

NEUROLOGY REFERRAL USER GUIDE

To begin, click the 'Referrals' tab from across the top menu. Select relevant hospital from drop down list and select referral type 'Neurology Referral'.

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

Welcome: Doctor Test

Please select hospital:
Cork University Hospital

Please select referral type:
Neurology Referral
Breast Clinic Referral

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Log Out

You will be presented with the Patient Search page where you can select the correct 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.**

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

Welcome: PMS Test

Patient Family Name:

Patient First Name:

Patient DOB:

Search Reset

>>Continue to add the patient details>>

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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 'qui', all names in the database such as Quinn, Quirke are returned.
- Choose the correct name from the returned list and click '**Select**'. (Note: if there is more than one page of the particular name you can click onto page 2.

Windows Internet Explorer
https://84.203.243.41/healthlinkonline3test/PatientSearch.aspx?Type=Referral

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

Welcome: Doctor Test

Patient Family Name: smi
Patient First Name:
Patient Date of Birth:

Search Reset

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

AB 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

Total Count: 1

[Click to create new patient >>](#)

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Log Out

- 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.

Windows Internet Explorer
 https://84.203.243.41/healthlinkonline/3test/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:*

Family Name:* Street Address:*

First Name:* Address Line 2:*

Title: Address Line 3:

Date of Birth:* Address Line 4:

Sex:*

Pregnancy Status:*

First Language:* Phone:*

Interpreter Required:* Mobile:*

Wheelchair Assistance:*

Public/Private Patient:

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

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 **'>>Continue to Add the Patient Details'** where you can type in the details manually.
- Certain fields marked with a * are mandatory.
- When all are entered, Click **'Next'** to continue.

Windows Internet Explorer
 https://84.203.243.41/healthlinkonline/3test/PatientSearch.aspx?Type=Referral

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

Welcome: Doctor Test

Patient Family Name:

Patient First Name:

Patient Date of Birth:

Search | Reset

Family Name	First Name	DOB	Sex	Street Address	Address Line 2	Hosp. Name	Hosp. MRN
No Records Found							

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

[Click to create new patient >>](#)

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Log Out

The next page is the Referral Request Form. Click the drop down list for each field and scroll down until you reach the correct term. Each symptom can be rated Mild, Moderate or Severe by clicking the corresponding yellow, orange or red sign.

To give multiple responses click the + sign and make a further selection. A free-text box is also given for complaints or symptoms not included in the lists.

Presenting Complaints & Physical Examination

Presenting Complaints: This is a mandatory field. Click on the drop down list to make your selection. Click on the + sign to add up to 5 complaints

Symptoms: Click on the drop down list to make your selection. You may select up to 4 symptoms

Suspected Diagnosis: This is a mandatory field. Click on the drop down list to make your selection. If you do not have a provisional diagnosis you may select Unknown.

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

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

- Browser:** Windows Internet Explorer
- Address Bar:** https://84.203.243.41/healthlinkonline3/test/Neurology/Form.aspx?HospitalID=724&UserID=35649&PracticeEmergencyNumber=0188256061238&PatientHospitalMNRN=H000
- Page Title:** Neurology Referral Form
- Navigation:** Support, View New Messages, View Unprocessed Messages, Search, Lab Order, Referrals, Report an Issue, Profile
- Welcome:** Doctor Test
- Form Fields:**
 - Patient Name:** BUZZ ALDRON
 - Hospital:** Cork University Hospital
 - Date of Birth:** 01/01/1980 (Age: 29 years)
 - Sex:** Male
 - Presenting Complaints:** [Dropdown menu]
 - Symptoms:** Alcohol Related
 - Suspected Diagnosis:** Alaxia
 - Symptom Duration:** [Text input]
 - Pulse:** [Text input]
 - Systolic/Diastolic:** [Text input] / [Text input] mm/hg
 - Abnormal Gait:** [Dropdown menu]
 - Sensory:** [Dropdown menu]
 - Visual Acuity:** [Dropdown menu]
 - Motor Reflexes:** [Dropdown menu]
 - Other Findings:** [Text input]
 - Social History:** [Text input]
 - General History:**
 - History of Present Illness: [Text input]
 - History of Past Illness: [Text input]
 - History of Surgical Procedures: [Text input]
 - History of Allergies: [Text input]
 - History of Family Member Diseases: [Text input]

Pulse: Enter the pulse rate.

BP Systolic/Diastolic: This is a mandatory field. Enter the Blood Pressure rate.

Abnormal Gait: This is a mandatory field. Select from the drop down list.

Fundi: This is a mandatory field. Select from the drop down list.

Sensory: This is a mandatory field. Select Normal or Abnormal from the drop down list.

Visual Acuity: This is a mandatory field. Select Normal or Abnormal from the drop down list.

Facial Weakness: Select Yes or No from the drop down list.

Bulbar Weakness: Select Yes or No from the drop down list.

Other Findings: Select from the drop down list or leave at 'None'. You may select up to 3 other findings.

Motor Reflexes: This is a mandatory field. Select Brisk, Normal or Reduced from the drop down list.

Motor Plantars: This is a mandatory field. Select from the drop down list.

Other Findings: Enter any additional findings.

Social History

Smoker: This is a mandatory field. Select Yes/No or Unknown from the drop down list. Enter number of cigarettes per day & number of years smoking.

