
Creating a Referral / Request

The following topics are covered below:

- Creating a referral
- Managing referrals
- Cancelling an existing referral

FOLLOW THE STEPS BELOW TO CREATE A NEW REQUEST

1. Login to the CHOC Referral Portal with your username and password
2. From the CHOC Referral Portal Home page click CREATE REFERRAL button
3. On the next screen, make the following selections:

- **Select Your Referring Location**
- **Select a Specialty / Diagnostic Service**
- **Select a Preferred CHOC Location** or select **No Preference** from the list
- **Select CHOC Preferred Provider** (optional)

4. Click  and answer the screening questions that appear on the next few windows.

5. Complete the required fields on the SURVEY TAB (if any) and click SERVICE INFO to complete the rest of the request as follows:



- **Select a Patient:** Click the patient search button to open the SEARCH PATIENT dialogue box. Before adding a new patient, first search for the patient to see if their record already exists in CHOC Referral Portal.

– **To search for a patient:**

1. Enter all or part of the patient's first and/or last name in the keyword box. Entering more information will narrow the search results OR Enter the patient's date of birth.
2. Click the SEARCH button to return results. Select a patient from the search results. If the results do not return a matching patient, you will need to create a new patient record.

– **To create a new patient:**

1. From within the SEARCH PATIENT dialogue box, Select NEW PATIENT button to open the Create Patient window. At a minimum, complete the required fields identified in orange text:
 - a. Last Name
 - b. First Name
 - c. Birth Date
 - d. Sex
 - e. Phone

f. **IMPORTANT: PRIMARY LOCATION SHOULD REFLECT THE REFERRING PROVIDER LOCATION.**

- Once all patient updates have been made, click SAVE to return to the SERVICE INFO tab.

6. **Complete the Service Info Required Fields as follows:**

- **Reason for Exam:** Summarize the referral reason in a few words.
- **Referring Physician:** Click ADD button to search for a name or manually enter a name as free text in the space selected.
- **Contact #:** Phone number of the person entering the request
- **Primary Care Provider:** Enter if different from the referring provider.
- **Insurance Information:** Click the **ADD AND VIEW** button to open insurance details OR add attachment with the details, including a front and back copy of the medical card.

Additional Fields: There are many other visible fields that do not require entry from the requester, but that may be used if needed such as:

- **Ordering Physician:** Additional physician name, not the referring provider or PCP
- **Communication Log:** Open text box for entering additional information that would be helpful for the scheduler, special requests, etc.
- **Attachments Tab:** The attachments window can be accessed by clicking the ATTACHMENTS tab at the top of the screen. Use this window to attach supplemental documents to the request if necessary.

Screenshot below is a sample of a completed request.

The screenshot displays a web-based form titled "Create New Referral" for a patient named Lasher, Mackenzie. The form is organized into several sections:

- PATIENT INFO:** Includes Patient Id (3812), Last Name (LASHER), First Name (MACKENZIE), Middle Name, Birth Date (4/4/2003), Sex (F), and Preferred Languages.
- MRN:** A field for the Medical Record Number.
- REFERRAL INFORMATION:** Contains Request #, Specialty (Cardiology), Current Status, Reason For Exam (Enlarged heart), Referring Location (Orange Doctors of Kids & Teens), Referral Type (EXTERNAL), Request Date/time (11/19/2019 16:05), Providing Location (CHOC Children's Clinic- Specialty Care), and Priority (Routine).
- Personnel:** Fields for Referring Physician, Ordering Physician, Contact #, and Primary Care Provider.
- Communication Log:** A text area for additional notes.
- INSURANCE INSTRUCTIONS:** A section with an "Add and View" button.
- Bottom Section:** Fields for Referral Order Description and Reason For Exam.

- Once you've verified that all the information entered is correct scroll to the bottom of your screen and select SUBMIT this request.

SAVE VS SUBMIT Hint: Clicking the SAVE button will save the request in DRAFT status and **DOES NOT SUBMIT** the request to be processed. Saved requests will remain on the requester's DRAFTS list indefinitely or until the requester opens the request and clicks SUBMIT.

Clinical Scenario for Saving: Referral draft started but you are waiting for labs results to attach. Save and once lab results are received attach to referral request and then Submit referral.

Managing & Viewing Referrals

Once a referral has been submitted, use the following functions to continue to manage the status of your referral and/or add additional information as needed.

