

HEALTHLINKONLINE BREAST REFERRAL USER GUIDE

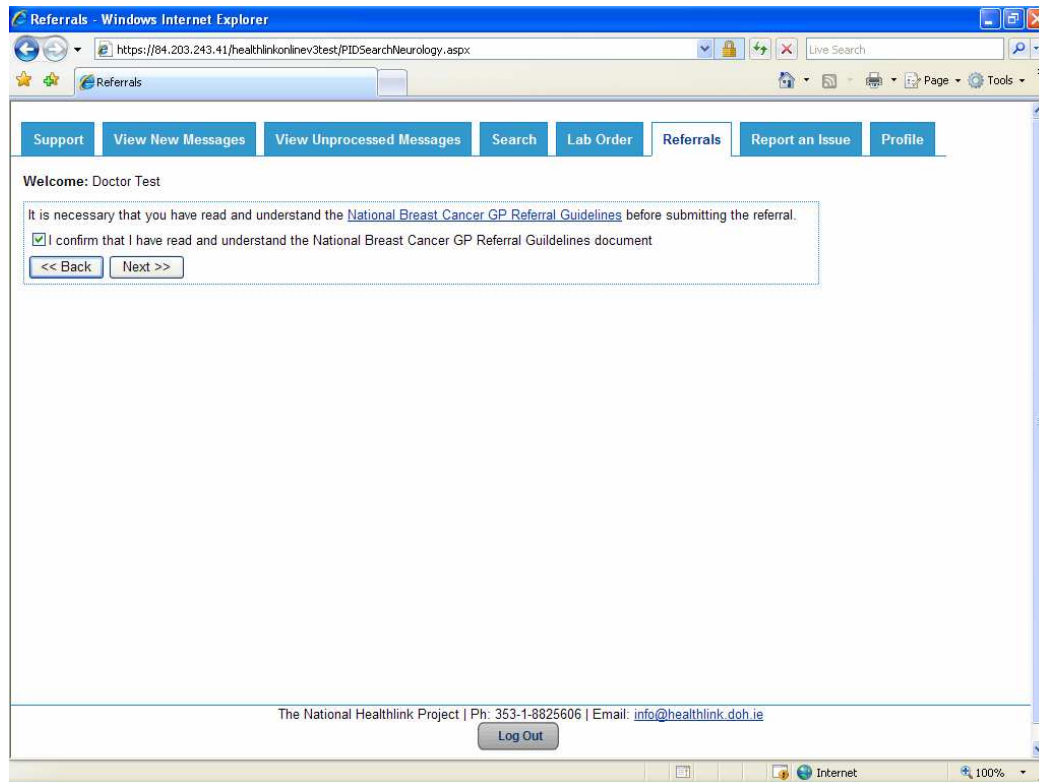
To begin, click the 'Referrals' tab from across the top menu. Select 'Beaumont Hospital' and referral type 'Breast Clinic Referral'.

The screenshot shows a web browser window titled "Referrals - Windows Internet Explorer". The address bar contains the URL "https://84.203.243.41/healthlinkonlinev3test/PIDSearchNeurology.aspx". The page has a navigation menu with tabs: Support, View New Messages, View Unprocessed Messages, Search, Lab Order, Referrals, Report an Issue, and Profile. The "Referrals" tab is active. Below the menu, the text "Welcome: Doctor Test" is displayed. There are two dropdown menus: "Please select hospital:" with "Beaumont Hospital" selected, and "Please select referral type:" with "Breast Clinic Referral" selected. At the bottom of the page, there is a footer with the text "The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie" and a "Log Out" button.

