

Click '**Consultation**' to open patient file

Password: EMGP

Key: EMGP1



Search patient by typing in surname/first name or DOB

Patient Search Criteria

Patient Search				Family Details			
Name: Bloggs, Mary	Nat:	Scheme: None		Age: 38 yr 2 m	Def HCP: Dr. Gary Black	Type: Private	
Tel: M: 0872109001	Unique # 0000006	PPSN:					

Surname <input type="text"/>	Status <input type="text" value="Active"/>
Firstname <input type="text"/>	Gender <input type="text" value="All"/>
Address <input type="text"/>	Default HCP <input type="text" value="All"/>
DOB <input type="text"/>	Patient Type <input type="text" value="All"/>
Unique No <input type="text"/>	GMS Doctor <input type="text"/>
PPSN <input type="text"/>	GMS Number <input type="text"/>
Tel # <input type="text"/>	Chart Number <input type="text"/>

Surname	First Name	DOB	Sex	Type	GMS #	Address	Unique	Status
BLOGGS	JOE	01/01/1977	M	Private		Test Street, Dublin	0000003	Active
BLOGGS	JOE	01/01/1977	M	Private		Test Street, Dublin	0000010	Active
BLOGGS	MARY	01/01/1978	F	Private		Main Street, Dublin	0000006	Active

3 Patient's Found

Click on: **Begin consultation** As shown below.
 Click on: **Documents**. As shown below.

Consultation - Mary Bloggs

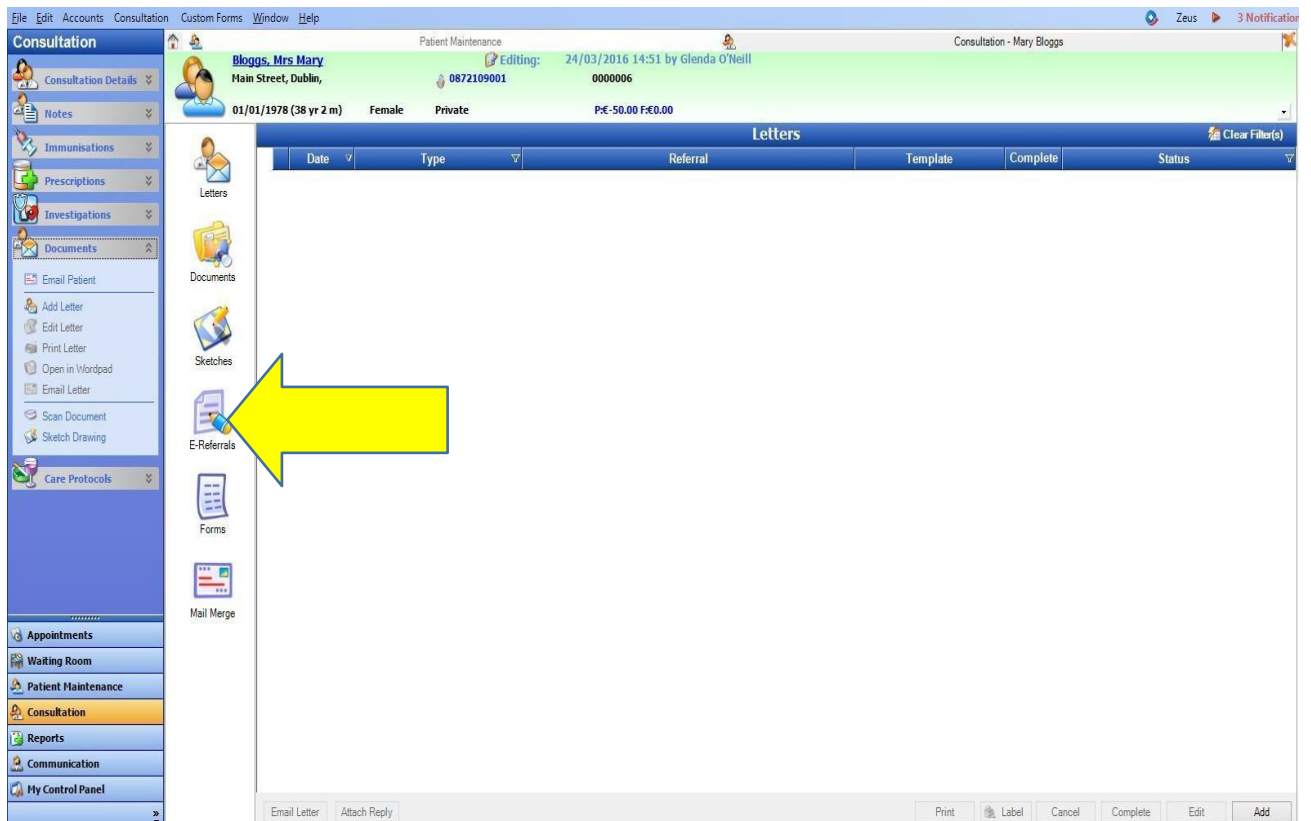
Bloggs, Mrs Mary
 Main Street, Dublin, 0872109001 0000006
 01/01/1978 (38 yr 2 m) Female Private P+E-50.00 F+E0.00

