

### How do I complete my Triage Form?

To view your pending Triage patients, ensure you have your Rehab Referral Task List set up correctly. Refer to the **Rehab Referral List Setup Quickstart** for help.

Once the Intake Officer has completed the intake form, a Triage task will populate on the Rehab Referral Task List. Each clinic has their own triage form in the list.

You can click on the *Task Description* heading to sort by the task name, so all your own triage forms are listed together.

| Rehab Referrals                       |                       |         |              |   |             |                         |  |
|---------------------------------------|-----------------------|---------|--------------|---|-------------|-------------------------|--|
| Departmental View, Assigned Tasks     |                       |         |              |   |             |                         |  |
| Rehab Referrals                       |                       |         |              |   |             |                         |  |
| Task retrieval completed              |                       |         |              |   |             |                         |  |
| <input type="checkbox"/> All Patients | Location/Room/Bed     | MRN     | Name         | Task Description                        | Task Status | Scheduled Date and Time |  |
| <input checked="" type="checkbox"/>   | OphthalmologyL3       | 0749252 | TESTER, LUKE | Kids Rehab Triage Limb Clinic           | Pending     | 23-06-2014 14:47        |  |
| <input checked="" type="checkbox"/>   | Clancy Ward / 05 / 08 | 1203360 | IDOL, Billy  | Kids Rehab Case Management Brain Injury | Pending     | 23-06-2014 10:39        |  |
| <input checked="" type="checkbox"/>   | BAGGINS, Bilbo        |         |              |   |             |                         |  |
| <input checked="" type="checkbox"/>   | Clancy Ward / 05 / 08 | 1203360 | IDOL, Billy  | Kids Rehab Triage Limb Clinic           | Pending     | 23-06-2014 10:39        |  |
| <input checked="" type="checkbox"/>   | Clancy Ward / 05 / 08 | 1203360 | IDOL, Billy  | Kids Rehab Triage Brain Injury          | Pending     | 20-06-2014 12:02        |  |

Double click on the patient you want to triage to open their Triage form. You will see on the left hand side menu that there are four pages to this form.

**Rehab2Kids Triage - TEST, Kylie**

\*Performed on: 06/03/2019 1509

**Triage**

MRN: 20000021 TEST, Kylie Sex: F Age: 5 Years DOB: 03/09/2013 Interpreter: MC: 25598973171  
 Home Ph: 0299999999 Mobile: Language: English LOC: 2S - Neuro/Orthopaedic SCH, 03  
 Address: Shop 2 2 Albert St RANDWICK NSW 2031

**Last documented Rehab2Kids Intake Clinical**

Rehab2Kids Intake Clinical Entered On: 14/01/2019 15:50  
 Performed On: 14/01/2019 15:48 by French, Kylie

**Intake Clinical**

Date of Referral (to Rehab) : 24/08/2018  
 Referral Received Date (in Rehab) : 26/08/2018  
 Referrer Name : DrJohnston  
 Referrer Service : Malabar Medical  
 Referrer Service Street : 5 Malabar Rd  
 Referrer Service Suburb : Malabar  
 Referrer Type : Community Other  
 Referral Source (ABF) : Community Health (Non-Residential)  
 SCH Service Identifier : Brain injury  
 CDS Source of Referral : BIRP  
 CDS Referral Unit : IBIS  
 Referral Setting of Care : Community  
 Current Setting of Care : Outpatient

Referrer Name: DrJohnston  
 Referrer Service Street: 5 Malabar Rd  
 Referrer Service Suburb: Malabar

**Referral Outcome**

Yes - letter required  
 Yes - letter not required (internal referral)  
 Consult/Review  
 No - not accepted, refer to other service  
 No - out of area  
 No - does not meet criteria

Some of the information is pre-populated from the Rehab Intake Clinical Form. Please check that this information is correct.

The first page requires you to select whether the referral has been accepted.

- Select the appropriate option in the yellow box.

Yes - letter required  
 Yes - letter not required (internal referral)  
 No - not accepted, refer to other service  
 No - out of area  
 No - does not meet criteria

- ✓ Triage
- Problem List
- Referrals & Actions
- \* Statistics & Billing

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



## Referrals & Actions Page

This page of the form allows you to request an appointment, refer the patient to other clinics and document the need for particular health professionals.

Please refer to the **Referrals and Actions Quickstart** for instructions on completing this form ([Insert link once finalised](#)).

## 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.

Please refer to the **Statistics and Billing** for instructions on completing this form ([Insert link once finalised](#)).

## 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.

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.