MY REQUESTS QUEUE

My Request(s):

SEARCH FILTER

RECEIVING SITE: All Sites
 REQUEST DATE:
 PT NAME:
 PT #:
 PRIORITY: All Priorities
 SPECIALTY: All Specialties
 STATUS: Draft
 GO

Found: 13 Displaying 1-13

ID	RECEIVING SITE	REQUEST DATE	PATIENT NAME	REASON FOR EXAM	SPECIALTY	STATUS
57440	Orange Doctors of Kids & Teens	11/14/2019 2:07:01 PM	except, joanna	test	Infectious Disease	Accepted by Financial Coordinator
57437	Orange Doctors of Kids & Teens	11/14/2019 11:20:05 AM	MOUSE, MICKEY	abd pain	Gastroenterology	Accepted by Financial Coordinator
57436	Orange Doctors of Kids & Teens	11/14/2019 4:23:48 AM	PALANIVELRAJAN, GARVIK	Pain	Gastroenterology	Approved for Scheduling
57378	Superkids Pediatrics	11/8/2019 3:24:24 PM	ECEPTIONIST, NEWTHREE	migraine	Neurology	Scheduled
57377	ORG GASTROENTEROLOGY	11/8/2019 2:40:21 PM	ECEPTIONIST, ALEX	test	Metabolic Clinic	Scheduled
57367	Superkids Pediatrics	11/7/2019 11:15:46 AM	except, jackie	short stature	Endocrinology	Schedule
57365	ORG Endocrinolog	11/6/2019 10:57:01 AM	ECEPTIONIST, ULSH	test	Endocrinology	Scheduled
57360	Superkids Pediatrics	11/5/2019 3:33:39 PM	ECEPTIONIST, ULSH	Fainting	Neurology	Scheduled
57319	Breathmobile (Centrum)	10/21/2019 1:45:28 PM	ITEST, ALEX	test	Neurology	Scheduled
57303	Breathmobile (Placentia)	10/9/2019 10:10:26 AM	TEST, PATIENT MSPQ	test	Neurology	Scheduling in Progress
57302	Breathmobile (Costa Mesa)	10/9/2019 9:46:10 AM	Test, Baby	test	Neurology	Scheduled
57299	AC Psychology	10/9/2019 9:01:59 AM	TEST, PATIENT	test	Neurology	Scheduled
57296	CHOC Children's Specialists Pulmonology, Pomona	10/8/2019 1:27:30 AM	Fax, Delegate	FROM UNKNOWN FAX#	Gastroenterology	Schedule

Found: 13 Displaying 1-13

Visit the MY REQUESTS page to view a list of all the referrals that you have submitted to CHOC and their current status.

DRAFTS PAGE

The drafts page is a list of draft referrals. Any referrals listed on this screen have NOT been submitted to CHOC.

INCOMING LIST

Incoming Request(s):

SEARCH FILTER

REQUEST ID#
 PRIORITY: All Priorities
 CITY:
 REQUEST DATE RANGE: 11/11/2019 - 11/19/2019
 SPECIALTY: 72 selected
 REFERRING LOCATION: 166 selected
 PATIENT NAME:
 REFERRAL STATUS: All Status
 MRN:
 FOLLOWED BY: All Followed By
 GO

Found: 18 Displaying 1-15

FLAG	RECEIVED DATE	WAIT TIME	AGE	MRN	PRIORITY	CITY	PATIENT NAME	SPECIALTY / SERVICE	INSURANCE PLAN AUTHORIZATION	REFERRING LOCATION	PREFERRED LOCATION	FOLLOWED BY	REQUEST STATUS	REFERRAL ORDER DESCRIPTION
	11/13/2019 9:31:20 AM		27		Routine	Fullerton	taylor except	Cardiology	sigma 55555	Orange Doctors of Kids & Teens	CHOC Children's Clinic- Specialty Care, Orange	Gina Cadogan	Schedule	
	11/14/2019 4:23:48 AM	25 Days	1	3790451	Routine	LAKE FOREST	GARVIK PALANIVELRAJAN	Gastroenterology		Orange Doctors of Kids & Teens	CHOC Children's Health Center, Corona	PAC Scheduler	Approved for Scheduling	
	11/14/2019 11:20:05 AM	25 Days	9		Urgent	Orange	MICKEY MOUSE	Gastroenterology		Orange Doctors of Kids & Teens	CHOC Children's Health Center, Corona		Need	

The Incoming List will only include referrals that have been submitted to CHOC and assigned back to the referring practice. For example, if CHOC needs more patient information, they may assign the referral back to you in the Request More Info status.

