

Diagnostic Imaging Ocean eReferral tip sheet

Completing the Nuclear Medicine eReferral form

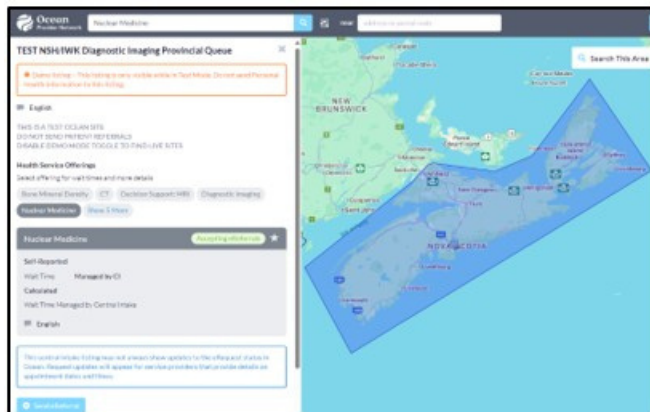
For referring providers

Overview

This guide will provide information about the nuclear medicine eReferral form and how to complete the individual sections. It is important that the information be as complete as possible to avoid delays in the Diagnostic Imaging (DI) review process for triaging the nuclear medicine eReferral.

Steps/procedure

To preview and practice using the form, click this link: [Diagnostic Imaging Nuclear Medicine eReferral Form Preview](#).



From the Healthmap:

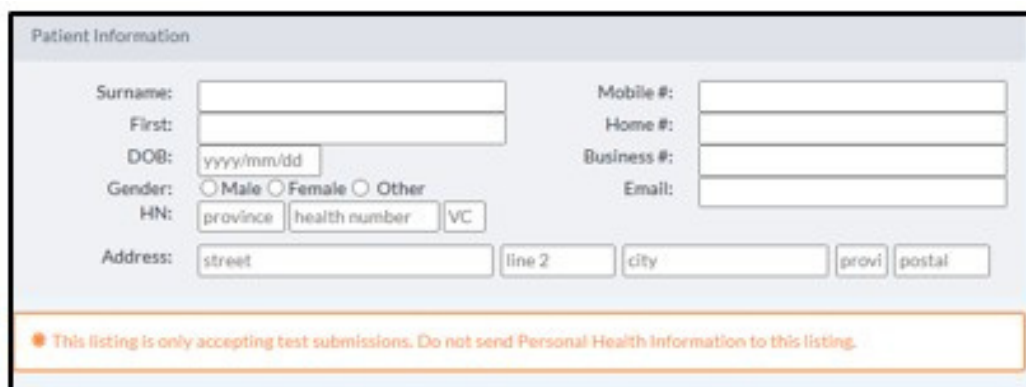
- In the search field, type in Nuclear Medicine, then click the magnifying glass icon.
- Select the NSH/IWK - Diagnostic Imaging Provincial Queue.
- Click the Nuclear Medicine button, then click “Send eReferral” button.
- The Nuclear Medicine eReferral form will be displayed.

Other actions:

- Click the “Add to Favourites” button to display this site automatically.

Note on the Wait Time section: The displayed calculation may not be accurate, as many patients with faxed requests are still waiting for appointments.

Patient information:



The screenshot shows a 'Patient Information' form with the following fields:

- Surname: [text box]
- First: [text box]
- DOB: [text box with placeholder 'yyyy/mm/dd']
- Gender: ☐ Male ☐ Female ☐ Other
- HN: [text box] province [text box] health number [text box] VC [text box]
- Address: [text box] street [text box] line 2 [text box] city [text box] provi [text box] postal [text box]
- Mobile #: [text box]
- Home #: [text box]
- Business #: [text box]
- Email: [text box]

Below the form, there is a warning message in an orange box: "This listing is only accepting test submissions. Do not send Personal Health Information to this listing."

