



A series of helpful guides provided by the Information Technology Department

Patient Registration – Admin Staff

IT/eMR Training & Support

Patient Intake/Registration

After receiving a referral from a doctor, the patient needs to be registered for intake into the Rehab program. The first step in the process is to complete the **Kids Rehab Intake Registration** form in PowerChart. This will begin the information collection process to allow for a clinician to assess the patient's suitability for the rehab program.

Patient Registration and Encounter

- Perform a patient search to determine if the referred patient already exists in PowerChart.
- If required, add the patient in Patient Management (PM).



Information: For detailed instructions on how to add a person via Patient Management and how to add an encounter, please refer to the <u>Quickstarts</u> on Learning.kids.

If the patient already exists in PowerChart:

• Check the patient has a SCHN MRN. To do this, look at the encounter list after searching for the patient. If Royal Alexandra Hospital for Children appears in the encounter list, the patient is an existing SCHN patient, with a SCHN MRN.

MBN	Deceased	Family Nar	ne, First Name	MBN	Sex Da	e of Birth 🛛 A	Age	Medicare	Address	Suburb	Post Code		
	2	FITZY, To	ny	1203349	Male 07/	12/2009 4	4 Years	12312312310	U 34 226 Windsor Rd	WINSTON HILLS	2153		
Family Name, First Name:													
fitzy													
Date of Birth:													
Sex:													
I∐													
Medicare:													
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Search Reset													
	Patient Alert	Client			MRN	Eno Ture	a Eina	uncial Class	Admitting Dector	Med Service Ada	sitData [[Disch Date	Location
		Roval Ale	exandra Hospita	l for Childrer	1203349	Outpatier	nt Bulk	Bill - OPD	Morrow, Angela	Rehabilitation 02/	04/2014 10:40	2/04/2014 23:59	Rehab Clin CAC
	-Á	Royal Ale	exandra Hospita	I for Children	n 1203349	Inpatient	Vet	Affairs - Overnigh	it Waugh, Mary Clare	Rehabilitation 14/	03/2014 11:40		Clancy Ward

- Check for current or recent encounters.
 - If the patient was referred as an inpatient, find the relevant inpatient encounter and double click to enter this encounter.
 - Click on the **Ad Hoc** charting button to begin the Intake Registration form in this encounter.
- If there are no current or recent encounters, double click the most recent encounter in the list. After the patient's chart has opened, click on the **Ad Hoc** charting button to begin the Intake Registration form



Kids Rehab Intake Registration Form

This form is used by Admin staff to register a patient for intake. Once completed, this form will create a task in the **Kids Rehab Intake** task list.

- In a current encounter for the patient, click the Ad Hoc button in the toolbar.
- Click on the **Rehabilitation Service** folder.
- In the list of forms on the right, double click on **Kids Rehab Intake Registration**. Alternatively, click in the box so that it is ticked, and click the **Chart** button in the bottom right corner of the window.



The Intake Registration form will open.

s Rehab Intake Registration - FITZY, Tony									
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Registratio									
	Intake R	egistration							
MRN: 1203349 FITZY, Tony Home Ph: Address: ∪ 34_226 Windsor Rd_NSW	Sex: M Age: 4 Years DOB: Mobile: 2153	07/12/2009 Interpreter: Language: English							
Referral Source									
These fields are used to populate correspondence. Please consider correct format when documenting name & address details									
Referrer Name		Referrer Service Name							
			Format: Suburb State Postcode (without con						
Referrer Service Street		Referrer Service Suburb							
Referrer Phone		Referrer Fax							
Referrer Type	Children's Hospital al Westmead CHW Inpatients (Kids Rehab) Synhey Children's Hospital General Practitioner Paediatrician Other hospital Selt/Family Community Other	Referral Source (ABF)	Specialist Practice General Practice Heavhere in this Hospital Other Outpatient Clinic Other hospital Other Non Hospital Emergency Department Self Not Available						
CHW Service Identifier	C Brain injury O Spina Bilida O Spina Bilida - Antenatal O Musculoskeletal O Limb Clinic	Date of Referral (to Rehab) Referral Received Date (in Rehab)	13/06/2014						
	Limb Clinic - Antenatal Spinal Cord Cerebral Palsy Movement Disorder	Current Setting of Care							

- 1. Ensure you have the correct patient by checking the details in the patient demographics bar at the top of the form.
- 2. Fill in the form as required.
- 3. When completing the **Referrer Service Suburb**, please enter the address in the format: **Suburb State Postcode** (with NO commas). This field is used to create letters. To ensure the address appears correctly on the letters, the above formatting is required.
- 4. Sign the form by clicking on the green tick \checkmark in the top left corner.
- 5. Enter your password and click **OK** to sign the form.

Once signed, the form will close and a task will be created in the **Kids Rehab Intake** task list. A clinician will pick up the task from the intake list and gather more information for the intake form.

AdHoc