

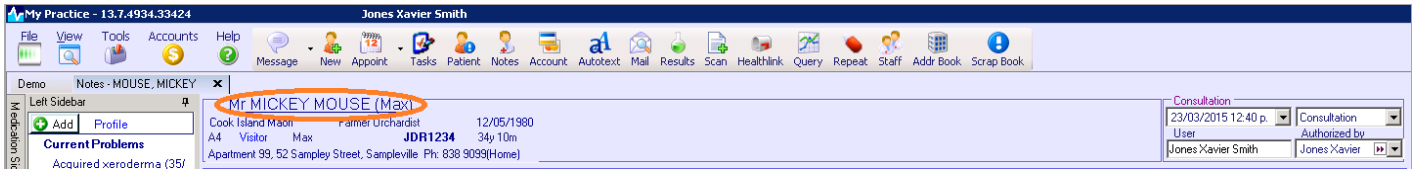
## Quick Start Guide

### Sending a Total Care Health Services referral from myPractice

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

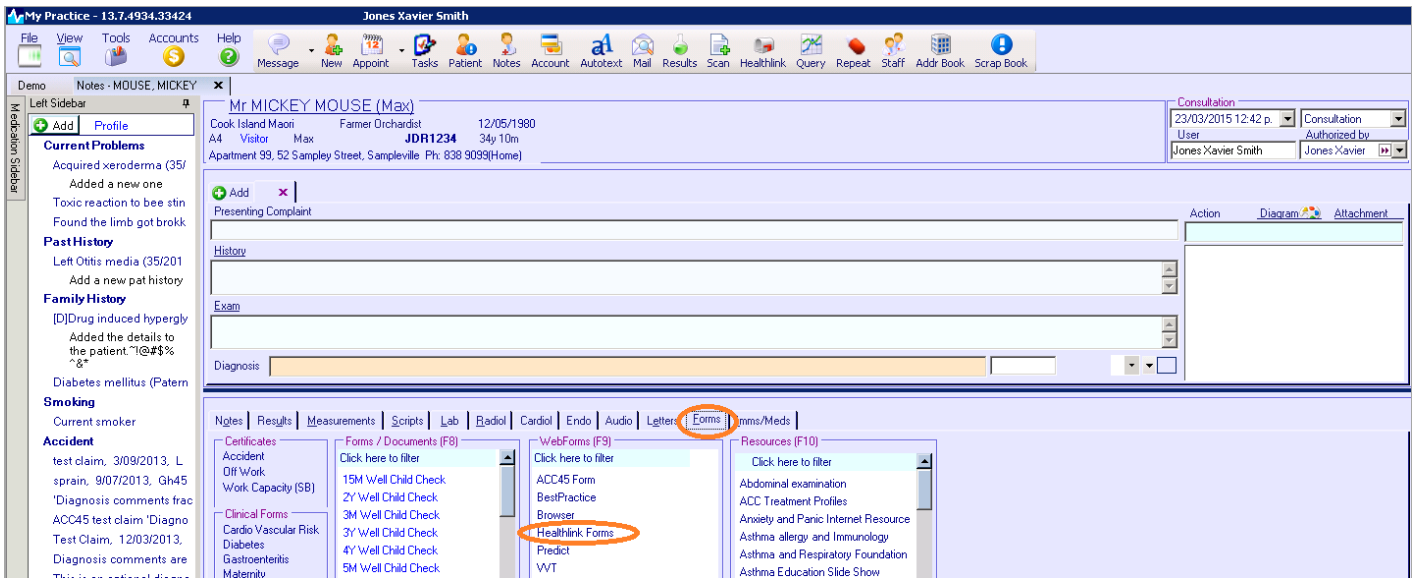
#### 1. Open the patient record

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 'ACC – All Woundcare (Total Care Health)' 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)

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

HL Healthlink in Care

Specialist and Allied Health Referrals

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

General Services

Advanced Tracking  
 Canalic Waspier Demo  
 Healthpoint  
 NZ Business Group

Referred Services

ACC - All Woundcare (Total Care Health)

### 3. Complete the Total Care Health Services referral form

The Total Care Health Services 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.

Mr MICKEY MOUSE (Max)  
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Address about:blank

**Total Care health services** Total Care Health Services - for quality care Submit Preview Park Help

**Clinical Information** Total Care Community Nursing Services

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"/>					

**Attachments / Reports**  
 No reports selected  
 No files attached

**Medical History**  
 No medical history specified

Diagnosis of selected ACC\*   
 First visit required\*

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

**Community Nursing Services Required**

Service(s) Required\*

Wound Care  
 IV Management  
 Bladder Care  
 Bowel Care  
 Other

**Patient Information**  
 Micky Mouse, JDR1234  
 19yrs  
 Disability not specified

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

Eligibility - Reason for referral\* Please Select  
 Tetanus Status\*   
 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

**Measurement Details**

Date	Code	Value	Date	Code	Value
10/09/2014	Height	175	06/11/2015	BMI	26.1
06/11/2015	Weight	80	06/11/2015	BP	155/22

#### 4. Submit the Total Care Health Services referral form

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



Upon successful submission, a copy of the Total Care Health Services 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**

Total Care Health Services - for quality care 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	Date	Code	Value
10/09/2014	Height	175	06/11/2015	BMI	26.1
06/11/2015	Weight	80	06/11/2015	BP	155/22

#### Medical History - No family and personal history specified

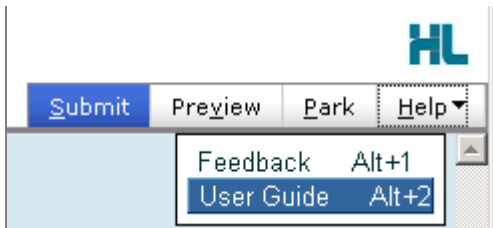
If you want to print a copy of the Total Care Health Services referral form, select 'Print' at the end of your submitted form, remembering to select your default printer.

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

## 5. Hints and Tips

### a. Total Care 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.



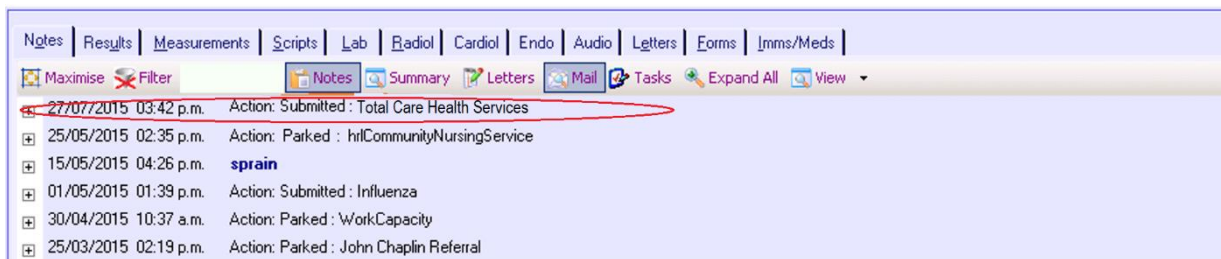
### b. Access parked Total Care Health Services referral form from patient electronic medical record

A parked Total Care Health Services referral form can be found in your 'Notes' tab in your electronic medical record within myPractice.



### c. Access submitted Total Care Health Services referral form from patient electronic medical record

A copy of the Total Care Health Services 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](mailto:helpdesk@healthlink.net)