



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.

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

- 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
Check for duplicate referral		
Patient has existing referral(s) RFS-AAD-935062		

- 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			Not Supplied	Calgary

Drafts

0 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 Rev
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-2023 Three Tran

- 8 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)

- 9 Review the **Exclusions** to ensure that this referral is appropriate. Exclusions are specialty and/or **Referral Reason** specific.
- 10 Select **Who has been informed**.
- 11 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

Reason for sending this referral

Patient's current status * ☐ Stable ☒ Condition worsening ☐ Unknown - status not provided

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.

Current and past management

Please provide details of treatments tried and outcome(s). Consultation testing (previous, concurrent or if none, specify none).

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

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) **Choose a file...**
File size restricted to 30MB. Multiple files can be uploaded up to a limit of 150MB.

Netcare Document(s) **Link a document**

- 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 *

Fax Number

Address

Line 1

Line 2

City

Province

Postal Code

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 *

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 **New Requests** worklist with a status of **New Request**.

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.

My Referrals	
COMMON	
FAVOURITES	
SEARCHES	
▼ EREFERRAL	
My Referrals	
Triage Referrals	
My Assigned Referrals	
Health Services Catalogue	
Tasks - Unregistered Referrals	
Tasks - Registered Referrals	
Requests	Total Referrals eConsults
Recently Updated	24 19 5
Cancelled/Declined	8 5 3
Action Required ⚠	8 6 2
Drafts	0 0 0
Undelivered	0 0 0
In Progress	120 89 31
Completed	19 13 6
Waiting for Response	12 10 2

- 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

to

Referral Reason

Specialty

Triage Site

Service Provider

Referring Provider

Priority

PHN/ULI

Patient First Name

Patient Last Name

Request Type

Referral

Referral ID

External Triage Site

Show Referrals for Review

Status

Accepted

Appointment Booked

Appointment Missed

Cancelled

Clerical Triage in Progress

Clinical Triage in Progress

Completed

Declined

Deferred

New Request

Redirected

Request Additional Information

Response in Progress

Waiting for Appointment

Waiting for Clinical Triage

Waitlisted

+

Add

Search

Reset

Enter a new favourite search

+

- 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**).

- 4 View the activity that has occurred on the Referral in the **Right Panel** in the **Activity** and **Notes** sections.
- 5 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

Triage Site Calgary FAST Orthopaedics CAT

Referral

Submitted 5 weeks ago

Instability of knee

Orthopaedic Surgery

eReferral ID RFS-AAB-

Status Reason

Accepted (T3)

10-Jan-2024

External Triage Site

Referred For

Submitted By

Flagged for Referrer

Referral

Three TRAINING

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

<https://www.albertahealthservices.ca/aph/page18236.aspx>

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)

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.

Service Provider

Receiving Provider II

Linked Referrals

RFS-AAB- 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- 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

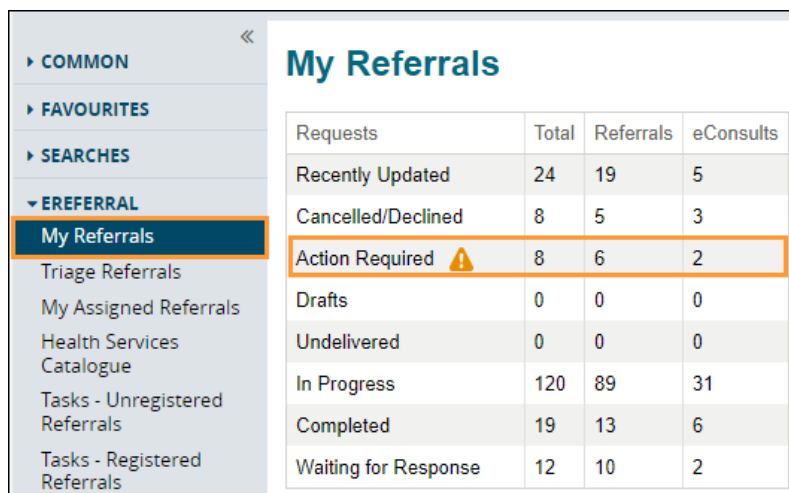
Attachments No Files

Netcare Document(s) No documents

Respond to a Request for Additional Information

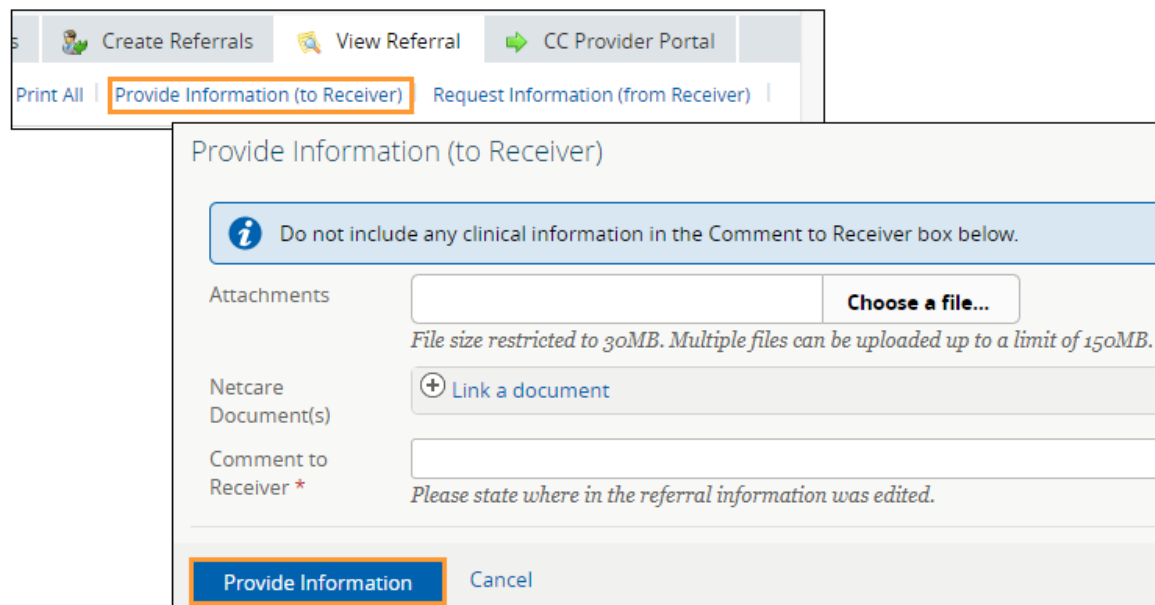
On occasion, the triage centre or receiving provider may require additional information from the referring provider. Follow these instructions to add more information.

- 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	24	19	5
Cancelled/Declined	8	5	3
Action Required ⚠	8	6	2
Drafts	0	0	0
Undelivered	0	0	0
In Progress	120	89	31
Completed	19	13	6
Waiting for Response	12	10	2

- 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 30MB can be attached, and multiple files not exceeding 150MB in total can be added.



5 Create Referrals View Referral CC Provider Portal

Print All | **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 **Choose a file...**

File size restricted to 30MB. Multiple files can be uploaded up to a limit of 150MB.

Netcare Document(s) **Link a document**

Comment to Receiver *

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.