

Healthy Development Services (HDS) Clinician Referral Workflow in Epic via Communication Management

- 1) If routing the letter via Communication Management (Comm Mgt) from within an existing encounter, click on the Comm Mgt navigator section and click on the 'New Communication' button.
- 2) Under Recipients, type "HDS" in the 'Add' field and select the correct region to whom you will be faxing the letter (based on the family's home zip code – reference zip code chart to identify region/lead organization).
- 3) Instead of the typical Consult letter or Rx. Request letter, Click on the 'Other' button to pull up the HDS Clinician Referral Form
- 4) Type in "HDS" in the lookup field and hit 'Enter' (note: you can make this a favorite so it comes up more easily)
- 5) Once the HDS Referral letter appears on your screen, use your F2 key to navigate through the fields, entering the necessary information.
 - a. You will notice that some patient demographic information (highlighted below in green) will automatically pull into the letter.
 - b. In the fields that contact checkboxes, you will want to click inside the checkboxes to select the necessary items/answer.
- 6) Upon completing the form, click on the appropriate button to trigger the action you would like to take (Send, Pend, Send upon closing encounter, etc.)

Healthy Development Services Clinician Referral Form					Date: 4/25/2013
Please fax referrals to regional lead fax numbers listed below. See list of zip codes for regional boundaries.					
Central	East	North Central	North Coastal	North Island	South
(619) 544-0308	(619) 444-0884	(858) 259-3570	(858) 259-3570	(760) 796-6822	(619) 600-4613
Patient allergies and contraindications					
To: (Agency): Central HDS, Family Health Centers		Contact person:	Phone:	Fax:	
From (Agency/Referral Coordinator):		Contact person:	Phone:	Fax:	
Referring Clinician: ALYSSA R NEEDLEMAN, AUDIOLOGIST					
Child's Name: Referral Hds		DOB: 7/17/2007	Sex: male		
Address: 1 Main St. San Diego CA 92110					
Home Phone: 617-617-6177			Alternate Phone:		
Primary Language: English			Insurance Carrier: Payor: BLUE CROSS Plan; BLUE CROSS HEALTHY FAMILIES Product Type: Healthy Families		
Child's Ethnicity: White or Caucasian					
Caregiver's Name:			Foster Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Caregiver's Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other			Relationship to Child:		
Developmental Screening/Assessment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Copy Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional Referrals Initiated (PT, OT, Speech, Insurance, Eval., etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please describe:		
Developmental/Behavioral Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, please describe:		
Services Requested (optional): <input type="checkbox"/> Developmental Services <input type="checkbox"/> Behavioral Services <input type="checkbox"/> Parent Education, Support & Empowerment Classes <input type="checkbox"/> Hearing <input type="checkbox"/> Vision					
Consent for Release of Information: I, _____, authorize the organizations listed above to contact me regarding the child listed above for the purpose of delivering the services requested. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral for this child.			Autorización Para Dar y Recibir Información: Yo, autorizo a las agencias indicadas para comunicarse conmigo sobre los servicios requeridos y relacionados a mi hijo/a. Entiendo que con este documento doy permiso para intercambiar solamente la información indicada, perteneciente a la coordinación de servicios para mi hijo/a.		
Verbal Consent Obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No					
BELOW TO BE COMPLETED BY RECIPIENT					
Recipient will confirm receipt of referral within 2 business days and provide a status update within 30 days.					
An appointment has been scheduled for:			No appointment scheduled because:		