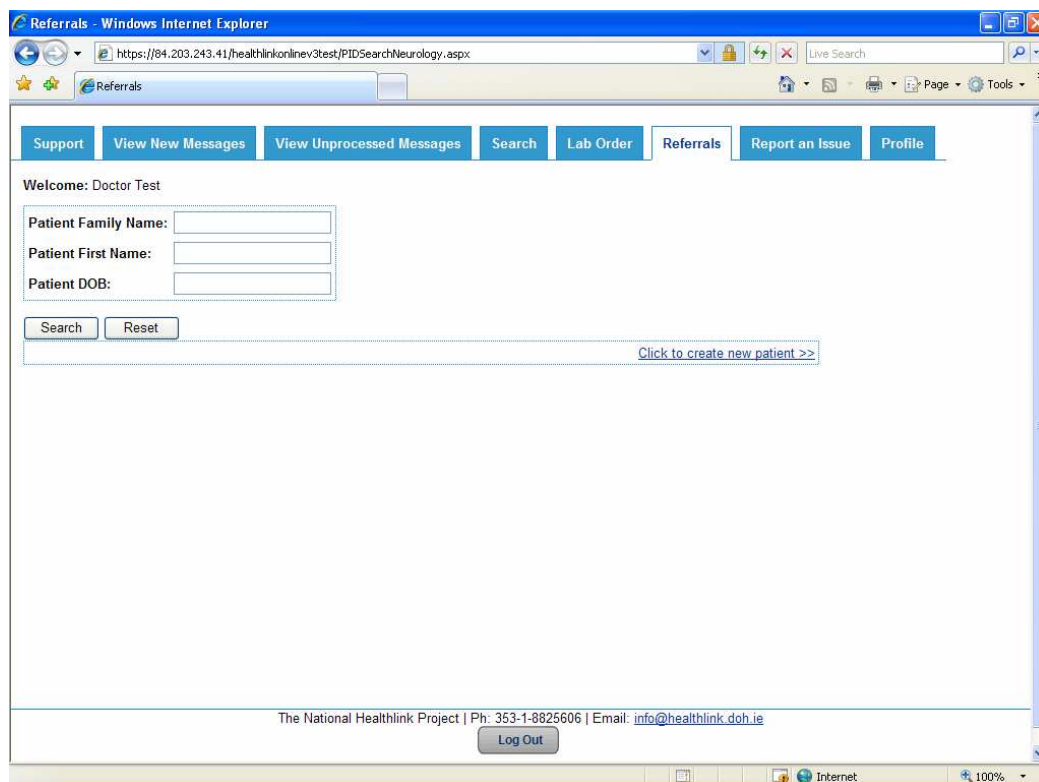
Next you will be prompted to read and accept the Criteria for Usage or Electronic Referrals. Please read the document and tick the box to confirm acceptance. Click **Next** to continue.

The screenshot shows the same web browser window as the previous one. The page content has changed to a confirmation screen. It starts with "Welcome: Doctor Test". Below that, there is a text box containing the text: "Please [click here](#) to view the Referral Criteria for Usage. It is necessary that you have read and accept the criteria for usage before submitting the referral." Below this text is a checkbox with the text "I confirm that I have read and accept the Referral Criteria for Usage document". The checkbox is checked. At the bottom of the text box are two buttons: "<< Back" and "Next >>". The footer and "Log Out" button are the same as in the previous screenshot.

You must also read the National Breast Cancer GP Referral Guidelines document and check the box to confirm acceptance. Click **Next** to continue.



You are now presented with the Patient Search page where you can select your patient details from a pre-populated list. **NOTE: Only patients who have previously had messages sent via Healthlink will be available in the Search list.**



To search for the patient:

- Type the full or partial patient surname in the '**Patient Family Name**' field and click '**Search**'. For example if you enter 'Har', all names in the database such as Harper, Hartford are returned.
- Alternatively enter a full or partial first name or DOB and click '**Search**'.
- Choose the correct name from the returned list and click '**Select**'.

