

How to Enter Patient Notes

IT/eMR Training & Support

Patient Progress Notes



AdHoc Forms contains several rehab forms for entering consult notes and details for certain clinics and Allied Health consults. The available forms include:

- Kids Rehab Case Management Notes
- Kids Rehab Limb Clinic Notes
- Kids Rehab Clinical Psychology Notes
- Kids Rehab Neuropsychology Notes
- Kids Rehab Nursing Notes
- Kids Rehab Medical Notes
- Kids Rehab Physiotherapy Notes
- Kids Rehab Social Work Notes
- Kids Rehab Occupational Therapy Notes
- Kids Rehab Speech Pathology Notes

These forms contain areas for entering free text comments and scores for various tests and assessments. Each form includes a referrals and actions page for referring the patient to other rehab services if needed; a page for ABF statistics and billing information; and a page for compensable billing through CTP or LTCS.

Doctor Documentation

For Limb Clinic, Spinal and Spina Bifida Clinic, and Botulinum Toxin Clinic, complete the appropriate form to document details of the clinic. The below forms also include ABF statistics and referral pages:

- Kids Rehab Limb Clinic Notes.
- Kids Rehab Spinal and Spina Bifida Clinic.



Information: For detailed information on the Botox clinic forms and workflow, please see the Botox Clinic Quickstart on [Learning.kids](#).

For all other clinics or consultations, there are several forms that may be required. Dictate the report or letter as usual for uploading to PowerChart. Other forms that need to be completed may include:

- **Kids Rehab Referrals and Statistics**
 - Complete this form to record ABF statistics if you have not completed stats in a different form for the patients visit.
- **Kids Rehab General Outcomes & Assessments**
 - Complete this form if any assessments need to be recorded for the patient. This form does not contain a statistics section which will need to be completed separately.
- **Kids Rehab Medical Classification**
 - This form captures diagnostics codes, classifications and assessment scores. It must be completed for every patient. This form does not contain a statistics section which will need to be completed separately.

Referrals & Actions Page

This page of the form allows you to refer the patient to other clinics or particular health professionals.

Some referrals will be sent to Task Lists or Scheduling request lists automatically, some need to be made manually. The information below provides more detail.

Selecting **Triage List** will send a Triage task onto the Rehab Referral List for the selected Team or Clinic. This **does not** schedule an appointment.

Selecting an **Appointment** option on this form will send a request through to Scheduling Request List for an appointment to be booked at the medical clinic for that service.

Referrals to external teams and services need to be made manually. The requests do not automatically go to scheduling.

Refer to External / Combined Services*	<input type="checkbox"/> CTD/Genetics	<input type="checkbox"/> Urology	Referrals to these services will not occur automatically, and must be followed up through manual processes
	<input type="checkbox"/> Neuromuscular Clinic	<input type="checkbox"/> Neurosurgery	
	<input type="checkbox"/> Peripherally Neuropathy Clinic	<input type="checkbox"/> Outreach	
	<input type="checkbox"/> Rehabilitation Orthopaedic Clinic	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Orthopaedics		

Referrals to allied health rehab clinics and groups will send a task to their Triage lists.

Nursing & Allied Clinics	Botox	BI	CPMD	Limb/MSK	SB	SCI	Inpatient	Reason for Referral
	Select a Reason for Referral, or type a response if it is not in the list							
CNC	<input type="radio"/> Triage List		<input type="radio"/> Triage List		<input type="radio"/> Triage List	<input type="radio"/> Triage List	<input type="radio"/> Triage List	
Physiotherapy	<input type="radio"/> Triage List	<input type="radio"/> Triage List	<input type="radio"/> Triage List	<input type="radio"/> Triage List				
Occupational Therapy	<input type="radio"/> Triage List	<input type="radio"/> Triage List	<input type="radio"/> Triage List					
Social Work		<input type="radio"/> Triage List	<input type="radio"/> Triage List					
Speech Pathology		<input type="radio"/> Triage List						
Case Management		<input type="radio"/> Triage List						
Neuropsychology			<input type="radio"/> Triage List <input type="radio"/> New Appointment					
Clinical Psychology			<input type="radio"/> Triage List <input type="radio"/> New Appointment					
Groups								
Hip Surveillance	<input type="radio"/> Triage List				Sibling Group		<input type="radio"/> Triage List	
Gym Group	<input type="radio"/> Triage List				School Starters Group		<input type="radio"/> Triage List	
Camp Group	<input type="radio"/> Triage List				High School Transition		<input type="radio"/> Triage List	

Statistics & Billing Page

This is the page where you enter your ABF information and Billing information for your patient. Completion of this page is mandatory to be able to sign off the form. Some information is carried across from other forms or pages. Please check that the information is correct.

