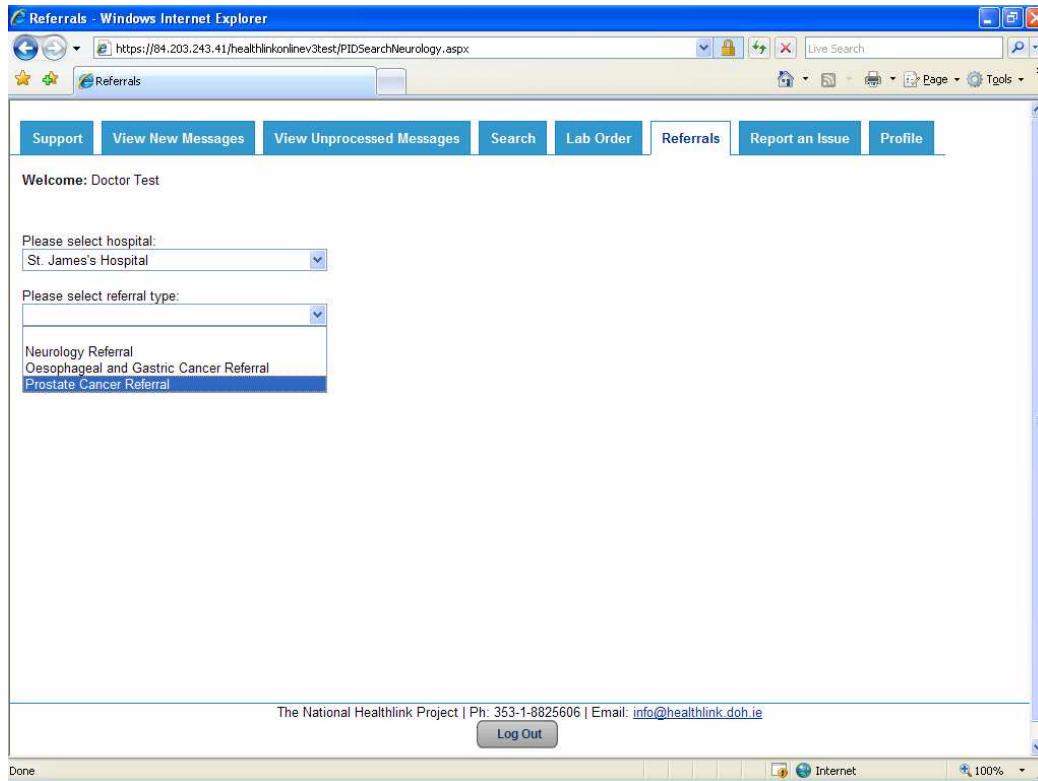
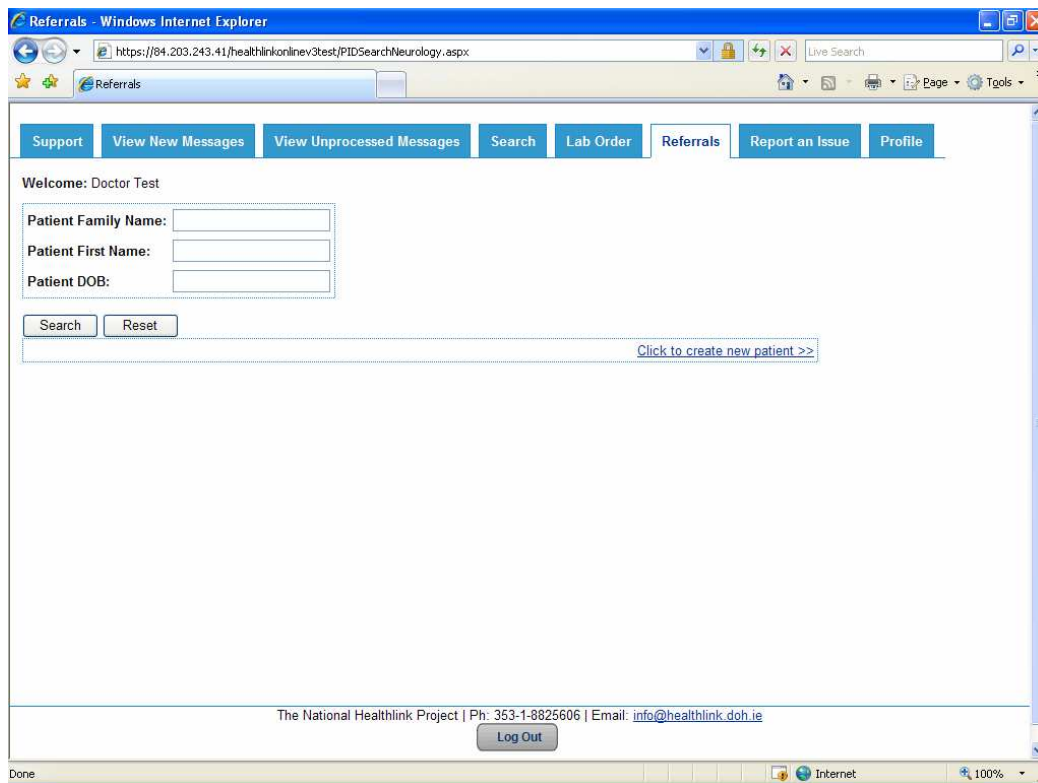