If the eReferral was launched from an electronic medical record system (EMR), confirm that the patient information has been correctly included from the EMR.

If the eReferral was launched from Ocean directly, fill in the “Patient Information” section.

Note: Please include the patient’s email address. The eReferrals tool can send notifications to the patient via email with updates to the status of their eReferral. This greatly simplifies the processing time for the eReferral from the time of receipt until exam day.

Additional patient information:

* Indicates a required field

Additional Patient Information

Weight:

kg

lbs:

Transportation mode:

Isolation precautions (select all that apply):

☐ Falls risk

☐ Lift required

☐ Interpreter required

☐ Visual impairment

☐ Hearing impairment

Additional patient information:

☐ Show additional demographics

☐ Patient under age of 19

☐ Show additional contact information

☐ WCB / Research

Complete all fields relevant to the patient.

See below for the fields that display for each of the four sections circled.

Additional demographics:

☒ Show additional demographics

Name used (if different from above):

Pronouns (select all that apply):

Biological Sex:

Gender identity (select all that apply):

These fields are not mandatory on the form, but if inclusion of the information is relevant to the **patient, they should be included.**

Patient/caregiver information:

A screenshot of a form section titled "Parent / Caregiver Information". At the top, there is a checkbox labeled "Patient under age of 19" which is checked. Below the title, there are six input fields arranged in three pairs. The first pair is for "Parent / Caregiver contact name:" and "Parent / Caregiver contact phone #:". The second pair is for "Parent / Caregiver contact email:" and "Additional Parent / Caregiver contact name:". The third pair is for "Additional Parent / Caregiver contact phone #:" and "Additional Parent / Caregiver contact email:". Each field is represented by a white rectangular box with a thin border.

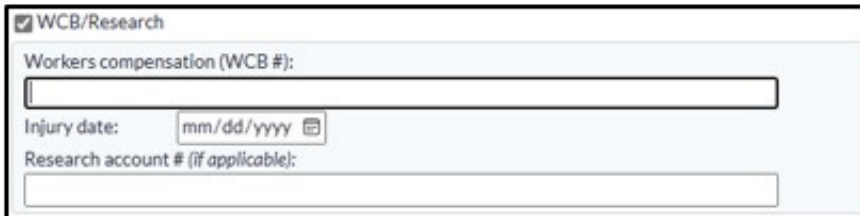
If the patient is under age 19, please complete this information so the DI Team has it available on exam day.

Additional contact:

A screenshot of a form section titled "Additional Contact". At the top, there is a checkbox labeled "Show additional contact information" which is checked. Below the title, there is a line of text that reads "This person may be contacted if we cannot reach the patient". Following this text are three input fields: "Additional contact name:", "Additional contact phone #:", and "Additional contact email:". Each field is represented by a white rectangular box with a thin border.

If there is someone that the DI team should contact if they are unable to reach the patient, please enter the information here.

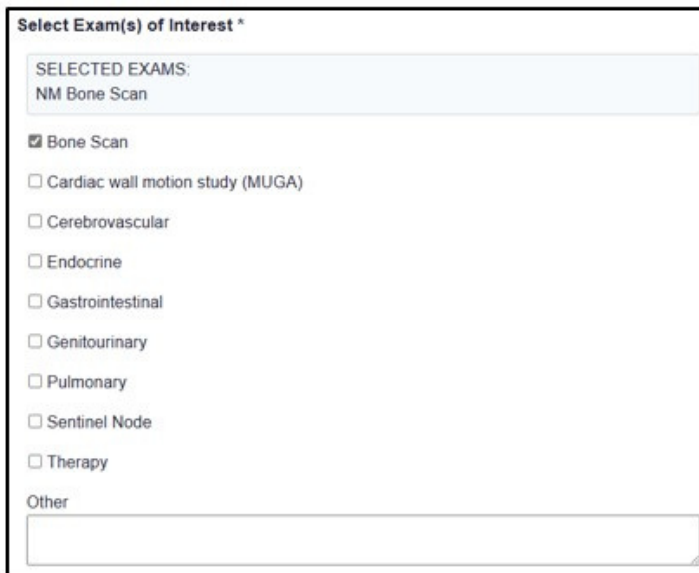
Workers compensation board / research:



A screenshot of a form section titled "WCB/Research". It contains three input fields: "Workers compensation (WCB #):", "Injury date: mm/dd/yyyy" (with a calendar icon), and "Research account # (if applicable):".

