GYN <input type="checkbox"/> Oncology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Pain Management <input type="checkbox"/> Plastic Surgery <input type="checkbox"/> Podiatry <input type="checkbox"/> Urology</p> <p>SETMA Referrals</p> <p><input type="checkbox"/> Allergy <input type="checkbox"/> Cardiology <input type="checkbox"/> CHF <input type="checkbox"/> Coumadin <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Continuous Glucose Monitoring <input type="checkbox"/> Infusion Therapy</p> <p><input type="checkbox"/> Endocrinology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Rheumatology</p> <p>Other Referral <input type="checkbox"/> _____</p>
---	--	--	--

Incomplete

Three or more referrals have been made for this visit and an additional referral has been sent to care coordination to manage this patient's referrals. Required only if no procedure indicated with checkboxes

Report: _____

Check here ONLY if this referral is for documentation purposes only and does NOT need to be sent to the referrals department for processing.

InfoSent InfoRecvd RefCom

The box above outlined in green is used for the purpose of documentation on referrals made that do not require action by the referral department.

- **InfoSent** (Information sent) box is checked by referrals once information has been sent to the facility or MD for which a referral was requested.
- **InfoRecvd** (Information received) is marked by medical records once the reports are received and scanned in the patient's chart. (This is completed by medical records.)
- **RefCom** (Referral complete) is checked by the referral department once all of the information (insurance, clinical and reason for referral) is sent to the facility, or MD for which the referral was requested.