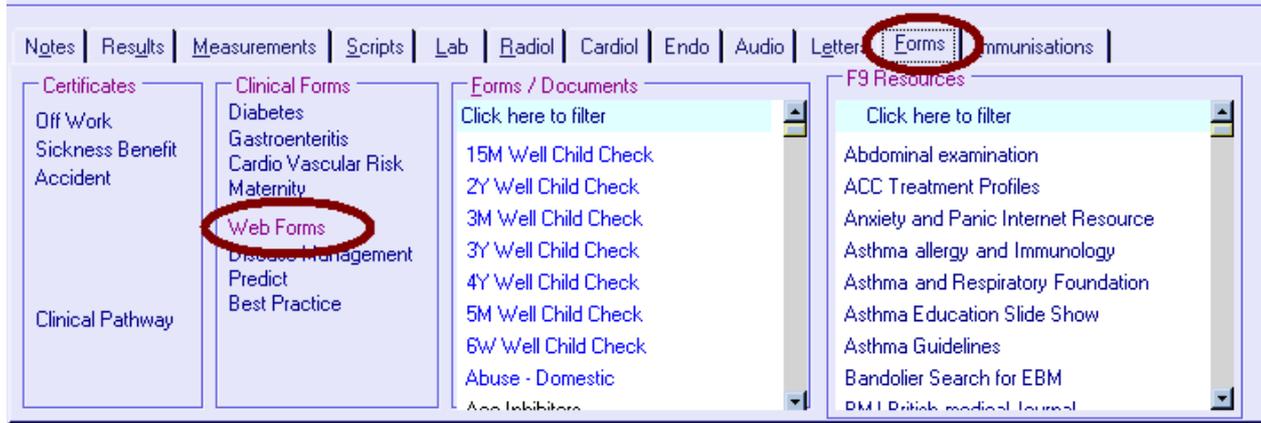


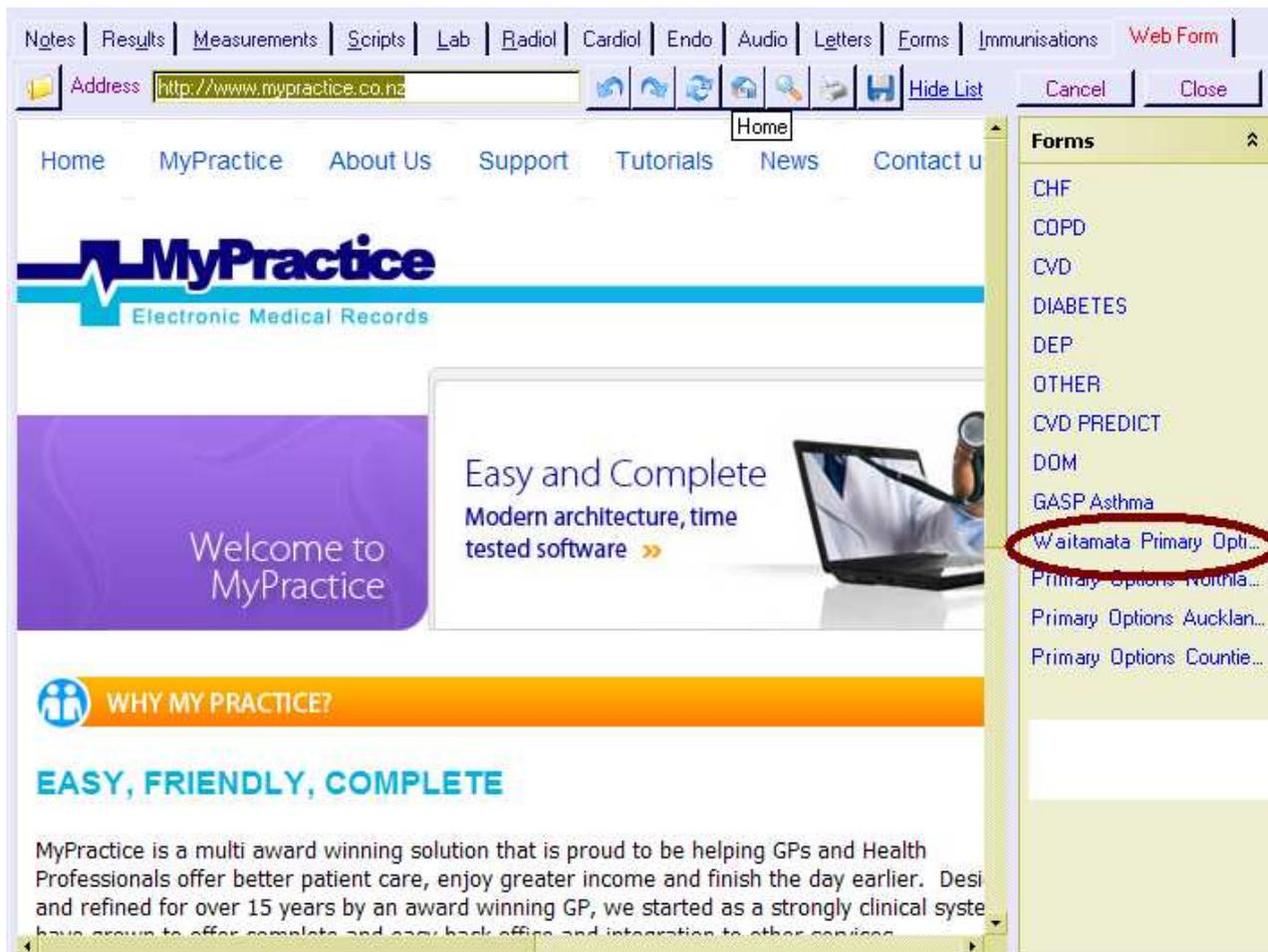
# Primary Options Information ForMyPractice.NET Users