- Intellectual Function
- Attention
- Referrals & Actions
- Statistics & Billing**
- Compensable Activity

Kids Rehab Triage - STARK, Tony

*Performed on: 13/06/2014 1411

Statistics & Billing

MRN: 1203327 STARK, Tony Sex: M Age: 4 Years DOB: 14/12/2009 Interpreter: No
 Home Ph: Mobile: Language: English
 Address: 1 Badgerly Ave NSW 2140

Patient Service <input type="radio"/> Brain injury <input type="radio"/> Cerebral Palsy Movement Disorder <input type="radio"/> Limb <input checked="" type="radio"/> Musculoskeletal <input type="radio"/> Neuromuscular <input type="radio"/> Peripheral Neuropathy <input type="radio"/> Spina Bifida <input type="radio"/> Spinal Cord	Program Identifier <input type="radio"/> Botox - Medical Clinic <input type="radio"/> Brain Injury - Medical Clinic <input type="radio"/> Cerebral Palsy Movement Disorder - Medical Clinic <input type="radio"/> ITB - Medical Clinic <input type="radio"/> Limb - Medical Clinic <input type="radio"/> Musculoskeletal - Medical Clinic <input type="radio"/> Neuromuscular - Medical Clinic <input type="radio"/> Peripheral Neuropathy - Medical Clinic <input type="radio"/> Spina Bifida - Medical Clinic <input type="radio"/> Spinal Cord - Medical Clinic <input type="radio"/> Botox - Non-Medical <input type="radio"/> Brain Injury - Non-Medical <input type="radio"/> Cerebral Palsy Movement Disorder - Non-Medical <input type="radio"/> ITB - Non-Medical <input type="radio"/> Limb - Non-Medical <input type="radio"/> Musculoskeletal - Non-Medical <input type="radio"/> Neurodevelopmental - Non-Medical <input type="radio"/> Spina Bifida - Non-Medical <input type="radio"/> Spinal Cord - Non-Medical	Patient Status <input type="radio"/> Inpatient <input checked="" type="radio"/> Outpatient																
Provider Location <input type="radio"/> Hospital (includes phone calls) <input type="radio"/> Home Visit <input type="radio"/> Outreach - Community Health Centre <input type="radio"/> Outreach - Interstate <input type="radio"/> Outreach - Other Hospital <input type="radio"/> School/Pre-School/Day Care <input type="radio"/> Other	Consultation Type <input type="radio"/> Phone <input type="radio"/> Email <input type="radio"/> Face to face <input type="radio"/> Letter <input type="radio"/> Fax <input type="radio"/> Tele-medicine <input type="radio"/> Case Management/ Case Planning <input type="radio"/> Case Conference	Referral Source <input type="radio"/> Specialist Practice <input type="radio"/> General Practice <input checked="" type="radio"/> Elsewhere in this Hospital <input type="radio"/> Other Outpatient Clinic <input type="radio"/> Other hospital <input type="radio"/> Other Non Hospital <input type="radio"/> Emergency Department <input type="radio"/> Self <input type="radio"/> Not Available																
Financial Class This patient has a Kids Rehab Compensable Details form completed, identifying them as being eligible for Lifetime Care and Support . The latest approved period ends 28/02/2013 . As the approved period for Lifetime Care cover has expired, please check that another approval or adjustment to approval dates is in progress, or select another Financial Class below.		Date of Referral (to Rehab) 11/12/2013 Referral Received Date (in Rehab) 11/12/2013 Episode Start Date [dropdown] Right-click the box for Reference Text definitions Initial or Subsequent Consult <input checked="" type="radio"/> Initial Consult <input type="radio"/> Subsequent Consult																
Is there billable activity to be entered for this consult/intervention? <input checked="" type="radio"/> Yes <input type="radio"/> No			<input checked="" type="radio"/> Non Chargeable (No Medicare claim) <input type="radio"/> Privately Referred (Medicare claim) <input type="radio"/> Lifetime Care and Support (LTCS) <input type="radio"/> Private (Self-funded) <input type="radio"/> Motor Accident <input type="radio"/> Transcover <input type="radio"/> Other Compensable <input type="radio"/> Veterans Affairs <input type="radio"/> Overseas/Ineligible <input type="radio"/> Workers Compensation															
Clinicians in Attendance <input checked="" type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9 <input type="radio"/> 5 <input type="radio"/> 10	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Provider Type</th> <th>Time Spent</th> </tr> </thead> <tbody> <tr> <td>1 Petit, Lindsay</td> <td>[dropdown]</td> <td>min</td> </tr> <tr> <td>2</td> <td>[dropdown]</td> <td>min</td> </tr> <tr> <td>3</td> <td>[dropdown]</td> <td>min</td> </tr> <tr> <td>4</td> <td>[dropdown]</td> <td>min</td> </tr> </tbody> </table>			Name	Provider Type	Time Spent	1 Petit, Lindsay	[dropdown]	min	2	[dropdown]	min	3	[dropdown]	min	4	[dropdown]	min
Name	Provider Type	Time Spent																
1 Petit, Lindsay	[dropdown]	min																
2	[dropdown]	min																
3	[dropdown]	min																
4	[dropdown]	min																

Compensable Details

The box below is auto-populated. This example text below shows the default wording if no Compensable Details form has been completed. This doesn't mean the patient has been deemed ineligible, it may just mean the Compensable Details form has not been completed yet.