If the patient is going through the Workers Compensation Board (WCB) or through a research program, please complete this information so the DI Team has it available.

Select exam(s) of interest:



A screenshot of a form section titled "Select Exam(s) of Interest *". It features a "SELECTED EXAMS:" box containing "NM Bone Scan". Below this is a list of checkboxes for various exams: "Bone Scan" (checked), "Cardiac wall motion study (MUGA)", "Cerebrovascular", "Endocrine", "Gastrointestinal", "Genitourinary", "Pulmonary", "Sentinel Node", and "Therapy". At the bottom, there is an "Other" label and an empty text input field.

This section is mandatory.

Select the exam (e.g., Bone Scan). A second area may open below if more information is required for that Exam. This information will be displayed in the “Selected Exam Box” above.

Most Nuclear Medicine exams must be performed independently. If you would like to submit more than one Nuclear Medicine exam for a single patient, it is recommended that you submit two separate eReferrals.

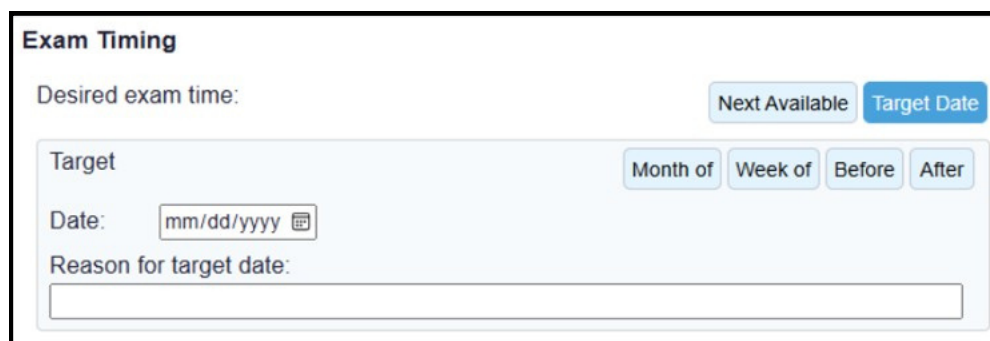
Additional clinical information:

Additional Information		
Patient Pregnant?	<input type="button" value="No"/>	<input type="button" value="Yes"/> <input type="button" value="Not Applicable"/>
Patient Breast Feeding?	<input type="button" value="No"/>	<input type="button" value="Yes"/> <input type="button" value="Not Applicable"/>
Clinical Information *		
<input type="text"/>		
Previous Relevant Surgeries		
<input type="text"/>		
Previous Relevant Imaging		
<input type="text"/>		
Current Medications		
<input type="text"/>		

Complete additional information, as these are mandatory fields.

Please complete the Clinical Information, Previous Relevant Surgeries, and Previous Relevant Imaging sections relevant to the reason for this Nuclear Medicine eReferral.

Exam timing:



The screenshot shows a web form titled "Exam Timing". It has a section for "Desired exam time:" with two buttons: "Next Available" and "Target Date". The "Target Date" button is highlighted in blue. Below this, there is a "Target" section with four buttons: "Month of", "Week of", "Before", and "After". The "Month of" button is highlighted in blue. Under the "Month of" button, there is a "Date:" label followed by a date input field showing "mm/dd/yyyy" and a calendar icon. Below the date field is a "Reason for target date:" label followed by a text input field.