## HEALTHLINKONLINE PROSTATE REFERRAL USER GUIDE

To begin, click the 'Referrals' tab from across the top menu. Select 'St. James's Hospital' and referral type 'Prostate 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 '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. A search form contains three input fields: "Patient Family Name" (with "harper" entered), "Patient First Name" (with "david" entered), and "Patient DOB" (empty). 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", and "Hosp MRN". The table contains one row: "DAVID HARPER 29/04/1959 00:00:00 M THE OLD STATION HOUSE CRUSHEEN 893056". A "Select" link is next to the row. 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. A "Click to create new patient >>" link is at the bottom right. The footer contains "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.
- **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 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

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:\* HARPER Street Address:\* THE OLD STATION HOUS  
 First Name:\* DAVID Address Line 2:\* CRUSHEEN  
 Title: Address Line 3: CO.CLARE  
 Date of Birth:\* 29/04/1959 Address Line 4:  
 Sex:\* Male  
 First Language:\* English Phone:\* 018888555  
 Interpreter Required:\* No Mobile:\* 0869944332  
 Public/Private Patient:\* Public  
 Email:

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 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.

Prostate Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/health/online/3test/ReferralRequestCancerUrological.aspx?HospitalID=9046&HospitalName=St.+James's+Hospital&UserID=35186&PracticeEmerg


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

Welcome: PMS Test



### NATIONAL RAPID ACCESS PROSTATE CLINIC REFERRAL FORM

Rapid access clinics aim to improve access to investigations for prostate cancer in men aged from 50 to 70 (or from aged 40 if they have a first degree relative with prostate cancer). Prostate cancer will continue to be diagnosed in general urology clinics.



**Patient Name:** PATIENT TESTING **Hospital:** St. James's Hospital

**Date of Birth:** 01/01/1930 (Age: 80 years)

**Sex:** Female

**Pregnancy Status:** Pregnancy unknown

**Referral Priority:** Routine [Prostate Cancer Referral Guidelines](#)

**Prev. Seen by Urologist:** No

**Digital Rectal Exam:** DRE - Prostate feels suspicious:  **Other Clinical Exam:**

**PSA Test:** Please wait six weeks to do a PSA test if a patient has had an active urinary infection, prostate biopsy, TURP, or prostatitis. Repeat an abnormal PSA test after six weeks and refer if second PSA test is abnormal.