The screenshot shows a web browser window titled 'Referrals - Windows Internet Explorer'. The address bar contains the URL: <https://84.203.243.41/healthlinkonlinev3test/PIDSearchNeurology.aspx>. The page has a navigation menu with buttons for 'Support', 'View New Messages', 'View Unprocessed Messages', 'Search', 'Lab Order', 'Referrals', 'Report an Issue', and 'Profile'. Below the menu, there is a 'Welcome: Doctor Test' message and a search form with fields for 'Patient Family Name', 'Patient First Name', and 'Patient DOB'. The 'Patient Family Name' field contains the text 'smith'. Below the form are 'Search' and 'Reset' buttons. The search results are displayed in a table with columns: 'Firstname', 'Familyname', 'DOB', 'Sex', 'Primary Street', 'Street 2', 'Hospital', and 'Hosp MRN'. The table contains one row: 'Mary', 'Smith', '01/01/1965 00:00:00', 'F', '58 Eccles Street Dublin 7', 'Beaumont Hospital', and '123456'. A 'Select' button is next to the MRN. Below the table is an alphabetical index 'A B C D E F G H I J K L M N O P Q R S T U V W X Y Z | Reset' and a 'Total Count: 1' message. At the bottom of the page, there is a footer with contact information: 'The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie' and a 'Log Out' button.

- Once you click '**Select**' the demographic details are automatically entered on the next page.
- Enter the **GP's Emergency Phone Number**.
- **The patient's Full Address should be given**. At least two lines are required.
- **Pregnancy** is defaulted to Unknown, if this is known select Yes or No from drop down list.
- **First Language** is defaulted to English, if this is incorrect select correct language from drop down list.
- **Interpreter Required** is defaulted to No, if this is incorrect select Yes from drop down list.
- **Wheelchair Assistance** is defaulted to No, if this is incorrect select Yes from drop down list.
- You must also enter details for **Public/Private Patient**. Again, select from drop down list.
- **Email** is not a required field but if entered we may use this in the future to email the patient their appointment details. This will be subject to patient consent.
- **Phone number OR Mobile Number** is required. If the mobile number is given, in the future it may be used to send a text message to the patient to remind them of their upcoming hospital appointment. This will be subject to patient consent.

Referrals - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/PIDSearchNeurology.aspx

Referrals

Support View New Messages View Unprocessed Messages Search Lab Order Referrals Report an Issue Profile

Welcome: Doctor Test

GP Phone (Emergency):* 01 8825606

Family Name:* Smith Street Address:* 58 Eccles Street

First Name:* Mary Address Line 2:* Dublin 7

Title: Address Line 3:

Date of Birth:* 01/01/1965 Address Line 4:

Sex:* Female

Pregnancy:* Unknown

First Language:* English Phone:*

Interpreter Required:* No Mobile:* 0879623562

Wheelchair Assistance:* No

Public/Private Patient:* Private

Email:

<< Back Next >>

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Log Out

Click **Next** to continue.

Occasionally the patient you require will not be in the search list.

- If the name you are looking for is not returned you will be told **'No Records Found'**.
- Click **'Click to create new patient'** where you can type in the details manually.
- Certain fields marked with a * are mandatory and must be completed.
- When all are entered, click **Next** to continue.

The next page is the Referral Form.

- Certain fields marked with a * are mandatory and must be completed.
- Select from drop down lists beside each heading or enter information in the free-text boxes.
- The + sign indicates that additional information can be given.

Breast Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerBreast.aspx?AgencyName=Beaumont+Hospital&

Support View New Messages View Unprocessed Messages Search Lab Order Referrals Report an Issue Profile

Welcome: Doctor Test

National Symptomatic Breast Clinic Referral Form

National Cancer Control Programme

Patient Name: Mary Smith
 Date of Birth: 01/01/1965 (Age: 44 years)
 Sex: Female
 Pregnancy: Unknown

Referral Priority: Urgent - to be seen within 2 weeks [Breast Referral Guidelines](#)

Referral Preference: Next Available Appointment
 Consultant Name
 Arnie Hill

Symptom / Reason for Referral: Ulceration Other Symptom:
 Skin distortion
 Nipple eczema
 Blood-stained nipple discharge
 Recent nipple retraction or distortion (< 3 months)
 Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years)
 Patients with an acute abscess should be referred immediately to the next available breast clinic

Symptom Duration: 3 Weeks

Referral Priority: This is a mandatory field. Select Yes or No from drop down list.

Referral Preference: This is a mandatory field. Select either option given. If you chose Consultant Name, enter name in free-text box.

Symptom/Reason for Referral: This is a mandatory field. Select by ticking the check boxes. Enter other symptoms in the free-text box.