Begin Consultation

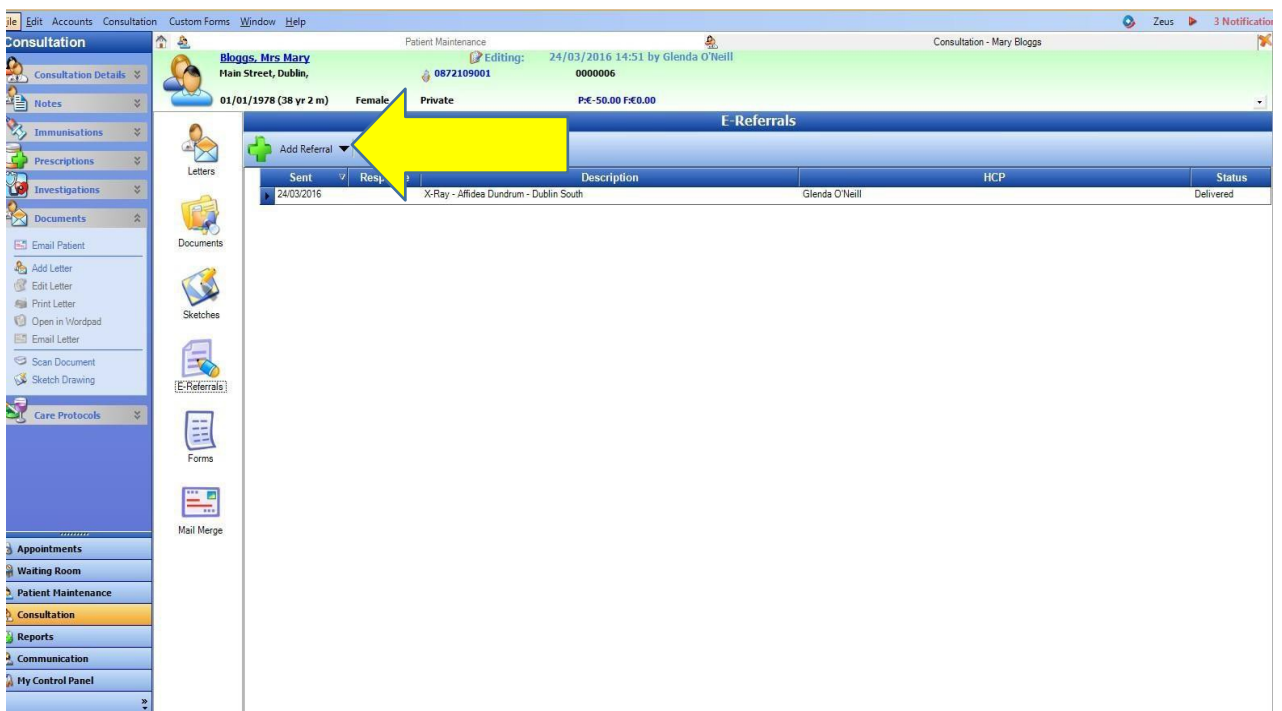
Patient: Bloggs, Mary
 HCP: Glenda O'Neill
 Date: 24/03/2016 14:51
 Type: General
 Site: Master Surgery
 POMR Group: [None]

07/03/2016 11:20 Glenda O'Neill
 Prescription NUPRIN ACTAVIS 75 MG GASTRO-RESISTANT TABLETS
 Prescription NU-SEALS ASPIRIN 75 MG GASTRO-RESISTANT TABLETS
 28/08/2015 11:08 Glenda O'Neill
 Mirena Counselling
 11/09/2014 15:07 Dr. Gary Black
 Investigation TOTAL PSA
 Investigation TOTAL PSA
 Investigation TOTAL PSA

Click on **e-referrals** – as shown below



Click '**add referral**' and select '**Euromedic referral**' from drop down menu.



