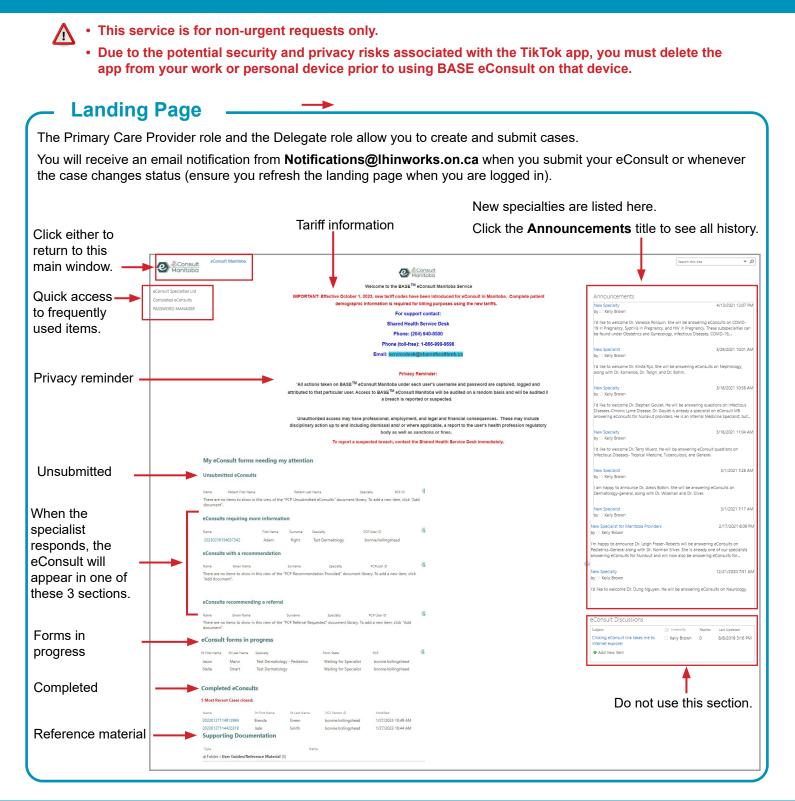
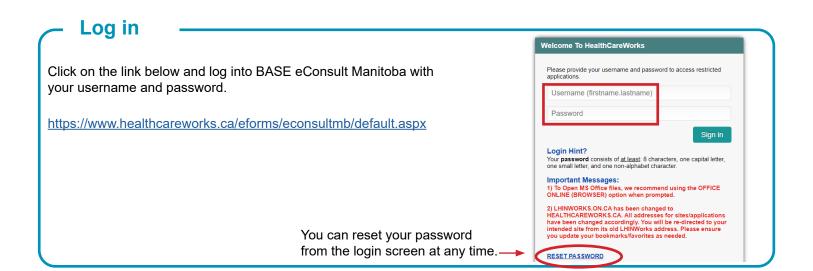
Base eConsult **Reference Guide** REFERRAL

Service Desk 204-940-8500 Option 4, Option 1 or toll-free 1-866-999-9698 Option 4, Option 1

