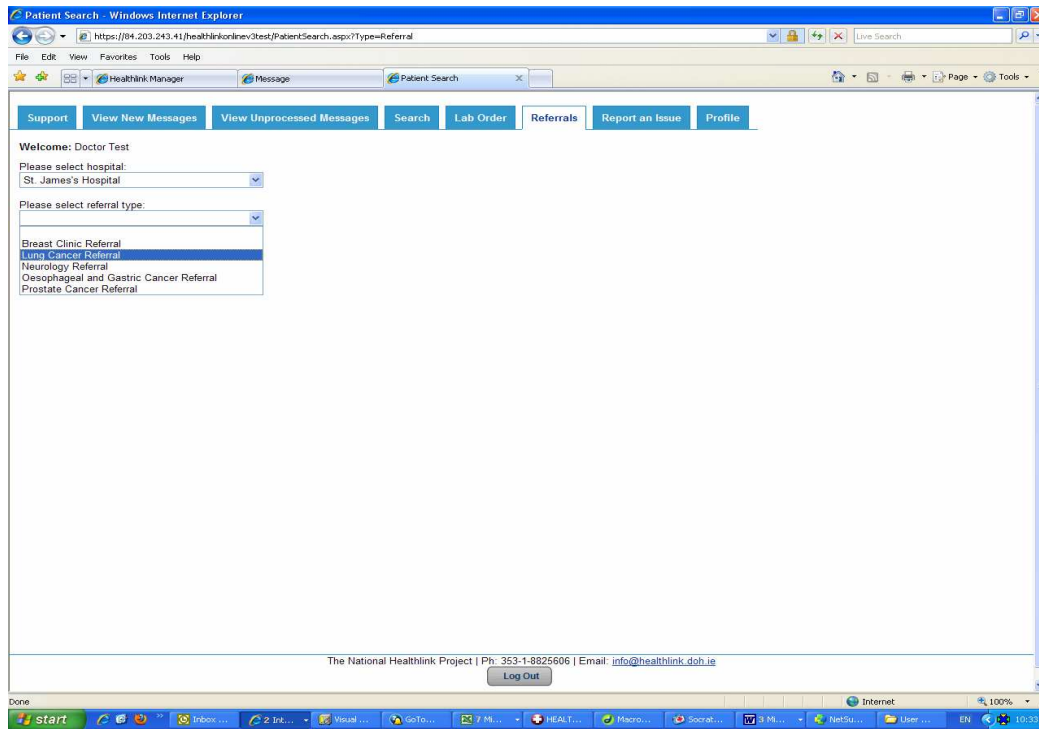
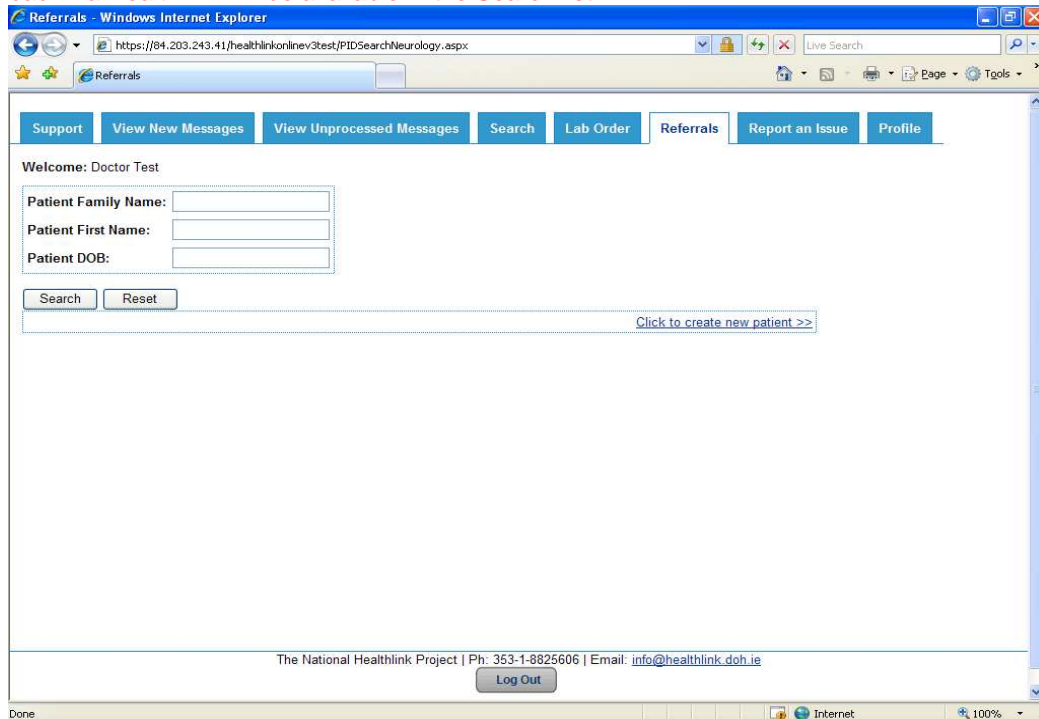