## STEP 1: Goto Web Forms

Choose Forms Tab, then Click Web Forms



## STEP 2: Select the appropriate Primary Options Service



## STEP 2: NEW REFERRAL

Click "New Referral"

Notes | Results | Measurements | Scripts | Lab | Radiol | Cardiol | Endo | Audio | Letters | Forms | Immunisations | **Web Form**

Address | http://192.168.0.93:3001/pms/intro?PATIENT\_SUBURB=Mt%20Eden&PATIEN | Show List | Cancel

 **Primary Options** Phone 555 1234

Please select your action :-

- New Referral** Initiate a new referral [\[View On-Line Guidelines\]](#)
- Invoice Only** Add a Invoice to an existing case
- Outcome + Invoice** Complete the outcome for a case (optionally invoicing)
- Hospital Discharge with Medication Review** Add a post discharge review [\[Contact Us\]](#)
- Cellulitis Back Referral From ED** Initiate a new referral for IV Therapy
- Update Information** Add additional information to the case
- View Status Of Claims** View the current status of claims
- View Open Cases** View all open cases (or cases requiring more information)
- Test Connection** Test connection is operational

## STEP 3: CONFIRM ELIGIBILITY

Confirm Eligibility then click proceeded.

Notes | Results | Measurements | Scripts | Lab | Radiol | Cardiol | Endo | Audio | Letters | Forms | Immunisations | **Web Form**

Address | http://192.168.0.93:3001/pms/intro?PATIENT\_SUBURB=Mt%20Eden&PATIEN | Show List | Cancel

**Primary Options** Phone 555 1234 [\[HOME\]](#)

**Confirmation of Eligibility (For a New Referral)**

- Patient resides with the **Your DHB** [\[View On-Line Guidelines\]](#)
- Patient would **normally be admitted** / referred to hospital for this episode of care or the hospital has referred the patient to you
- Patient will be **managed by you** or a colleague [\[Contact Us\]](#)  
or after hours A/M where necessary
- The period of care under is anticipated to be **3 days or less**
- This condition is **NOT** covered by Acc
- The anticipated cost of care will be under \$300 (otherwise prior approval is required)
- The Patient has been **informed and agrees** to information on this form and other information relating to this illness will be made **available to primary options** and sub-contracted health care providers.

**PROCEED WITH REFERRAL**

## Step 4 COMPLETE THE REFERRAL

Enter the Diagnosis, Coding, add notes then submit

The screenshot shows a web-based medical referral form. At the top, there is a navigation menu with tabs for Notes, Results, Measurements, Scripts, Lab, Radiol, Cardiol, Endo, Audio, Letters, Forms, Immunisations, and Web Form. Below the menu is an address bar with the URL: [http://192.168.0.93:3001/pms/intro?PATIENT\\_SUBURB=Mt%20Eden&PATIEN](http://192.168.0.93:3001/pms/intro?PATIENT_SUBURB=Mt%20Eden&PATIEN). The form is titled "Case" and contains the following fields:

- Case Ref #**: NW953904
- Provisional/Working Diagnosis**: A text input field with a red circle around it.
- Coding**: A dropdown menu with a red circle around it.
- Referral "New"**: A section with a date field set to 26/8/2010 and a "Relevant Clinical Information (Expand)" link.
- Information**: A section with the text "Please coordinate all Ultrasounds with PO".
- Organisation**: Millstone Family Practice. Cbd p: 09 333 1111 f: 09 379 9188 pho: Harbour PHO.
- Provider**: Marcus Welby #REG123. A red circle highlights the "SUBMIT REFERRAL TO PRIMARY OPTIONS" button at the bottom.

## Step 5 Lodge/Save Form into MyPractice

Finally Click OK and the form will be saved in MyPractice.NET,