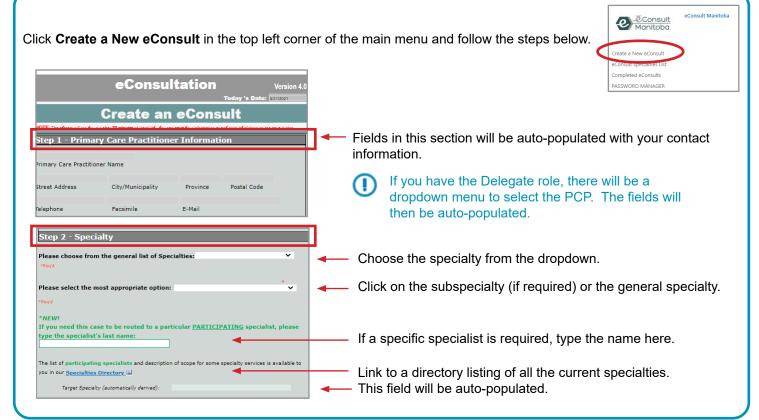


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Start a new eConsult



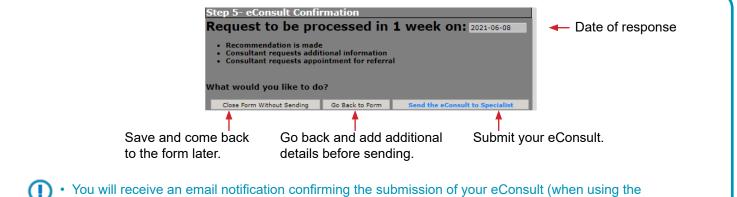


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Start a new eConsult cont'd	
Step 3 - Patient Information	Enter the patient's DOB, Gender, Given Name & Surname. These fields are <u>mandatory</u> (they are required for billing purposes).
/ v/ Select v Date of birth "Regid Gender"Regid Given Name Surname (dd/mmm/yyyy) MUST enter patient address PHIN MHSC - do not include colons	Enter the patient's address (incl city & postal code), PHIN and MHSC in this free text field. This is mandatory (it is required for billing purposes).
Would you like to attach electronic files containing pertinent information that will assist the consultant with better assessment of this case? No * *Note about Patient Consent and eConsult: Privacy has recommended that verbal consent be obtained from patients prior to sending an eConsult.	 Complete demographics and return the consult to you if information is missing; which will result in delayed responses. To add attachments, select Yes and click on the paper clip to browse to the file. You can include a short description of the file if you choose in the text box below the field.
Step 4 - Background/History and Consultation Request nutrition, social history), if this has not been provided in the attachment(s) already. Consultation request should include the following elements (if applicable):	 Dermatology PHIN/MHSC must be provided for the specialist ensure location of any images on the body are identified for the specialist
 Reason for consultation Specific treatments already prescribed Suggestions for possible treatments (i.e. I would like to optimize current treatment; I am inquiring about an alternative approach to the problem) NOTE FOR DERM CASES: Please ensure the location of any images on the body are 	HematologyPHIN/MHSC must be provided for the specialist
Identified for the specialist NEW NOTE FOR DERMATOLOGY AND HEMATOLOGY: Please ensure that a PHIN/MHSC number is provided for the specialist. Please type request in the space provided below *Regid	You can type a message to the specialist in this box, copy/ paste information from your EMR or type "see attachments" if your notes/photos already contain all of the information required.
N.B. A clear ly farmulated question will assist the consultant in providing a clear recommendation. Save Continue to Next Step	If you are not ready to send the eConsult, you can click the small Save button below the bottom left of the comments box and come back to it later.
Please note that it may be necessary to click on this button twice	If you are ready to send the eConsult, click Continue to Next Step .

Save or send the eConsult



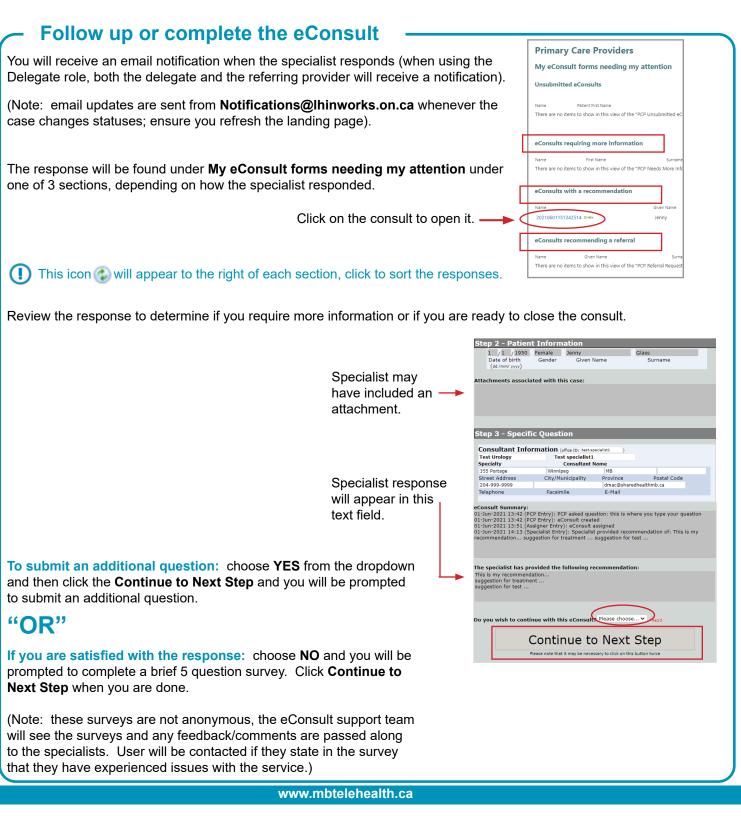
Delegate role, both the delegate and the referring provider will receive a notification).

Delete any information that you have saved to your computer and empty your computer's Trash/Recycle Bin.



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Close the eConsult eConsultation Version 4.0 When you have received and reviewed all of the information and Specialist Recommendation completed the survey, click Close eConsult (this will now show under the Completed eConsults section). uld you like t Once the consult is closed, a transcript of all 1 / 1 | - 75% + | 🕃 🔊 communication and any attachments can be printed or downloaded. HealthCareWorks eConsult Form Download and save to upload it into your EMR, or PATIENT INFORMATION print and scan the document into your EMR. Patient Name: Jenny Glass DOB: 01-Jan-1950 Gender: Female PROVIDER INFORMATION If you are having issues opening PDF files and you are using Safari, try using a different browser. Œ