Select either “Next Available” or “Target Date”.

For “Target Date,” you will be asked to select the following additional info:

- Target – Month of, week of, before or after
- Date: Select date on calendar control
- Reason for Target Date – This is a mandatory field. Include why a target date is required for this patient.

Location:

Diagnostic Imaging Provincial Central Intake will help direct non-urgent eReferral patients to sites with the shortest wait times based on clinical urgency and willingness to travel. This ensures that patients get the right test sooner—improving continuity of care and supporting timely treatment planning.

To support this, it is important for providers to discuss willingness to travel with patients at the time the eReferral is being submitted. **If the sites selected under the location section are not accurate, the patient may be scheduled at a site they are not willing to travel to.**

Location

Preferred Site:

QEII (Halifax)
IWK (Halifax)
Cape Breton Regional Hospital (Sydney)
Aberdeen Hospital (New Glasgow)
Colchester East Hants Health Centre (Truro)
South Shore Regional Hospital (Bridgewater)
Valley Regional Hospital (Kentville)
Yarmouth Regional Hospital (Yarmouth)
St. Martha's Regional Hospital (Antigonish)

Is the patient willing to travel to other sites?

- Under the Preferred Site section, select the zone and then the site that is the patient's first choice for their appointment.
- If the patient is willing to travel to receive a sooner appointment, answer "yes" to the "Is the patient willing to travel to other sites?" If the patient is not willing to travel to any other site, click "no" and the patient will be routed to their preferred site selection.
- If "yes" is selected, a list of alternate travel zones and sites will appear. You may select more than one option on this list if the patient is willing to travel to more than one alternate site.
- If the patient is willing to travel anywhere in the zone or province, please click the applicable "Anywhere in Zone/Nova Scotia" button.

If your patient calls you with a request to travel to a different site or reschedule their appointment, please direct them to phone the provincial DI rebooking line at 1-844-I-REBOOK (1-844-473-2665).

Copy of results to:

If results need to go to someone else, list them here.

Add attachments:

If there are documents relevant to this eReferral, they can be attached here.

Referrer's information:

Referrer's Information

Ocean does not have your clinical contact information on file. If you enter it now, it will be available next time:

Site Name: TEST NSH/IWK Diagnostic Imaging
Address: line 1
line 2
City:
Province:
Postal Code:
Phone:
Fax:
Billing #:
Professional ID:
Signed: title and name
Role: Allied Health Professional

Copy of referral and status updates to: search directory...

Cancel Save for Later Send TEST Referral

If the clinical contact information was filled in when the Ocean account was created, it will appear here. If it is blank, please fill the information in to complete the eReferrals.

Going forward, update the information in My Account; it will automatically appear going forward.

Button actions:

Cancel – if clicked, the eReferral form will be closed WITHOUT saving.

Save for later:

Save for Later

Your message has been saved for later completion.

Please save the following link for later use when you are ready to resume completing the message:
<https://ocean.cognisantmd.com/referrals/NewReferral.html?siteNum=11711&refId=3a5df5af-110b-4306-b96a-33c909ea28cd5rIAccessKey=de893d96-00a4-445b-b29e-e172e6ead100>

Note: You will not be able to access your changes without this link. If you have an EMR, we recommend that you copy and paste it into a note.

The incomplete message will be saved for 30 days.

Done - I Have Saved This Link for Later Use
Cancel

The referral will be saved and displayed in the "Incomplete" folder within the eReferral tool, allowing easy access through the portal to complete it at a later time.

When the **“Save for Later”** dialog box is displayed, it will prompt you to copy the link. You can ignore this and click ‘X’ to close.

Send Referral:

When clicked, a check will be done to confirm if all mandatory fields have been completed.

- If they have not, a message will be displayed.
- If they have, then the eReferral will be submitted to the Diagnostic Imaging Provincial Central Intake for processing.