# How do I switch between a patient's referral forms?



Why would I need to switch between forms

Patients can have multiple care type referrals in process at any given time. If you have access to more than one care type, you may wish to start a new care type referral, or review existing care type referrals

### Step 1

Access the patient record. Please view the 'How do I edit or update a referral?' guide.

# Step 2

Click the Client Details (2) tab.

### Step 3

Click the **manage (3)** link. This will open the **Select Care Type** page.

# Step 4

From here you can switch to an existing referral, or start a new referral:

- To switch to an existing referral for this client/patient, click the **Select Existing (4a)** button for the referral care type you would like to access.
- To start a new referral for this client/patient, press 'Start New Referral' (4b).

| ssessmentboard >          | Client Details                                                    | Go Back            | Help      | Dashboard      |           | Switch To     | athWays |
|---------------------------|-------------------------------------------------------------------|--------------------|-----------|----------------|-----------|---------------|---------|
| 2 board >                 | Go Back                                                           | нер                | Dashboard | Home           | Switch To | Log Out       |         |
| All tabs are complete. Ye | ou may visit Send and Manage F                                    | Referrals, tab     |           |                |           |               |         |
| Client Details 🖉 Demog    | raphics 🛛 🖉 Community Form                                        | Uploaded Files (0) | ) 🖉 se    | and and Manage | Referrals |               |         |
| a Profile Report a P      | Profile History Report                                            |                    |           |                |           |               | e Sa    |
| Care Type                 | Community Services (manage                                        | <b>~</b> 5         |           |                |           | Place On Hold |         |
| Name                      | 999test999, Lyka CSS Feb 22                                       | 2016               |           |                |           |               |         |
| Health Card Number        | No identifier                                                     |                    |           |                | 8         | Deactivate    |         |
| MRN                       | 0005765(StrataHealth)                                             |                    |           |                | <b>A</b>  | Decease       |         |
| CHRIS ID                  |                                                                   |                    |           |                |           |               |         |
| Responsible Person(s) *   | <ul> <li>Filter by TEST - Referral S</li> <li>Show All</li> </ul> | ender              |           |                |           |               |         |
|                           | Obial, Lyka                                                       |                    |           |                |           |               |         |
|                           | Remove Responsible Pe                                             |                    |           |                |           |               |         |
| Other Interested Parties  |                                                                   |                    |           |                |           |               |         |
| Referral Owner            | TEST - Referral Sender                                            |                    |           |                |           |               |         |
| Profile Status            | Complete - Sent                                                   |                    |           |                |           |               |         |
| Start New Referral Date   | February 22, 2016 13:29                                           |                    |           |                |           |               |         |
| Last Assessed Date        | February 22, 2016 0                                               |                    |           |                |           |               |         |

| Acting as: TEST - Referral Sender 📕 Date (              | te, Training.<br>S: <u>TEST - Referral Sender</u><br>Viewing client: 999test999, Lyka CSS Feb 22, 2016<br>Date Of Birth: N/A<br>Health Card Number: No identifier |                 |  |           |                                        |                                     | strata<br>PathWays™ |     |  |  |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|-----------|----------------------------------------|-------------------------------------|---------------------|-----|--|--|
| Assessment > <u>Dashboard</u> > <u>Client Details</u> > |                                                                                                                                                                   | Go Back Help    |  | Dashboard | Home                                   | Switch To                           | Log Out             | Q   |  |  |
| Existing care types                                     |                                                                                                                                                                   |                 |  |           |                                        |                                     |                     |     |  |  |
| Care type St                                            |                                                                                                                                                                   | Status          |  |           |                                        |                                     |                     |     |  |  |
| CCAC Referral(Historical)                               | Comp                                                                                                                                                              | Complete - Sent |  |           | -4a                                    | $\rightarrow$ .                     | Select Existi       | ng  |  |  |
| Community Services(Historical)                          |                                                                                                                                                                   | Complete - Sent |  |           |                                        | <ul> <li>Select Existing</li> </ul> |                     |     |  |  |
| Other care types                                        |                                                                                                                                                                   |                 |  |           |                                        |                                     |                     |     |  |  |
| Care type                                               |                                                                                                                                                                   |                 |  |           |                                        |                                     |                     |     |  |  |
| CCAC Referral                                           |                                                                                                                                                                   |                 |  |           |                                        | 0                                   | Already exis        |     |  |  |
| CLHIN - Request for CCAC Services                       |                                                                                                                                                                   |                 |  |           | 4b —                                   | > o Sta                             | t New Refer         | ral |  |  |
| CNAP Application                                        |                                                                                                                                                                   |                 |  |           |                                        | O Sta                               | t New Refer         | ral |  |  |
| Community Services                                      |                                                                                                                                                                   |                 |  |           |                                        | 0                                   | Already exis        | sts |  |  |
| Convalescent Care                                       |                                                                                                                                                                   |                 |  |           | <ul> <li>Start New Referral</li> </ul> |                                     |                     |     |  |  |
| LTCH Application                                        |                                                                                                                                                                   |                 |  |           |                                        | O Sta                               | t New Refer         | ral |  |  |
| Outpatient Rehab - TJR                                  |                                                                                                                                                                   |                 |  |           |                                        | O Sta                               | t New Refer         | ral |  |  |
| Palliative Care                                         |                                                                                                                                                                   |                 |  |           |                                        | O Sta                               | t New Refer         | ral |  |  |
| Rehab/CCC                                               |                                                                                                                                                                   |                 |  |           |                                        | O Sta                               | t New Refer         | ral |  |  |
| Retired - Rehab/CCC Application                         |                                                                                                                                                                   |                 |  |           |                                        | O Sta                               | t New Refer         | ral |  |  |
| Short Stay Respite Application                          |                                                                                                                                                                   |                 |  |           |                                        |                                     | t New Refer         |     |  |  |