Units of Alcohol: This is a mandatory field. Select Yes/No or Unknown. Enter the number of units, which the patient drinks per week.

Children: Select Yes/No

The screenshot shows a web browser window titled "Neurology Referral Form - Windows Internet Explorer". The address bar shows a URL starting with "https://84.203.243.41/healthlinkonline3test/Neurology/Form.aspx?". The form itself is a structured data entry tool with various input fields and dropdown menus. The "Social History" section is highlighted with a green background and contains fields for "Drinker", "Smoker", and "Children". The "General History" section contains several text input fields for "History of Present Illness", "History of Past Illness", "History of Surgical Procedures", "History of Allergies", and "History of Family Member Diseases". At the bottom of the form, there is a "Next >>" button. The footer of the browser window displays "The National Healthlink Project | Ph: 353-1-8825606 | Email: info@healthlink.doh.ie" and a "Log Out" button.

Patients General History

History of Present Illness: Enter history of present illness.

History of Past Illness: Enter history of any past illness

History of Surgical Procedures: Enter any past surgical procedures

History of Allergies: Enter any history of Allergies

History of Family Member Diseases: Enter any history of family member diseases

Current Medication

Enter details of any medication under the headings Drug Name, Dosage and Frequency. Or, for convenience you may copy and paste them from your patient file.

Neurology Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3/test/Neurology/Form.aspx?HospitalID=724&UserID=35646&PracticeEmergencyNumber=0188256061238&PatientHospital/RN=H000

Neurology Referral Form

Please specify investigation/procedure dates where applicable

History of Present Illness:

History of Past Illness:

History of Surgical Procedures:

History of Allergies:

History of Family Member Diseases:

Current Medication: Patient On Medication Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Drug Name Details: (Dosage & Frequency)

Other Medication:

GP clinical comments:

Details from GP system:

Other comments:

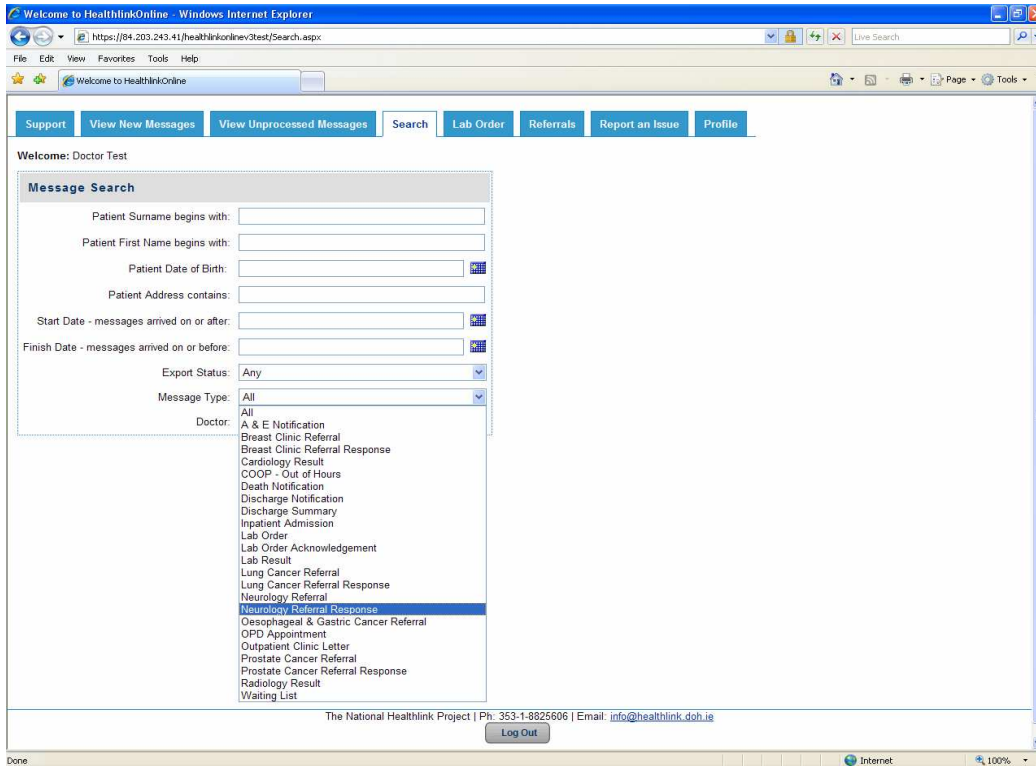
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GP Clinical Comments: Enter any relevant clinical comments
Details from GP System: If required copy & paste details from GP system
Other Comments: Any additional comments

When all the details are complete, click the **'Next'** button at the bottom of the page. The next screen is a summary of everything you have entered. If everything is correct simply click the **'Submit'** button or click **'Back'** if you wish to make any changes.

The referral has now been successfully submitted.

When the Neurologist replies to your referral, the message will come in like your other results to the **'Unprocessed Message'** view. However, please note it may have been exported and will no longer be in your Unprocessed Messages. **Therefore, the quickest way to access the response is to click Search across the top menu, select Message Type, Neurology Referral Response and click the Search Button at the bottom of the form.**



This will return all your referral responses. To read it, click on the icon to the left of the message detail. The response will contain suggested action for the Neurologist and the GP.