HealthlinkOnline Lung Cancer Referral User Guide

To begin, click the 'Referrals' tab from across the top menu. Select 'St. James's Hospital' and referral type 'Lung Cancer Referral'.



Next you will be 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 results sent back 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 'Smi', all names in the database such as Smith 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 "Patient Search - Windows Internet Explorer". The address bar contains the URL: <https://04.203.243.41/healthlinkonlinev3test/PatientSearch.aspx?Type=Referral>. 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 navigation is a "Welcome: Doctor Test" message. The search form includes three input fields: "Patient Family Name" (containing "smi"), "Patient First Name", and "Patient Date of Birth". There are "Search" and "Reset" buttons. Below the form is a table with the following data:

Family Name	First Name	DOB	Sex	Street Address	Address Line 2	Hosp. Name	Hosp. MRN
Smith	Mary	01/01/1965	F	58 Eccles Street Dublin 7		Beaumont Hospital	456789

Below the table is a "Select" button. At the bottom of the table area, there is a "Total Count: 1" and a "Click to create new patient >>" link. The footer of the page contains the text: "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. Certain fields marked with a * are mandatory and must be filled before you can proceed.
- **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.
- You can 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.

Patient Search - Windows Internet Explorer
 https://84.203.243.41/healthlinkonline/test/PatientSearch.aspx?Type=Referral

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

Welcome: Doctor Test

Please note: You may not be allowed to input certain characters to patient demographics fields. This restriction is in place due to hospital systems technical limitations.

GP Emergency Phone:* 018825606123

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 Status:* Pregnancy unknown
 First Language:* English Phone:* 018825606
 Interpreter Required:* Yes Mobile:
 Wheelchair Assistance:* No
 Public/Private Patient:* Public
 Email:

<< Back Next >>

Disclaimer: Please note that a text message may be sent to the patient to remind them of their upcoming hospital appointment. This message will only include the date and time of their appointment and will not include any personal information. The purpose of this text message is to try and reduce the high number of patients who do not attend their appointments. The DNA (Did Not Attend) rate has been as high as 25% in the past, this has decreased to 20% since the implementation of the reminder text messages.

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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 are mandatory and must be completed.
- Click the drop down list beside each heading and scroll down until you reach the correct term.
- Free-text boxes are given for information not included in the lists.
- The + sign indicates that additional information can be given.

Windows Internet Explorer
 https://84.203.243.41/health/online/3test/ReferralRequestCancerLung.aspx?HospitalID=9048HospitalName=St.+James's+Hospital&UserID=35648PracticeEmergencyY
 Lung Clinic Referral Form

Welcome: Doctor Test

NATIONAL LUNG CANCER RAPID ACCESS SERVICE REFERRAL FORM

Patient Name: Mary Smith Hospital: St. James's Hospital
 Date of Birth: 01/01/1965 (Age: 45 years)
 Sex: Female
 Pregnancy Status: Pregnancy unknown
 Main indications for referral are an abnormal chest x-ray or haemoptysis. [Lung Cancer Guidelines](#)

Symptom / Reason for Referral:*

Haemoptysis

Other Persistent Unexplained Symptoms:
 Abnormal Chest X-Ray

Clinical Examination:*

Chest signs Other Clinical Findings:

Lymphadenopathy
 Hepatomegaly
 Clubbing

Lab Investigation:

Rad Investigation:*

Chest X-Ray Other Rad Investigation:

Hospital: St. James's
 Date: 05 / 2005 MM/YYYY
 Result: Abnormal (suggestive of lung cancer)

Information for Contrast CT:

Asthma
 Renal Insufficiency
 History of allergy to contrast dye

Has patient been advised of possible diagnosis of lung cancer? Yes No

Social History: Drinker: Unknown

Smoker: Yes Number of Cigarettes: 15 per day, Years of Smoking: 15

Symptom/Reason for Referral: This is a mandatory field. Tick the check box to select 'Haemoptysis' or use the free text box to enter other unexplained symptoms.