Symptom Duration: This is a mandatory field. Enter the number of days, weeks, months or years.

Suspected Diagnosis: This is a mandatory field. Enter in free-text box.

Breast Examination: This is a mandatory field. Click the location on the image where the symptom(s) occur. Multiple quadrants, nipples and axilla may be selected. Enter other examination in the free-text box.

Prev Attendance at Breast Clinic: Select Yes or No from drop down list.

Prev Breast Disease: Select Yes or No from drop down list.

Rad Investigation: This is a mandatory field. Select from drop down list. Enter other rad investigation in the free-text box.

Social History: Drinker, select Yes or No from drop down list. If Yes, enter units per week. Smoker, select Yes or No from drop down list. If Yes, enter no. per day and years of smoking.

General History: Enter any applicable details for the following - History of Present Illness, History of Past Illness, History of Surgical Procedures, History of Allergies, History of Family Member Diseases.

Current Medication: Patient on Anticoagulants, select Yes or No as appropriate. If yes: Select Yes or No plus relevant details for listed medication. Enter other medication in the free-text box.

GP clinical comments: Enter any additional clinical information relevant to the referral.

Details from GP system. You may copy and paste medication or other details from your patient file into free-text box.

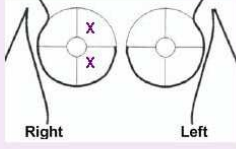
Other comments: Enter any additional comments relevant to the referral.

Breast Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerBreast.aspx?AgencyName=Beaumont+Hospital&

Breast Clinic Referral Form

Suspected Diagnosis:* Breast Cancer

Breast Examination:* 

Other Examination:

Prev Attendance at Breast Clinic: No

Prev Breast Disease: No

Rad Investigation:* Not done

Other Rad Investigation:

Social History: Drinker: Yes Units of Alcohol: 10 per week
Smoker: No

General History: History of Present Illness:
History of Past Illness:
History of Surgical Procedures:
History of Allergies:
History of Family Member Diseases: Aunt, breast cancer, 2005

Current Medication: Patient on Anticoagulants No

GP clinical comments: Patient has high level of anxiety, would appreciate fast appointment.

Details from GP system:

When all the details are complete, click the 'Next' button at the bottom of the page to review all details.



Breast Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerBreast.aspx?AgencyName=Beaumont+Hospital&

Breast Clinic Referral Form

Support View New Messages View Unprocessed Messages Search Lab Order Referrals Report an Issue Profile

Welcome: Doctor Test

 **National Symptomatic Breast Clinic Referral Form** 

Patient Name: Mary Smith
Date of Birth: 01/01/1965 (Age: 44 years)
Sex: Female
Pregnancy: Unknown

Referral Priority:* Urgent - to be seen within

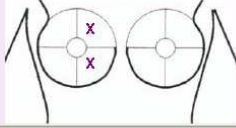
Referral Preference:* Consultant Name: Arnie Hill

Symptom / Reason for Referral:* Ulceration
Skin distortion
Discrete breast or axillary lump (unilateral, distinct, separate mass in patients over 35 years)

Other Symptom:

Symptom Duration:* 3 Weeks

Suspected Diagnosis:* Breast Cancer

Breast Examination:* 

Breast Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerBreast.aspx?AgencyName=Beaumont+Hospital&

Right Left Other Examination:

Prev Attendance at Breast Clinic: No

Prev Breast Disease: No

Rad Investigation:* Not done Other Rad Investigation:

Social History: Drinker: Yes Units of Alcohol: 10 per week
Smoker: No

General History: History of Present Illness:
History of Past Illness:
History of Surgical Procedures:
History of Allergies:
History of Family Member Aunt, breast cancer, 2005
Diseases:

Current Medication: Patient on Anticoagulants No

GP clinical comments: Patient has high level of anxiety, would appreciate fast appointment.

Details from GP system:

Other comments:

<< Back Submit

You can make changes by clicking **'Back'** or if everything is correct simply click the **'Submit'** button.

The referral has now been successfully submitted to Healthlink. You have the option to print the form in regular format or in PDF.