This patient has **NOT** been identified as being eligible for Lifetime Care & Support or CTP schemes.

The example below indicates that a Compensable Details form has been completed. The text will change depending on the status of the patient's situation.

This patient has a Kids Rehab Compensable Details form completed, identifying them as being eligible for **Lifetime Care and Support**. The latest approved period ends **30/05/2014**. However records indicate the invoice has been sent.

Compensable Activity

The Compensable activity page becomes mandatory to complete if either **Motor Accident** or **Lifetime Care and Support (LTCS)** were checked as the Financial Class in the Statistics & Billing page.

- Intellectual Function
- Attention
- Referrals & Actions
- * Statistics & Billing
- ➔ Compensable Activity

Financial Class	<input type="radio"/> Non Chargeable (No Medicare claim) <input type="radio"/> Overseas/Ineligible <input type="radio"/> Veterans Affairs <input checked="" type="radio"/> Lifetime Care and Support (LTCS) <input type="radio"/> Privately Referred (Medicare claim) <input type="radio"/> Workers Compensation <input type="radio"/> Motor Accident <input type="radio"/> Private (Self-funded) <input type="radio"/> Other Compensable <input type="radio"/> Transcover
------------------------	---

The Compensable Activity page will automatically pop-up if required. The **Tracking of Documented Activity** area displays the total amount of minutes approved for specific clinical services.

Compensable Activity

MRN: 1202953	BROWN, Rebecca Anne	Sex: F	Age: 12 Years	DOB: 07/01/2002	Interpreter: No
Home Ph: 0243990910		Mobile:		Language: English	
Address: 69 Highview Ave NSW 2262					

Tracking of Documented LTCS Activity

Kids Rehab Compensable DetailsFORM_ID45774370

LTCS Code	Resource	App Date	App End Date	App Mins
LTCS119 - Neuropsychology Ax		01/04/2014	30/06/2014	600

Enter the details of the compensable billing activity performed in the **Compensable Billing Activity for This Visit** section.

Compensable Billing Activity for This Visit

Check the Compensable Scheme for this patient - do not enter both CTP and LTCS items on the 1 row
Right-click to add rows as needed

*Provider	LTCS Code/Description	CTP Code/Description	*Minutes	Not Billable?	Case Manager?
<Alpha>	<Alpha>	<Alpha>		<Alpha>	<Alpha>

- Click on the Provider <Alpha> to select which clinician performed the consult. A box will appear with numbers 1-10.

*Provider	LTCS	Result Details
<Alpha>	<Alpha>	Provider <input checked="" type="radio"/> 1 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 9 <input type="radio"/> 4 <input type="radio"/> 10 <input type="radio"/> 5 <input type="radio"/> 6

The Provider is the number of the clinician entered in the Statistics and Billing page (example below). If you are the only provider, the number will be 1.

Clinicians in Attendance	<input checked="" type="radio"/> 1 <input type="radio"/> 6 <input type="radio"/> 2 <input type="radio"/> 7 <input type="radio"/> 3 <input type="radio"/> 8 <input type="radio"/> 4 <input type="radio"/> 9 <input type="radio"/> 5 <input type="radio"/> 10	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Name</th> <th style="width: 45%;">Provider Type</th> <th style="width: 50%;">Time Spent</th> </tr> </thead> <tbody> <tr> <td>1 Test, Rehab Dept Personnel</td> <td>Neuropsychologist</td> <td>30 min</td> </tr> <tr> <td>2</td> <td></td> <td>min</td> </tr> <tr> <td>3</td> <td></td> <td>min</td> </tr> <tr> <td>4</td> <td></td> <td>min</td> </tr> </tbody> </table>	Name	Provider Type	Time Spent	1 Test, Rehab Dept Personnel	Neuropsychologist	30 min	2		min	3		min	4		min
Name	Provider Type	Time Spent															
1 Test, Rehab Dept Personnel	Neuropsychologist	30 min															
2		min															
3		min															
4		min															

- Next, select a LTCS or CTP code. Enter ONLY a CTP code OR a LTCS code in one line. If you need to enter another code, create another row. To create another row, right click the table area and select **Add Row**.
- Enter the minutes spent with the patient.



Signing off your Form

When you have completed all the required fields, click on the tick in the top left corner to sign the form-you will be prompted to enter your password. This sends the appropriate messages to other Task Lists or Scheduling Request Lists as requested.

* Statistics & Billing

If you have left any mandatory fields blank, the system will prompt you. Please be aware that the pop up box does not clearly tell you which field you have left blank. The screen will re-load to one of the incomplete mandatory fields. Incomplete mandatory fields will have a yellow background. There will also be a red star next to the page name if there is a mandatory field that is incomplete.