No.	Total PSA (ng/ml):	Date (MM/YYYY):
1.	5.5	09 / 2009
2.	5.6	11 / 2009
3.	6.2	01 / 2010
4.	<input type="text"/>	<input type="text"/>

**Urinalysis:** Yes  (to exclude infection)  
**Result:**

**Previous Prostate Biopsy:** Yes   
**Hospital:**   
**Date:**  MM/YYYY

- Referral Priority:** This is a mandatory field. Select Routine or Urgent drop down list.
- Previously seen by Urologist:** This is a mandatory field. Select Yes or No from drop down list. If you choose 'Yes' you will be asked for the details of the previous referral. It is suggested you give the name of the consultant (if known), hospital and any other relevant details. This is a free text area.
- Digital Rectal Exam:** Select findings of Digital Rectal Exam from drop down list.
- Other Clinical Exam:** Enter any other clinical exam findings in this free text box.
- PSA:** This is a mandatory field. Enter PSA results and date of tests.
- Urinalysis: (To exclude infection)** Was a Urinalysis performed? Indicate Yes/No
- Previous Prostate Biopsy:** This is a mandatory field. Select Yes or No from drop down list. If Yes, enter Hospital, date of test and result (Normal or Abnormal).
- Other Lab Investigation:** Enter any other Lab Investigations that were performed.
- Radiology Investigations:** Enter any Radiology Investigations
- Social History:** Drinker: select Yes or No from drop down list. If Yes, enter units per week. Smoker: Yes or No from drop down list. If 'Yes', enter number of cigarettes per day & number of years smoking
- General History:** Enter History of Present Illness, History of Past Illness, History of Surgical Procedures, History of Allergies & History of Family Member Diseases in free text boxes
- Current Medication: Patient on anticoagulants:** Select Yes or No as appropriate. If yes: Select Yes or No for listed Medication. Enter Dosage & Frequency details
- Current Medication:** Enter any other current medication in free text space. For convenience you may copy and paste from your patient file into this space also.
- Comments:** Enter any comments relevant to the referral.

Prostate Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3/test/ReferralRequestCancerUrological.aspx?HospitalID=904&HospitalName=St.+James's+Hospital&UserID=35186&PracticeEmerge

Prostate Cancer Referral Form

1. 5.5 09 / 2009  
 2. 5.6 11 / 2009  
 3. 6.2 01 / 2010  
 4. / /

Urinalysis: Yes (to exclude infection)  
 Result: Normal

Previous Prostate Biopsy: Yes  
 Hospital: St James's  
 Date: 05 / 2009 MM/YYYY  
 Result: Normal

Other Lab Investigation: FB C & LFTs  
 Rad Investigation: CT Scan

Social History: Drinker: Yes Units of Alcohol: 5 per week  
 Smoker: Yes Number of Cigarettes: 5 per day, Years of Smoking: 25

General History: History of Present Illness: Elevated PSA & Abnormal DRE  
 History of Past Illness: Hypertension  
 History of Surgical Procedures: None  
 History of Allergies: None  
 History of Family Member Diseases: Heart Disease

Current Medication: Patient on Anticoagulants: Yes  
 Patient on Aspirin: Yes Details (Dosage & Frequency): 5mg Daily  
 Patient on Plavix: No Details (Dosage & Frequency):  
 Patient on Warfarin: No Details (Dosage & Frequency):  
 Current Medication: Lipitor 25mg Daily

Prostate Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3/test/ReferralRequestCancerUrological.aspx?HospitalID=904&HospitalName=St.+James's+Hospital&UserID=35186&PracticeEmerge

Prostate Cancer Referral Form

Hospital: St James's  
 Date: 05 / 2009 MM/YYYY  
 Result: Normal

Other Lab Investigation: FB C & LFTs  
 Rad Investigation: CT Scan

Social History: Drinker: Yes Units of Alcohol: 5 per week  
 Smoker: Yes Number of Cigarettes: 5 per day, Years of Smoking: 25