CANCELING A REQUEST

My Request(s):

SEARCH FILTER

RECEIVING SITE: All Sites--
 REQUEST DATE:
 PT NAME:
 SPECIALTY: All Specialties
 PT #:
 STATUS: Draft
 PRIORITY: All Priorities
 GO

Found: 13 Displaying 1-13

ID	RECEIVING SITE	REQUEST DATE	PATIENT NAME	REASON FOR EXAM	SPECIALTY	STATUS
57440	Orange Doctors of Kids & Teens	11/14/2019 2:07:01 PM	ecept, jaanna	TEST	Infectious Disease	Accepted by Financial Coordinator
57437	Orange Doctors of Kids & Teens	11/14/2019 11:20:05 AM	MOUSE, MICKY	abd pain	Gastroenterology	Accepted by Financial Coordinator
57436	Orange Doctors of Kids & Teens	11/14/2019 4:23:48 AM	PALANIVELRAJAN, GARVIK	Pain	Gastroenterology	Approved for Scheduling
57378	Superkids Pediatrics	11/8/2019 3:26:24 PM	ECEPTIONIST, NEWTHREE	migraine	Neurology	Scheduled
57377	ORG GASTROENTEROLOGY	11/8/2019 2:40:21 PM	ECEPTIONIST, ALEX	test	Metabolic Clinic	Scheduled
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57365	ORG Endocrinology	11/6/2019 10:57:01 AM	ECEPTIONIST, ULSH	TEST	Endocrinology	Scheduled
57360	Superkids Pediatrics	11/5/2019 3:33:39 PM	ECEPTIONIST, ULSH	Fainting	Neurology	Scheduled
57319	Breathmobile (Centrum)	10/21/2019 1:45:28 PM	ZTEST, ALEX	test	Neurology	Scheduled
57303	Breathmobile (Placental)	10/9/2019 10:10:26 AM	TEST, PATIENT MSPQ	test	Neurology	Scheduling in Progress
57302	Breathmobile (Costa Mesa)	10/9/2019 9:46:10 AM	Test, Baby	test	Neurology	Scheduled
57299	AC Psychology	10/9/2019 9:01:59 AM	TEST, PATIENT	sofalk	Neurology	Scheduled
57296	CHOC Children's Specialists Pulmonology, Pomona	10/8/2019 1:27:50 AM	Fax, Delegate	FROM UNKNOWN FAX#	Gastroenterology	Schedule

Found: 13 Displaying 1-13

From MY REQUESTS page click on the referral to open.

Edit Referral

Ecept, Redwings Born 12/2/2016 (3 yrs) Gender M NHS No. 3790723

REFERRAL INFORMATION ATTACHMENTS SURVEY TASKS INTERACTION APPOINTMENT AUDIT

PATIENT INFO

Patient Id 12902

Last Name Ecept First Name Redwings Middle Name

Birth Date 12/2/2016 (Age: 3 yrs) Sex M Preferred Languages

MRN 3790723

REFERRAL INFORMATION

Request # 57527 Specialty Rheumatology [Rheumatology Referral Guidelines](#) Current Status MD Triage

Reason For Exam Rule out Lupus Referring Location Orange Doctors of Kids & Teens Referral Type EXTERNAL

Request Date/time 12/2/2019 13:59 Providing Location CHOC Children's Clinic- Specialty Care, Orange Priority Routine