Prostate Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonlinev3test/ReferralRequestCancerUrological.aspx?AgencyName=St.+James's+Hos

Support View New Messages View Unprocessed Messages Search Lab Order Referrals Report an Issue Profile

Welcome: Doctor Test

Form Submittal

The form has been successfully submitted to Healthlink.

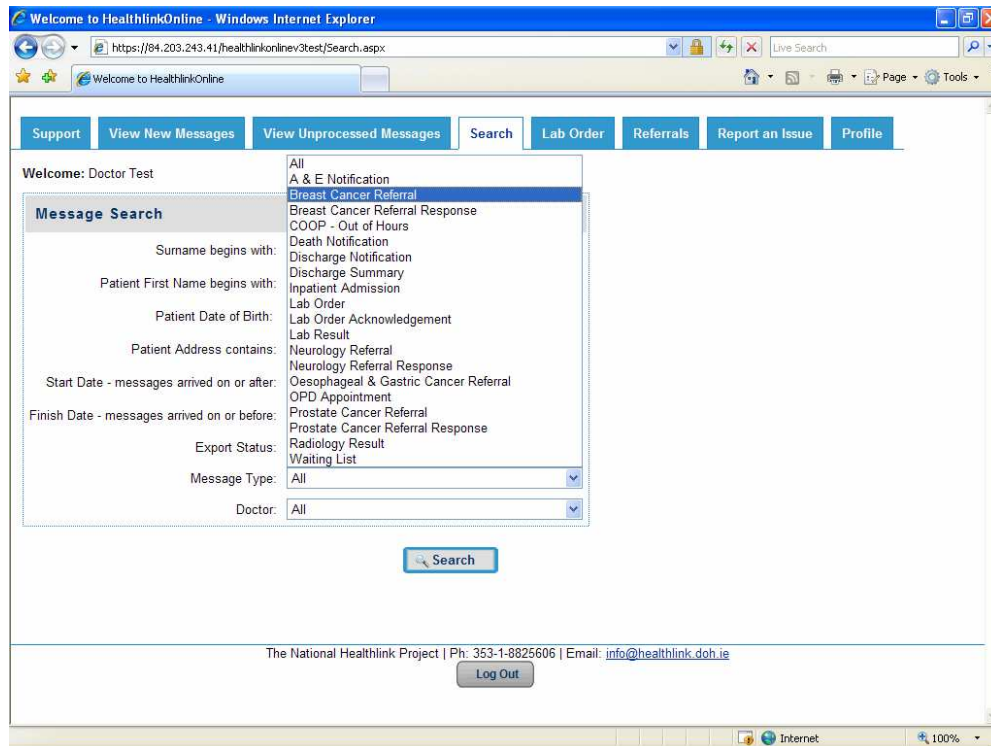
To print submitted form [click here](#).

To print submitted form to PDF [click here](#).

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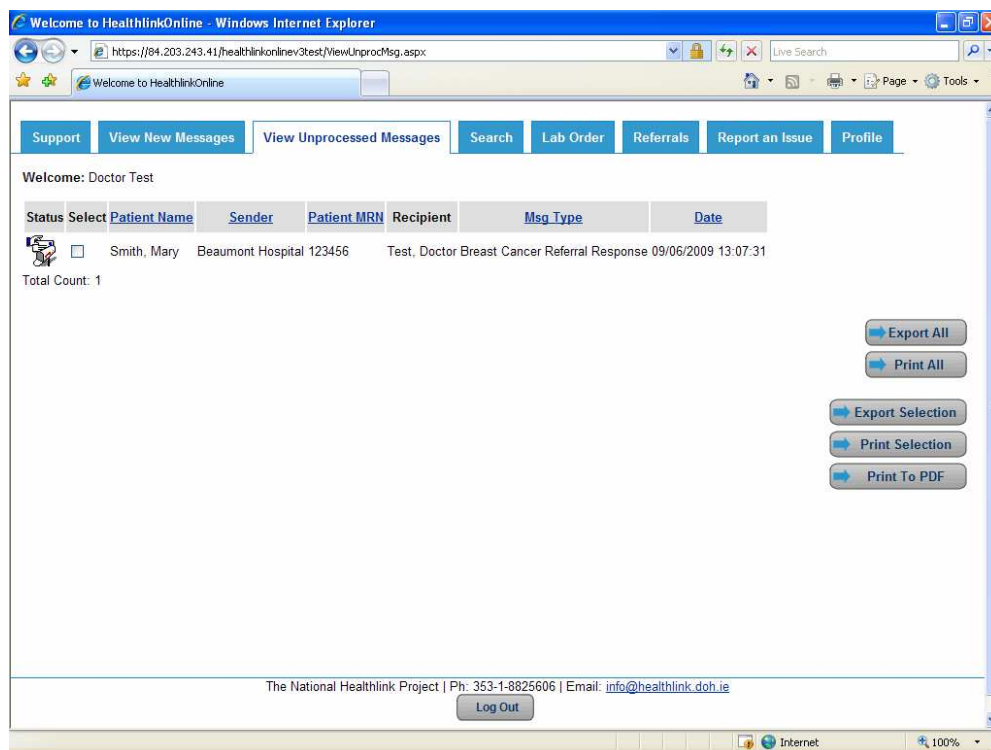
Log Out