General History: History of Present Illness: Elevated PSA & Abnormal DRE  
 History of Past Illness: Hypertension  
 History of Surgical Procedures: None  
 History of Allergies: None  
 History of Family Member Diseases: Heart Disease

Current Medication: Patient on Anticoagulants: Yes  
 Patient on Aspirin: Yes Details (Dosage & Frequency): 5mg Daily  
 Patient on Plavix: No Details (Dosage & Frequency):  
 Patient on Warfarin: No Details (Dosage & Frequency):  
 Current Medication: Lipitor 25mg Daily

Comments: Father died of Prostate CA in 2007

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.

Prostate Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3/test/ReferralRequestCancerUrological.aspx?HospitalID=9046&HospitalName=St.+James's+Hospital&UserID=35188&PracticeEmerg

Prostate Cancer Referral Form

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

Welcome: PMS Test

**NATIONAL RAPID ACCESS PROSTATE CLINIC REFERRAL FORM**

Rapid access clinics aim to improve access to investigations for prostate cancer in men aged from 50 to 70 (or from aged 40 if they have a first degree relative with prostate cancer). Prostate cancer will continue to be diagnosed in general urology clinics.

**HF** **nccp** National Cancer Control Programme

Patient Name: PATIENT TESTING Hospital: St. James's Hospital  
 Date of Birth: 01/01/1930 (Age: 80 years)  
 Sex: Female  
 Pregnancy Status: Pregnancy unknown  
 Referral Priority: Routine Prostate Cancer Referral Guidelines  
 Prev. Seen by Urologist: No  
 Digital Rectal Exam: DRE - Prostate feels suspicious Other Clinical Exam:  
 PSA Test: Please wait six weeks to do a PSA test if a patient has had an active urinary infection, prostate biopsy, TURP, or prostatitis. Repeat an abnormal PSA test after six weeks and refer if second PSA test is abnormal.

No.	Total PSA (ng/ml)	Date (MM/YYYY)
1.	5.5	09 / 2009
2.	5.6	11 / 2009
3.	6.2	01 / 2010

Urinalysis: Yes (to exclude infection)  
 Result: Normal  
 Previous Prostate Biopsy: Yes  
 Hospital: St. James's  
 Date: 05 / 2009 MM/YYYY  
 Result: Normal  
 Other Lab Investigation: FBC & LFTs  
 Rad Investigation: CT Scan  
 Social History: Drinker: Yes Units of Alcohol: 5 per week  
 Smoker: Yes Number of Cigarettes: 5 per day, Years of Smoking: 25

Prostate Cancer Referral Form - Windows Internet Explorer

https://84.203.243.41/healthlinkonline3/test/ReferralRequestCancerUrological.aspx?HospitalID=9046&HospitalName=St.+James's+Hospital&UserID=35188&PracticeEmerg

Prostate Cancer Referral Form

3. 6.2 01 / 2010

Urinalysis: Yes (to exclude infection)  
 Result: Normal  
 Previous Prostate Biopsy: Yes  
 Hospital: St. James's  
 Date: 05 / 2009 MM/YYYY  
 Result: Normal  
 Other Lab Investigation: FBC & LFTs  
 Rad Investigation: CT Scan  
 Social History: Drinker: Yes Units of Alcohol: 5 per week  
 Smoker: Yes Number of Cigarettes: 5 per day, Years of Smoking: 25  
 General History: History of Present Illness: Elevated PSA & Abnormal DRE  
 History of Past Illness: Hypertension  
 History of Surgical Procedures: None  
 History of Allergies: None  
 History of Family Member Diseases: Heart Disease  
 Current Medication: Patient on Anticoagulants: Yes  
 Patient on Aspirin: Yes Details: (Dosage & Frequency) 5mg Daily  
 Patient on Plavix: No Details: (Dosage & Frequency)  
 Patient on Warfarin: No Details: (Dosage & Frequency)  
 Current Medication: Lipitor 25mg Daily  
 Comments: Father died of Prostate CA in 2007