The Euromedic form will open, populate the required fields and click **next**

Fields marked with * are mandatory

The screenshot shows a software window titled "Euromedic Referral" with a patient form for "Bloggs, Mary". The form contains the following fields:

- Surname: * Bloggs
- First Name: * Mary
- Title: Mrs
- Date of Birth: * 01/01/1978
- Sex: * Female
- Address 1: * Main Street
- Address 2: * Dublin
- Address 3: (empty)
- Address 4: (empty)
- Phone: (empty)
- Mobile: 0872109001
- Email: (empty)

A yellow arrow points to a "Next" button located at the bottom right of the form area.

File Edit Accounts Window Help

Patient Maintenance Consultation - Mary Bloggs Euromedic Referral

Consultation

Referral

- Login
- Patient Details
- Referral Details
- Close

Bloggs, Mary
01/01/1978 (38 yr 2 m) Female
Main Street, Dublin

Patient details	Examination details
Name: <input type="text" value="Mary"/>	Examination required: <input type="text"/>
Surname: <input type="text" value="Bloggs"/>	Clinic: <input type="text"/>
Gender: <input type="radio"/> Male <input checked="" type="radio"/> Female	Area of the body: <input type="text"/>
Date of birth: <input type="text" value="01/01/1978"/>	Detailed clinical info: Please provide as much clinical information as possible to enable us to process your referral quickly.
Address 1: <input type="text" value="Main Street"/>	
Address 2: <input type="text" value="Dublin"/>	
Town: <input type="text"/>	
Contact number: <input type="text"/>	Previous imaging: <input type="radio"/> Yes <input checked="" type="radio"/> No
GMS number: <input type="text"/>	
Payment type: <input type="text"/>	

Next

Type text/If you have letter typed you can copy & paste in here.

File Edit Accounts Window Help

Patient Maintenance Consultation - Mary Bloggs Euromedic Referral

Consultation

Referral

- Login
- Patient Details
- Referral Details

Bloggs, Mary
01/01/1978 (38 yr 2 m) Female
Main Street, Dublin

Booking details	Booking questions
Preferred date: <input type="text"/>	Do you have a cardiac pace-maker or defibrillator? <input type="radio"/> Yes <input checked="" type="radio"/> No
Preferred time: <input checked="" type="radio"/> AM <input type="radio"/> PM <input type="radio"/> Any day	Do you have a cerebral aneurysm clip? <input type="radio"/> Yes <input checked="" type="radio"/> No
Last period date: <input type="text"/>	Do you have any eye or ear implants? <input type="radio"/> Yes <input checked="" type="radio"/> No
For your patients safety:	
<ul style="list-style-type: none"> Please note that certain radiology examinations in pregnancy may put the unborn infant at risk. For MRI, cardiac pacemakers, aneurysm clips, shunts, cochlear implants, intra-ocular implants, metallic foreign bodies, some surgical implants and early pregnancy are contraindicated. Please indicate previous history of contrast reactions, allergies, medications, renal failures, liver disease, diabetes, etc. 	
	Do you have an artificial heart valve? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Do you have any shunts fitted? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Have you ever had metal fragments in the eyes? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Do you have stents fitted? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Do you have any mobility problems? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Do you have any body piercings or metallic accessories? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Is there any possibility you might be pregnant? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Do you suffer from claustrophobia? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Do you weigh over 15 stone/95 kilograms? <input type="radio"/> Yes <input checked="" type="radio"/> No
	Have you had any previous scans relating to this issue? <input type="radio"/> Yes <input checked="" type="radio"/> No

Please note this is a provisional booking only and must be confirmed by Affidea appointment team.

Back Request Booking

Add today's date*

Add today's date

*Affidea will contact patient to arrange a time & date to suit patient. You are not choosing the appt date at this time.

YOU WILL RECEIVE IMMEDIATE RECEIPT FOR BOOKING, WHICH WILL BE STORED IN THE PATIENT'S FILE. IN THE E-REFERRAL SECTION.

*This is a request for an appointment, Affidea will contact patient – this is why, for preferred date, we ask that you input today's date (the date on which you are sending referral).

