

# Diagnostic Imaging Ocean eReferral tip sheet

## Completing the Fluoroscopy/Interventional Radiology (IR) eReferral form

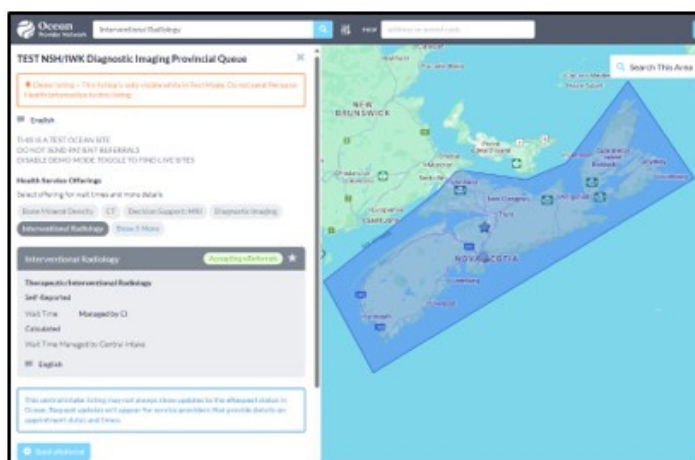
### For referring providers

#### Overview

This guide will provide information about the Fluoroscopy/Interventional Radiology (IR) 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 Fluoroscopy/IR eReferral.

#### Steps/procedure

To preview and practice using the form click this link: [Diagnostic Imaging Interventional Radiology/Fluoroscopy eReferral Form Preview](#).



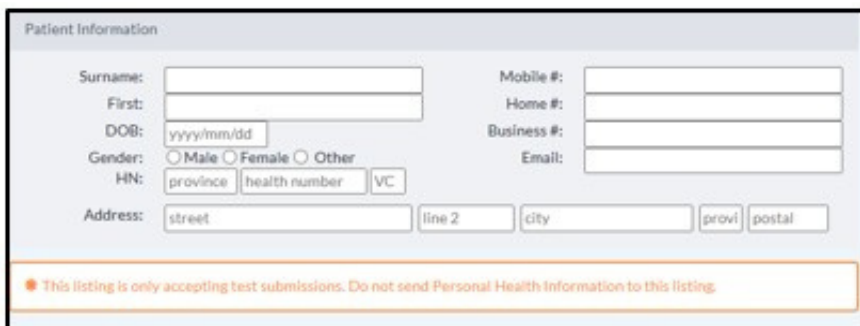
#### From the Healthmap:

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

### other actions:

**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 format yyyy/mm/dd]
- Gender: ☐ Male ☐ Female ☐ Other
- HN: [text box with dropdowns for province, health number, and VC]
- Address: [text box with dropdowns for street, line 2, city, provi, and postal]
- Mobile #: [text box]
- Home #: [text box]
- Business #: [text box]
- Email: [text box]

At the bottom of the form, there is a warning message: "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.

### Service:

This field will allow you to select a different eReferral form to complete. For example, if you select US on the Health Map, but wanted MRI, you can click on the drop-down list “Ultrasound” and select the “MRI” option. The form will change.

### Additional patient information:

If the information was transferred from the EMR, both pounds (lbs) and kilograms (kg) will be included in Ocean. If the patient's weight isn't displayed, enter it in either lbs or kg. The other value will be calculated automatically.

Complete all fields relevant to the patient.

\* 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

## Additional demographics:



☒ Show additional demographics

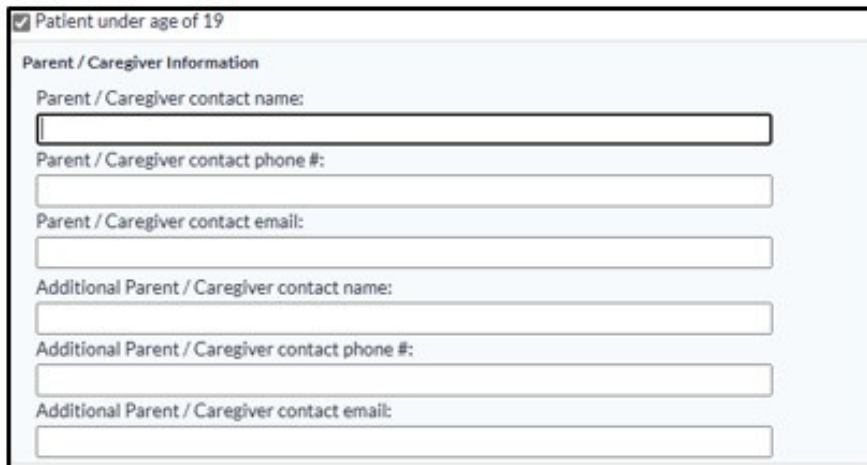
Name used (if different from above):

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 under age of 19

Parent / Caregiver Information

Parent / Caregiver contact name:

Parent / Caregiver contact phone #:

Parent / Caregiver contact email:


Additional Parent / Caregiver contact name:

Additional Parent / Caregiver contact phone #:

Additional Parent / Caregiver contact email:

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

### Additional contact:



☒ Show additional contact information

**Additional Contact**

This person may be contacted if we cannot reach the patient

Additional contact name:

Additional contact phone #:

Additional contact email:

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:



☒ WCB/Research

Workers compensation (WCB #):

Injury date:  

Research account # (if applicable):

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

## Selected exam(s) of interest:

**Select Exam(s) of Interest \***  
*Select all that apply:*  

SELECTED EXAMS:

☒ Gastrointestinal  

☐ Barium swallow  
☐ Water Soluble Contrast Swallow  
☐ Upper GI Series  
☐ Barium Enema  
☐ Water Soluble Contrast Enema  
☐ T-Tube Cholangiogram  
Other:

☐ Genitourinary  
☐ Injection / MSK  
☐ Fistulogram/Sinogram  
☐ Pediatric Specific  
☐ Biopsy  
☐ Joint Injection  
☐ Venous Access  
☐ Tube Change/Check  
Other

This section is mandatory.

