

Guide to generating Victorian Statewide Referral Form (VSRF) – revised 2006

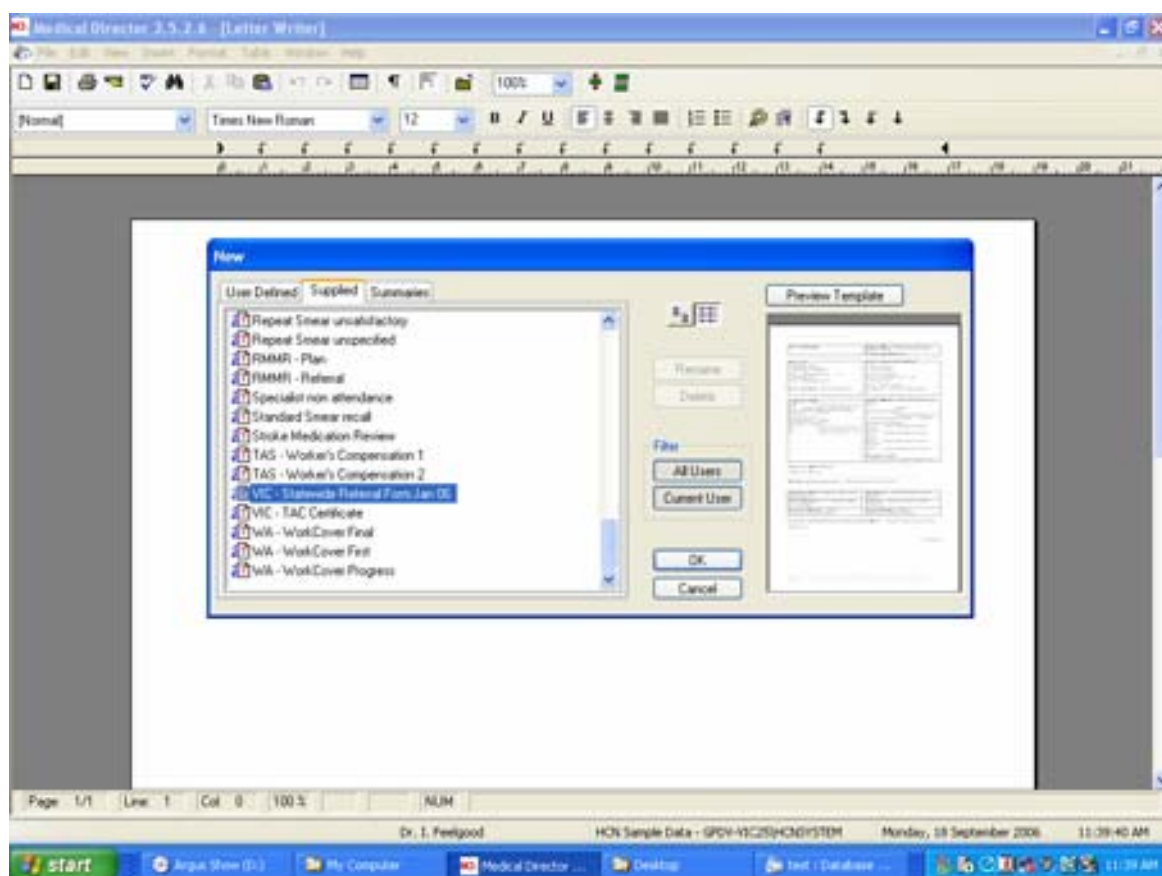
This is a brief guide to the use of the Victorian Statewide Referral Form (2006) as implemented in Medical Director. The guide has been prepared by the GP Engagement Working Group that advised DHS on the revised VSRF. The purpose of the VSRF template is to provide a standardised mechanism for referral from General Practice to State funded Health Providers. The format and content is somewhat different to a routine General Practitioner's referral letter but with minimal effort transfer of relevant, information is easily produced. General Practitioners are encouraged to use this template as a replacement for the multitude of service specific referral forms.

As would be expected in all quality medical records in Medical Director:

- Perform appropriate consultation including notes in Medical Director.
- Check that the Medication List is accurate.
- Check that the Past History List is accurate.
- Update Social History - consider including Contact Person details in social History
- Check that patient demographic & social details are complete. ("Edit|Patient Details")
- Check that Allergies/Smoking/Alcohol history is documented. ("Edit|Patient Details")

Steps specific for VSRF template

1. Open Letter Writer and select Vic Statewide Referral Form Jan 2006 as the template.



2. Select the desired service provider from the Address Book. The example shown is to the “Access Service”, being a centralised intake for aged care services.
3. Select relevant clinical notes including today’s!
4. Select relevant investigations. (Cancel for nil)
5. In the dialog box for “User Defined Fields” add relevant information. You will be invited to add:
 - date for patient review (selectable from the drop down calendar)
 - Service Requested. Note that many service providers offer a range of different service. Examples include Community Health Services offering physiotherapy, diabetic education and podiatry. The screen shot shows a referral to a “Falls Clinic”.
 - Alternative contact details if applicable.
 - Reason For Referral. This will usually be a short description of the problem.

Other details

- If you know of other “Current Services” add them to the other notes section. Alternatively leave as the default of “Nil”.
- The interpreter sections should be completed if necessary (mostly the defaults will be adequate).
- The default Consent response is “Yes” which indicates that patient has given informed consent to sharing all information in the referral. An additional template – Patient Consent form – is supplied for formal recording of verbal and/or written consent. The default response will only need to be changed under exceptional circumstances such as when there is an overriding legal imperative that negates the need for consent.

Medical Director 2.86 - [Letter Writer]

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Date of Birth: 12/12/1939
 Preferred Name/s: Adrian
 Sex: Male
 Title: Mr

Phone: 9784 1111
 Work:
 Mobile:
 Email:

Alternative Contact:
 Daughter: Mrs Joan Jones, 0412 123456

Reason for patient referral:
 Assessment and management of falls in the context of proximal myopathy

Other Notes (eg Current services): Nil

Interpreter required: 1 - Interpreter not needed	DVA Number:
Preferred language is:	Insurance:
Pension Card Number:	Medicare Number: 3010 45677 2 / 8

Consent to referral and sharing of relevant information: Yes

Dr. Geoffrey Campbell

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6. Add extra information into the body of the letter as necessary eg regarding the “Reason for patient

referral".

7. Save and send the letter.

8. Save file. Send appropriately such as electronically, fax, post, hand to patient.