Clinical Examination: This is a mandatory field. Select by ticking the check boxes. Enter any other clinical findings in free test box '**Other Clinical Findings**'

Lab Investigation: Enter details of any Lab Investigations carried out prior to referral

Radiology Investigation: This is a mandatory field. Select from drop down list. **Click +** to add an additional radiology investigation.

Information for Contrast CT: Patient Information relevant for Contrast CT. Select by ticking the check boxes.

Has Patient been advised of possible diagnosis of lung cancer? Click to indicate Yes/No

Social History:

Drinker: select Yes/No or Unknown from drop down list. If Yes, enter units per week.

Smoker: This is a mandatory field. Select Yes/No or Unknown. If yes, enter no of cigarettes per day & number of years 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, and 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.

Comments: Enter any additional comments relevant to the referral in the free text box

Lung Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline/3test/ReferralRequestCancerLung.aspx?HospitalID=9048&HospitalName=St.+James's+Hospital&UserID=35648PracticeEmergencyh

File Edit View Favorites Tools Help

Lung Clinic Referral Form

Rad Investigation: Chest X-Ray + Other Rad Investigation:

Hospital: St. James's
Date: 05 / 2005 MM/YYYY
Result: Abnormal (suggestive of lung cancer)

Information for Contrast CT:
 Asthma
 Renal Insufficiency
 History of allergy to contrast dye
 Has patient been advised of possible diagnosis of lung cancer? Yes No

Social History:
 Drinker: Yes Units of Alcohol: 2 per week
 Smoker: Yes Number of Cigarettes: 15 per day, Years of Smoking: 15

General History:
 History of Present Illness: 5 week history of Haemoptysis
 History of Past Illness:
 History of Surgical Procedures: Appendectomy 2005
 History of Allergies: Allergic to Penicillin
 History of Family Member Diseases: Father had Lung Cancer 1995

Current Medication:
 Patient on Anticoagulants: Yes
 Patient on Aspirin: No Details: (Dosage & Frequency)
 Patient on Plavix: Yes Details: (Dosage & Frequency) 15mg BD
 Patient on Warfarin: No Details: (Dosage & Frequency)
 Current Medication: Uptor 500mg BD

Comments: Please see patient urgently. Strong family history of Lung Cancer.

Next >>

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Log Out

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

Lung Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline/3test/ReferralRequestCancerLung.aspx?HospitalID=9048&HospitalName=St.+James's+Hospital&UserID=35648PracticeEmergencyh



File Edit View Favorites Tools Help

Lung Clinic Referral Form

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

Welcome: Doctor Test

NATIONAL LUNG CANCER RAPID ACCESS SERVICE REFERRAL FORM

Patient Name: Mary Smith Hospital: St. James's Hospital
 Date of Birth: 01/01/1965 (Age: 45 years)
 Sex: Female
 Pregnancy Status: Pregnancy unknown

Symptom / Reason for Referral:
 Main indications for referral are an abnormal chest x-ray or haemoptysis. Lung Cancer Guidelines
 • Haemoptysis
 Other Persistent Unexplained Symptoms:
 Abnormal Chest X-Ray

Clinical Examination:
 • Lymphadenopathy
 • Clubbing
 Other Clinical Findings:

Lab Investigation:
 Rad Investigation: Chest X-Ray Other Rad Investigation:
 Hospital: St. James's
 Date: 05 / 2005 MM/YYYY
 Result: Abnormal (suggestive of lung cancer)

Information for Contrast CT:
 Asthma
 History of allergy to contrast dye
 Has patient been advised of possible diagnosis of lung cancer? Yes

Social History:
 Drinker: Yes Units of Alcohol: 2 per week
 Smoker: Yes Number of Cigarettes: 15 per day, Years of Smoking: 15

General History:
 History of Present Illness: 5 week history of Haemoptysis
 History of Past Illness:

Lung Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3test/ReferralRequestCancerLung.aspx?HospitalID=9049&HospitalName=St.+James's+Hospital&UserID=35648&PracticeEmergencyA

Lab Investigation:

Rad Investigation: Chest X-Ray Other Rad Investigation:

Hospital: St. James's

Date: 05 / 2005 MM/YYYY

Result: Abnormal (suggestive of lung cancer)

Information for Contrast CT: Asthma
History of allergy to contrast dye

Has patient been advised of possible diagnosis of lung cancer? Yes

Social History: Drinker: Yes Units of Alcohol: 2 per week
Smoker: Yes Number of Cigarettes: 15 per day, Years of Smoking: 15

General History: History of Present Illness: 5 week history of Haemoptysis
History of Past Illness:
History of Surgical Procedures: Appendectomy 2005
History of Allergies: Allergic to Penicillin
History of Family Member Diseases: Father had Lung Cancer 1995

Current Medication: Patient on Anticoagulants: Yes
Patient on Aspirin: No Details: (Dosage & Frequency)
Patient on Plavix: Yes Details: (Dosage & Frequency) 15mg BD
Patient on Warfarin: No Details: (Dosage & Frequency)
Current Medication: Liptor 500mg BD

Comments: Please see patient urgently. Strong family history of Lung Cancer.