When an exam is selected, (e.g., Gastrointestinal), a second section will appear below. From there, choose the specific exam. The information will be displayed in the “Select Exam” box above. You may select one or more areas or exams as required.

## Required patient history:

Required Patient History	
Is there an allergy to contrast media?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Include list of other allergies:	
<input type="text"/>	
Describe symptoms and severity of reaction:	
<input type="text"/>	
Can the patient provide consent?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Renal dysfunction?	<input type="button" value="No"/> <input type="button" value="Yes"/>
On Dialysis?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Patient history of congestive heart failure?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Diabetic?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Anticoagulants?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Antiplatelet?	<input type="button" value="No"/> <input type="button" value="Yes"/>
<b>Please Note</b>	
Recent pre-exam bloodwork may be required prior to the time of booking procedure.	
The following bloodwork may be required:	
<input type="checkbox"/> Creatinine <input type="checkbox"/> CBC <input type="checkbox"/> PT, INR, PTT <input type="checkbox"/> LYLES	

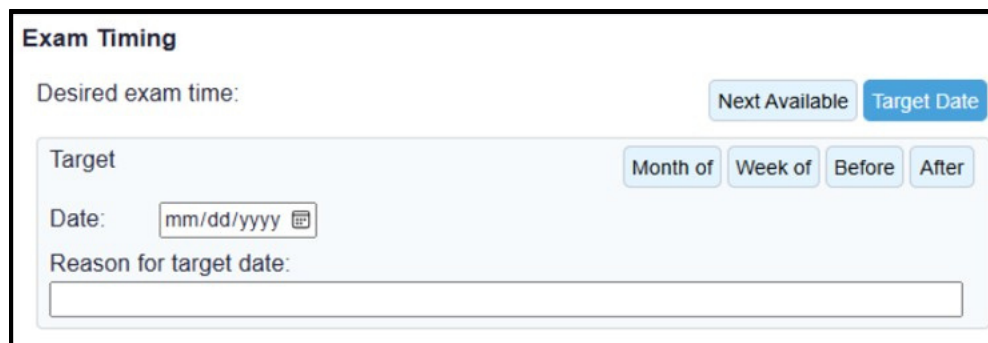
If an IR exam is selected from the Exam(s) of Interest List, a Required Patient History section will appear. These questions are mandatory for DI sites to schedule an IR exam.

## Additional clinical information:

<b>Clinical Information *</b>
<input type="text"/>
<b>Previous Relevant Surgeries</b>
<input type="text"/>
<b>Previous Relevant Imaging</b>
<input type="text"/>

Please complete the mandatory Clinical Information field, and include any Previous Relevant Surgeries and Previous Relevant Imaging that relate to the reason for this Fluoroscopy/IR eReferral.


### Exam timing:



**Exam Timing**

Desired exam time: Next Available Target Date

Target Month of Week of Before After

Date:  

Reason for target date:

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

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

- **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:

Western Zone
Central Zone
Northern Zone
Eastern Zone
IWK (Halifax)

Valley Regional Hospital (Kentville)
Soldiers' Memorial Hospital (Middleton)
Digby General Hospital (Digby)
Yarmouth Regional Hospital (Yarmouth)
South Shore Regional Hospital (Bridgewater)

Is the patient willing to travel to other sites?

☐ Anywhere in Nova Scotia

Western Zone
Central Zone
Northern Zone
Eastern Zone
IWK (Halifax)

☐ Anywhere in Northern Zone

Aberdeen Hospital (New Glasgow)
Colchester East Hants Health Centre (Truro)
Cumberland Regional Health Care Centre (Amherst)

- 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 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:**

The screenshot shows a web form titled "Referrer's Information". At the top, a message states: "Ocean does not have your clinical contact information on file. If you enter it now, it will be available next time:". The form contains several input fields: "Site Name" (pre-filled with "TEST NSH/IWK Diagnostic Imaging"), "Address" (with "line 1" and "line 2" sub-fields), "City", "Province", "Postal Code", "Phone", "Fax", "Billing #", "Professional ID", "Signed" (pre-filled with "title and name"), and "Role" (a dropdown menu currently showing "Allied Health Professional"). Below these fields is a text input for "Copy of referral and status updates to:" with a placeholder "search directory...". At the bottom, there are three buttons: a red "Cancel" button, a "Save for Later" button with a save icon, and a blue "Send TEST Referral" button with a right-pointing arrow icon.

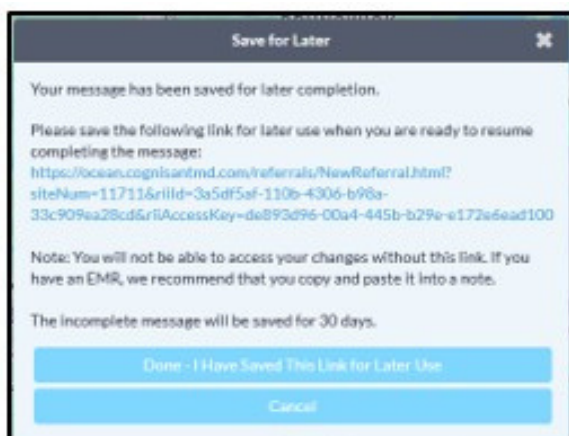
If the clinical contact information was entered when the Ocean account was created, it will appear here. If the fields are blank, enter the information to complete the eReferral.

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:



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.