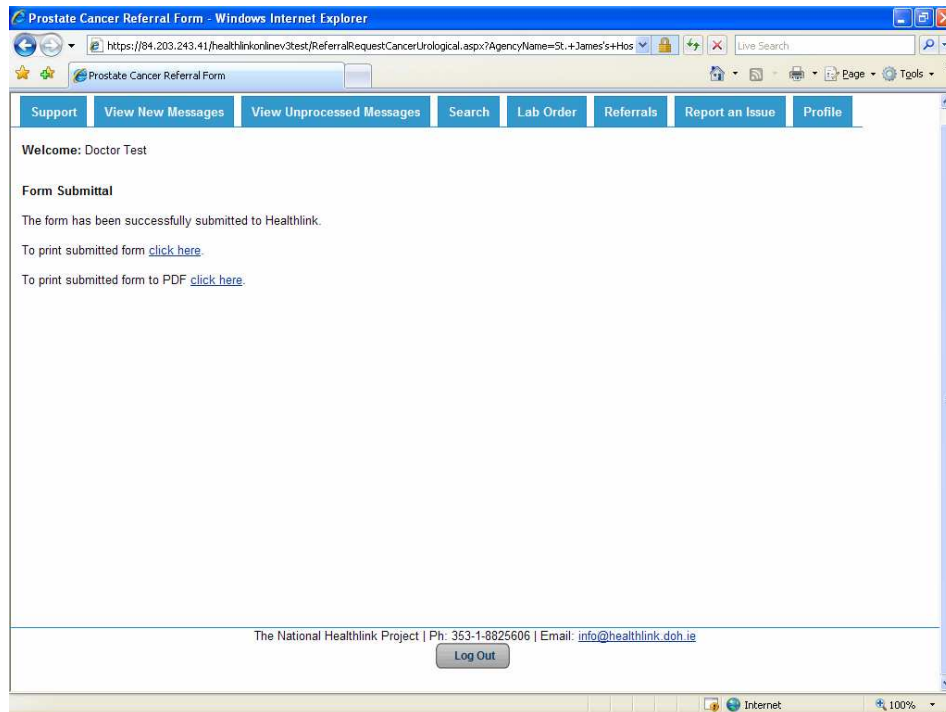
<< Back Submit

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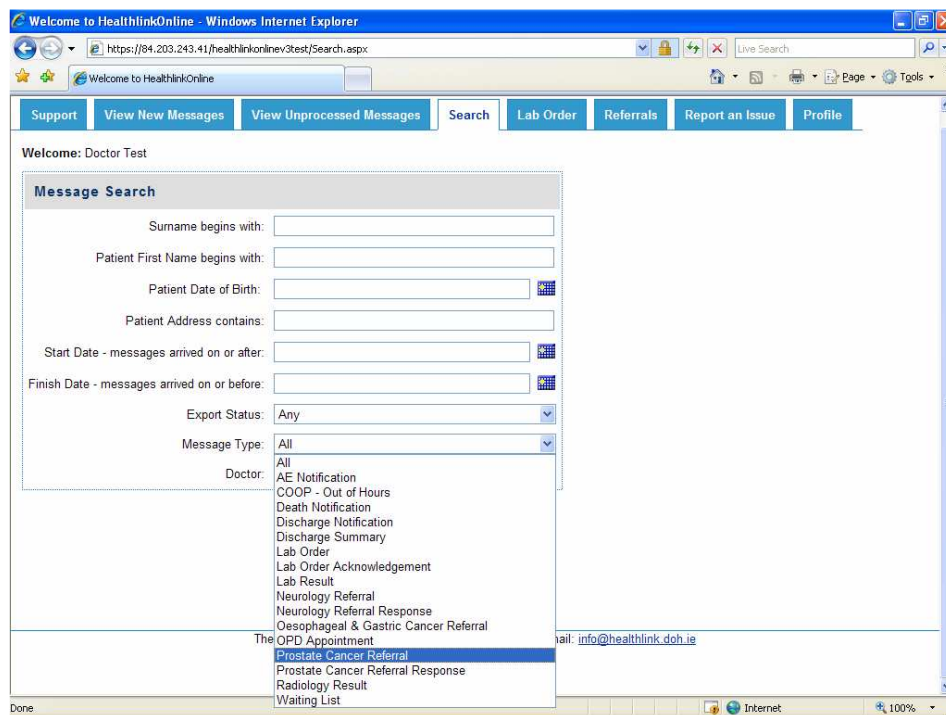
Log Out