A copy of the referral will be kept in your account for 3 months. If you wish to retrieve this at any point click **'Search'** across the top menu, select **'Message Type'**, **'Breast Cancer Referral'** and click the **'Search'** button at the bottom of the form.



This will return all your **Breast Referral Requests**. To read the referral, click on the post-box icon to the left of the message detail.

You will receive a response to the referral within 7 working days. The response will come into the **Unprocessed Messages** page of your HealthlinkOnline account. To read the response, click on the post-box icon to the left of the message detail.



This will open the response in a new window.

Message - Windows Internet Explorer
https://84.203.243.41/healthlinkonline3test/View.aspx?id=369201&type=23

Print Version

HEALTHlink
Healthlink Online

Breast Cancer Team Response

GP: Test, Doctor
Medical Council No: 12120
Hospital: Beaumont Hospital
Responding Consultant: Amie Hill
Generated by: The National Healthlink Project
Received: 09/06/2009 13:07
Message ID: RRI200906091240303564
Viewed: 9th June 2009 1:32 PM

Patient Demographics:

Patient Name: Mary Smith
Date of Birth: 01/01/1965
Gender: Female
Pregnancy: Unknown
Address: 58 Eccles Street
Dublin 7
Mobile: 0879623562
First Language: English
Interpreter Required: No
Public/Private Patient: Private
HIS Patient ID: 123456

Consultant View

Arrange OPD: Yes
Clinic: Urgent Referral (To be seen within 2 weeks)
Date:
Time:

Done Internet 100%

The response contains **details of the OPD Appointment**, the **Clinic** which the patient will attend and **possibly a Date/Time of appointment**. If you wish to print the response, click on the **Print Version** button at the top of the message.

A copy of the response will be kept in your account for 3 months. If you wish to retrieve this at any point click **'Search'** across the top menu, select **'Message Type'**, **'Breast Cancer Referral Response'** and click the **'Search'** button at the bottom of the form.

Welcome to HealthlinkOnline - Windows Internet Explorer
https://84.203.243.41/healthlinkonline3test/Search.aspx

Welcome to HealthlinkOnline

Support View New Messages View Unprocessed Messages Search Lab Order Referrals Report an Issue Profile

Welcome: Doctor Test

Message Search

Surname begins with:
Patient First Name begins with:
Patient Date of Birth:
Patient Address contains:
Start Date - messages arrived on or after:
Finish Date - messages arrived on or before:
Export Status:
Message Type:
Doctor:

All
A & E Notification
Breast Cancer Referral
Breast Cancer Referral Response
COOP - Out of Hours
Death Notification
Discharge Notification
Discharge Summary
Inpatient Admission
Lab Order
Lab Order Acknowledgement
Lab Result
Neurology Referral
Neurology Referral Response
Oesophageal & Gastric Cancer Referral
OPD Appointment
Prostate Cancer Referral
Prostate Cancer Referral Response
Radiology Result
Waiting List

All
All

Search

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Log Out

Done Internet 100%