<< Back Submit

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Log Out

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

Lung Clinic Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3test/ReferralRequestCancerLung.aspx?HospitalID=9049&HospitalName=St.+James's+Hospital&UserID=35648&PracticeEmergencyA

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

Welcome: Doctor Test

Form Submittal

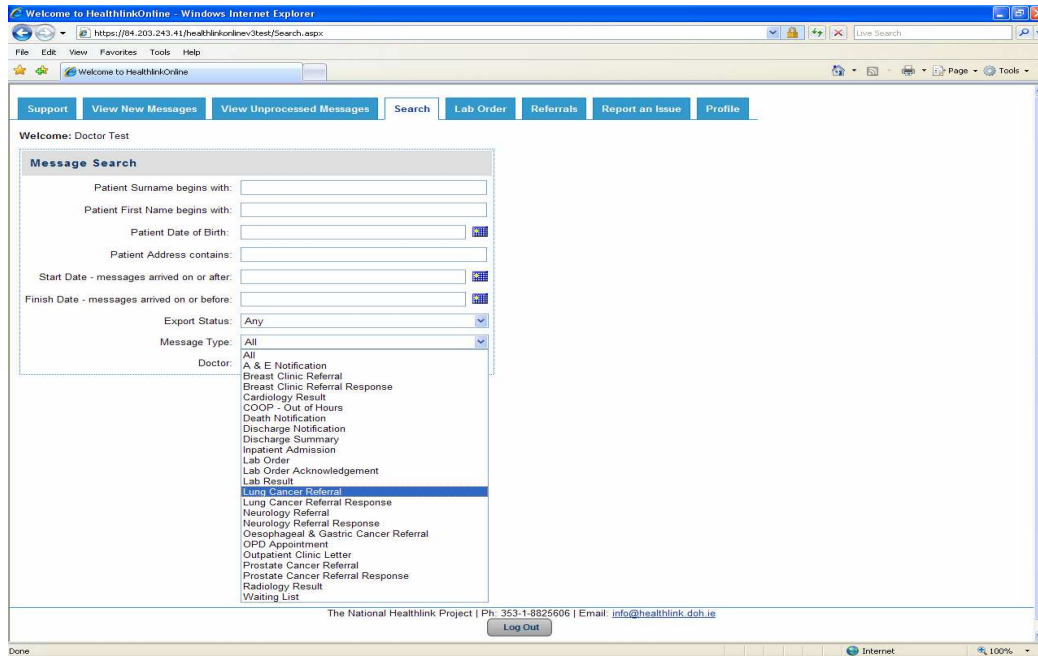
The form has been successfully submitted to Healthlink.

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

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

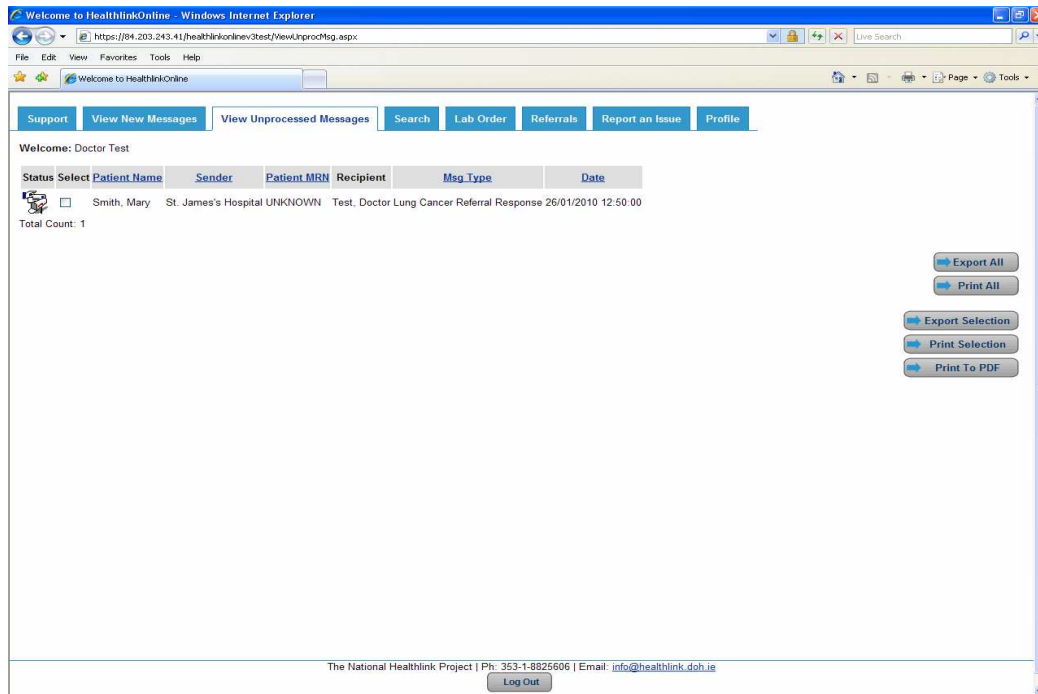
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Log Out