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.

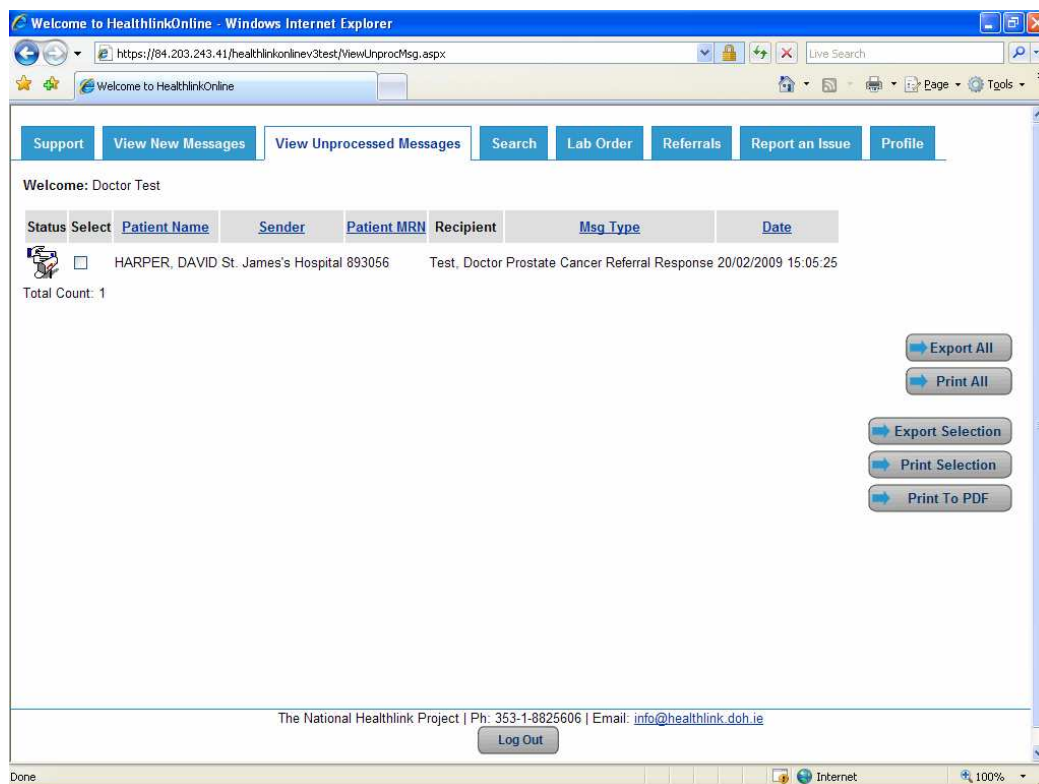


A copy of the referral will be kept in your account for 3 months. If you wish to retrieve this at any point click '**Search**' across the top menu, select '**Message Type**', '**Prostate Cancer Referral**' and click the '**Search**' button at the bottom of the form.



This will return all your Prostate referral requests. To read the referral, click on the post-box icon to the left of the message detail.

**The Consultant will respond 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.

