QUICK REFERENCE GUIDE

Referrals

Bp VIP.net NOTIVATE FOR MEDICAL SPECIALISTS

Scanned Referrals

| Patient Details | | | | | | | | | | | | | | | |
|-------------------|--------------------|------------|-----------|------|--------------|----------|-------------|------------|------------|---|---|--|-----------------------------------|------------------|---------------------|
| Surname | Brack | | | | Building/Box | | | | | | Providers | Family Financ | e Other | | |
| Title | Mr | Sex | М | ~ 🕚 | No/Street | 34 | Av | oca Street | | | | ovider | | | |
| First Name | Jonathan | | | | Suburb/City | Randy | wick | | | | 🔂 Cardi | ologist, Jen Nora | Cardiologi: General Pi | st ractitione | 1 1 |
| Middle Name | Edgar | Known | | | Postcode | 2031 | | State | | | 👈 Smith, | Nora | General Prac | ctitioner | 3 |
| Date of Birth | 15/05/1965 | 56y | IHI | 0 | Country | Austra | alia | | | | | | | | |
| IHI Number | | | | | Home | 61 | | | | 1 | | | | | |
| NHI Number | 12 | 1 | | | Mobile | 61 | 1111111 | 1111 🔽 | TXT Opt-in | - | | | | | |
| | | | | _ | Business | 61 | | | | | | | | | |
| Ethnicity | European Not Furth | er Defined | 1 | | Fax | 61 | | | <u> </u> | | Δdd | Berry | Mor | lify | Referrals |
| Language | 1201 English | | | | Other | 61 | | | | | Provider N | mber: 02222284 | | ,y | |
| Indigenous Status | 4 Neither Aborgin | al nor Ion | res Strar | | Email | | | | E | | Location: (| PYour Health Clinic Clinic 105 Crock | Street Briebane G | | 000 |
| Warning | | | | | | | | | | | Business: (Fax: 61 07 From : Smit To : Cardio On : 12/07 Period : Sta | 51 07 02-6962-696 02-6962-6962 h, Nora (022222BH logist, Jen (215075 /2021, Type : Nom art - 23/07/2021 E | 1 1A) nal nd - 22/07/202 | Clic ac n | ck to ld a ew |
| MED | <u> </u> | φ | Bu | lk 🗹 | Fe | escaler | PRIVA | TE AUS, Pr | vate | | | | | Re | cord |
| DVA | E | kp _/_ | | | Sub | osidiser | MSTD, | MSTD | | | | | | | |
| нсс | Exp | _/_/_ | _ | | Health | Insurer | BUPA | NS, BUPA | | | | | | | |
| PMS | Exp | _/_/_ | _ | | HF Po | licy No. | 111111 | 1 | | _ | | | | | |
| Deactivate on | 11 | Reason | | | | | | | | ~ | | | | | |
| Easyclaim Ol | PV Easy | claim OC | V | HI V | erification | F | Patient His | tory | | | | | ОК | | Cancel |

If you scan your referrals into Bp VIP.net as a PDF or JPEG, you can add the record from the Patient Details screen.

A. In the Provider section, click the Referrals button.

The MyComms (Referral) screen is displayed.

B.___Click the New button or press Insert on your keyboard.

| Incoming Referral D 1 2 using Terrelate 2 using Terrelate 2 using Terrelate 2 using Terrelate 7 1 | Referral Details Type Sart Data Type Petod Indefinite Dindefinite Expires in Expires on 7/ | Enter the date written on the letter. Check that Referral is selected. |
|---|--|---|
| with Setting Setting Status Inactive All Internal All Internal External Name At Type Powder No Name At Type Powder No Satth, Dorns @Steet Centre General Practiconer Mexicon New | Observition Provider No Akan Street Adda River 3. Type the sign provider at a provider at a 4. Enter inter Akan Street Adda River 5. Free text at a 6. Enter the sign the referrat at the referrat at a scan. Save OK Cancel | urname of the referring nd follow prompts. rnal To provider (recipient). a Subject/Reason. Start Date – this is the date al expiry will generate from. e/Document to import |

Contact our Software Support Team on 1300 40 1111 (AU) or 0800 40 1111 (NZ) www.bpsoftware.net





- A. Enter the name of the referring provider in the From/Details section.
- **B. When** no match is made, click the New button at the bottom of the Providers screen.
- **C. Select** Other Clinics External Providers.

Provider screen is displayed where you can complete all the details.

1. Enter the Surname and copy the First Name into the Known Name.

- 2. Select the Type.
- **3. Select** the Name of the Facility and click Copy Facility Details.

P.net

- 4. Select the Communication method and enter addresses for email, RSD and fax.
- 5. Record the Provider number and click OK to save.

| Details More Ir | nternal HIC Online | | | | | | | |
|------------------|-------------------------------|--------------------------|----------------------|---------------------------|------------------------------------|--|--|--|
| Surname | Tommison | Provider Contact Details | | Display | Communications | | | |
| First Names | Jane 1 ctive | Building/Box | | | ◯ Letter ◯ Email | | | |
| Known Name | Jane Primary | No/Street 105 | Creek Street | Background Colour | Message Provider | | | |
| Title | | Suburb/City Brisbane | ie Gpo | Edekground Colour | Healthlink - RSD AustralianSMD-HL7 | | | |
| Data of Pirth | | Postcode 4000 | State QLD | Font Colour | RSD Address | | | |
| Date of birtin | | 2 | | Init | yhealthc | | | |
| Туре | General Practitioner | ne | | | | | | |
| Credentials | | Mobile | | | Numbers | | | |
| | | Business 61 | 07 0269 6269 61 | | LSPN 5 | | | |
| Tags | | Fax 61 | 07 0269 6269 62 | Name | Provider D11111JK | | | |
| Facility Details | 2 | Other | | | Prescriber | | | |
| Name | Your Health Clinic | mail drjane@ | @yourhealth.com.au @ | | MBRN | | | |
| Building/Box | | | | Online Provider Directory | Std Unit | | | |
| No/Street | 105 Creek Street | | | | HPI-I Number | | | |
| Suburb/City | Brisbane Gpo | | | Link with Directory | Entity Id | | | |
| Postcode | 4000 State QLD | | | Unlink from Directory | | | | |
| Country | Australia | HI Provider | | | AHPRA Number | | | |
| Phone | 61 07 0269 6276 61 | Type Code | | | | | | |
| Fax | 61 07 0269 6276 62 | Specialty Code | | | | | | |
| | Copy Facility Address Details | Specialisation Code | | HI Verification | OK Cancel | | | |

On the Patient Details screen, select the Referrer in the Provider section and tick Lead Provider tick-box to make the referrer the 'Lead External Provider' for the patient.



New Referring Providers/GP's

| Letter Date 23/05 | a/2021 By rrespond A Referral | Using Template | Image/Document | | Ext Viewer |
|----------------------|---|-------------------|----------------|-------------------|-------------|
| From/Details | ŧ | | | Print/Send | Log Details |
| Subj | | | | Search By Name | () Туре |
| Status (i) Active |) Inactive | Internal/External | O Internal | External | |
| Name | At | Туре | Provide | r No Mobile | Address |
| | Hadd New Record | × | | | |
| | Enter new Provider for: Other Clinics - Ex | ternal pro ser | | | |
| | This Clinic - Inte | ernal Provider | | | |
| | | Close | | | |
| | | | | | |

Providers (Id :)