Coordinator Consultant Preferred Provider

Referring Physician Ordering Physician Contact #

Primary Care Communication

LETTERS ADD INFO DRAW EMAIL ADD REMINDER TRACKING REPORT EMAIL HISTORY

DECLINE **CANCEL** ASSIGN FOR SCHEDULING SAVE CHANGES DEFER READY TO SCHEDULE SEND FILES TO CERNER

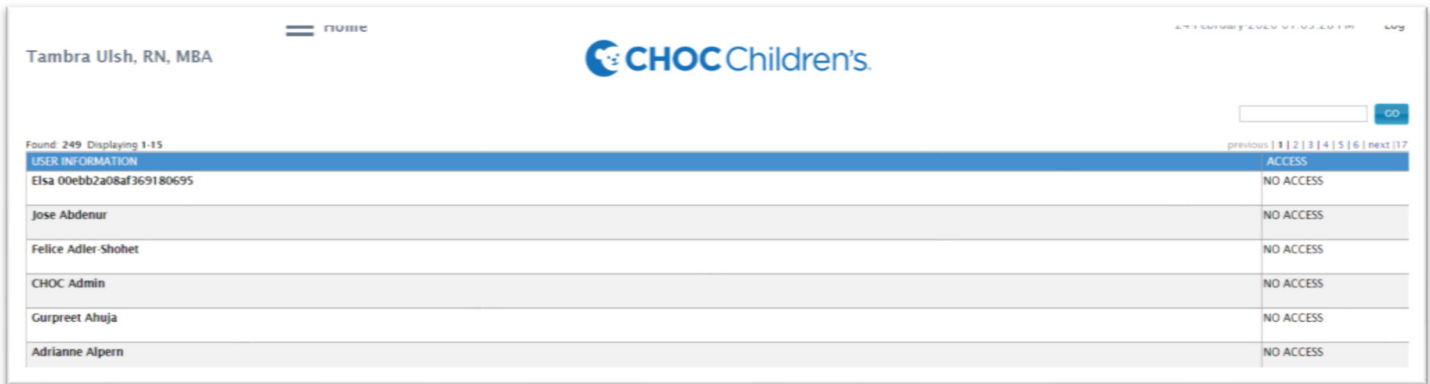
Click cancel.

GIVING PROXY/ALIASING

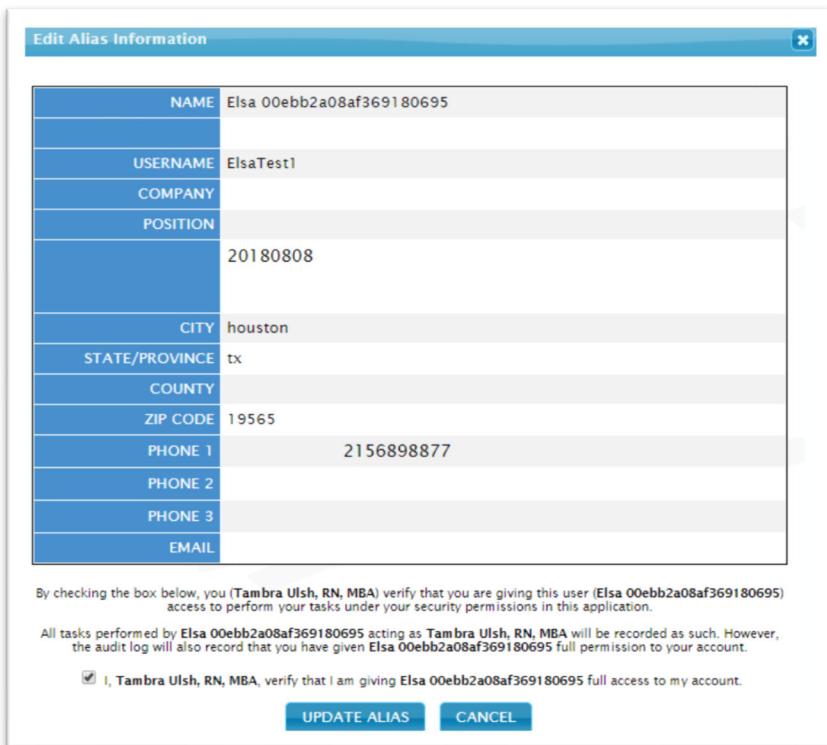
To give a member of your team access to your account, follow the steps below.



From the Alias menu section, select **Give Access**



Click on the user that you would like to give access to.



A screenshot of a form titled "Edit Alias Information". The form contains fields for user details: NAME (Elsa 00ebb2a08af369180695), USERNAME (ElsaTest1), COMPANY, POSITION, 201 80808, CITY (houston), STATE/PROVINCE (tx), COUNTY, ZIP CODE (19565), PHONE 1 (2156898877), PHONE 2, PHONE 3, and EMAIL. Below the form is a checkbox with the text "I, Tambra Ulsh, RN, MBA, verify that I am giving Elsa 00ebb2a08af369180695 full access to my account." and two buttons: "UPDATE ALIAS" and "CANCEL".

Check the verify box and click update alias.