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



This will return all your **Lung Cancer 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 5 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.

The screenshot shows a web browser window with the following content:

- Page Title: Message - Windows Internet Explorer
- URL: https://84.203.243.41/healthlinkonline3/test/View.aspx?id=379556&type=25&DatabaseContext=Online
- Buttons: Print Version
- Logos: Healthlink Online (H&L) and nccp (National Cancer Control Programme)
- Section: LUNG CANCER RAPID ACCESS SERVICE REFERRAL RESPONSE FORM
- Patient Summary: Mary Smith (01/01/1965 - F), 58 Eccles Street, Dublin 7
- Referral Overview: Your referral has been received
- Referral Received: Yes
- OPD Arranged: Yes
- Other Comments: Please advise patient to bring all relevant scans.
- OPD Details: Urgent - to be seen within 2 weeks
- OPD Clinic: 05/02/2010 15:00
- Appointment Date: 05/02/2010 15:00
- Patient Demographics:
 - Patient Name: Mary Smith
 - Date of Birth: 01/01/1965 (Age: 45 years)
 - Gender: Female
 - Address: 58 Eccles Street, Dublin 7
 - Phone: 018825606
 - HIS Patient ID: Unknown
- General Practitioner Details:
 - Hospital: St. James's Hospital
 - Responding Consultant: Finbar O'Connell
 - GP: Test Doctor
 - Medical Council No: 12120
 - Address: 58 Eccles Street, Dublin 7
 - Phone: 01 8825606
 - Phone (Emergency): 018825606123
 - Received: 26/01/2010 12:50
 - Message ID: RRI2010012612441812120

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. If you wish to retrieve this at any point click **'Search'** across the top menu, select **'Message Type'**, **'Lung Cancer Referral Response'** and click the **'Search'** button at the bottom of the form.

The screenshot shows the HealthlinkOnline search interface with the following details:

- Page Title: Welcome to HealthlinkOnline - Windows Internet Explorer
- URL: https://84.203.243.41/healthlinkonline3/test/Search.aspx
- Navigation: Support, View New Messages, View Unprocessed Messages, Search, Lab Order, Referrals, Report an Issue, Profile
- Message Search Form:
 - Patient Surname begins with: [Text Box]
 - Patient First Name begins with: [Text Box]
 - Patient Date of Birth: [Date Picker]
 - Patient Address contains: [Text Box]
 - Start Date - messages arrived on or after: [Date Picker]
 - Finish Date - messages arrived on or before: [Date Picker]
 - Export Status: Any
 - Message Type: Lung Cancer Referral Response
 - Doctor: [List Box]
- Doctor List:
 - All
 - A & E Notification
 - Breast Clinic Referral
 - Breast Clinic Referral Response
 - Cardiology Result
 - COOP - Out of Hours
 - Death Notification
 - Discharge Notification
 - Discharge Summary
 - Inpatient Admission
 - Lab Order
 - Lab Order Acknowledgement
 - Lab Result
 - Lung Cancer Referral
 - Lung Cancer Referral Response**
 - Neurology Referral
 - Neurology Referral Response
 - Oesophageal & Gastric Cancer Referral
 - OPD Appointment
 - Outpatient Clinic Letter
 - Prostate Cancer Referral
 - Prostate Cancer Referral Response
 - Radiology Result
 - Waiting List
- Footer: The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie
- Buttons: Log Out