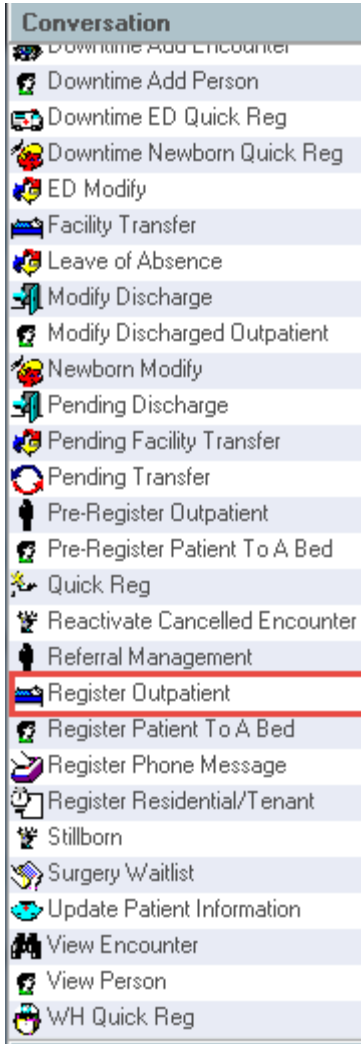


Steps to Register Telehealth and Phone Consult encounters

The **Register Outpatient** conversation allows for full registrations and/or modifications of full registrations for all active **Outpatient, Phone Consult, Telehealth, Minor Surgery, Outpatient OB, Recurring** patient types. This conversation is also used to fully register **pre-registered outpatient** encounters.

1. Double-click the **Register Outpatient** conversation from the conversation list bar.



2. Search for your patient using proper CST Cerner and EMPI search criteria and select your correct patient:
 - If a **Pre-Outpatient** encounter already **exists** for this patient, select it and click **OK**
 - If a **Pre-Outpatient** encounter **does not exist** for this patient, click **Add Encounter**

Person Search

BC PHN: 9876394277

MRN:

Last Name:

First Name:

DOB: **_**_****

Gender:

Postal/Zip Code:

Any Phone Number:

Encounter #:

Visit #:

Historical MRN:

Search Reset

MPI Search

VIP	Deceased	Alerts	BC PHN	MRN	Name	DOB	Age	Gender
			9876394277	760010013	REG-FOUNDATION, KATHERINE	1982-Feb-02	36 Years	Female

No encounters found.

OK Cancel Preview... Add Person Add Encounter

The **Organization** dialogue box will open.

3. Enter the location of your facility and click the **ellipsis** button. Select the **Facility/Unit** you require and click **OK**.

Organization

Please select the facility and/or client where you want to register the new encounter.

Facility Name Facility Alias

LGH

LGH Intensive Rehabilitation Outpatient Program

LGH Joint Replacement Access Clinic JRAC

LGH Lab Northmount

LGH Laboratory

LGH Lions Gate Hospital

Facility:

LGH Lions Gate Hospital

OK Cancel

4. Enter information into the **Register Outpatient** conversation:

- The Tabs (Patient Information, Encounter Information, Insurance, Insurance Summary, and Additional Contacts) will direct you to screens that need to be filled.
- Confirm all personal demographic information with the patient or family member(s) if possible.
- Mandatory fields are highlighted in yellow; however, fill in as many personal information fields as possible.

Medical Record Number: 700009189 Encounter Number: 7000000017096 Last Name: REG-FOUNDATION First Name: KAYLEY Middle Name: Preferred Name: Previous Last Name:

Maiden Name: Date of Birth: 02-Feb-1982 Age: 36Y Gender: Female BC PHN: 9876366031 Images

ALERTS | Patient Information | Encounter Information | Insurance | Insurance Summary | Additional Contacts

Address and Contact Information

Address Information: Previous Addr - Clear (c): Mailing Addr - Clear (c): Temporary/Secondary Addr - Clear (c):

Permanent Address: 34-780 2nd St E
Vancouver, British Columbia V8A 3J5
Canada Previous Address: Mailing Address (if different from Permanent): Temporary/Secondary Address:

Preferred Phone: Home Phone Number: 604973-2851 Mobile Phone Number: Work Phone Number: Work Extension: Alternate Phone Number: Email Address:

Personal Information

Marital Status: Religion: Language: Interpreter Required: VIP - Person Level:

BC Cancer Agency
Dual Modality:

ADDRESSING GUIDELINES:

Client's address: Record the client's Home Address in the Permanent Address section. If the client is visiting or temporarily relocated within the province, also record the temporary address, if available, in the Temporary Address section.

Address for Child in Foster Care: Record the Foster Family Address as the Home Address.

Address for Child in Temporary Care: Record the Physical Home Address of the child (ex: parents' address). Do not enter the address of the care facility.

Address for Person in Residential Care: Record the Physical Address of the Residence for a person residing in care (ex: Extended Care Facility, Mental Health Facility). If the address is not known, follow the "Unknown Address" rule.

- In the **Encounter Information Tab**, select **Encounter Type = Telehealth or Phone Consult as appropriate**.

Enter other fields like Medical Service, Reason for Visit, Primary Care Provider (PCP) and Referring Provider as appropriate.

- In the **Insurance Tab**, select the applicable insurance and fill in the accident information if the encounter is related to an accident.

MSP Eligibility

Verify Status: Yes Verify Date: 08-Feb-2018 Verify Time: 15:21

Inquire if patient has proof of other Provincial or Federal health insurance coverage (if YES, select Insured Resident)

UNINSURED Residency Information

Accident/Injury Information

Accident Related Visit?: Yes Work Related?: Accident Type: Accident Description: Accident Location: Accident Date: xx-xxx-xxxx Accident Time:

PRIMARY INSURANCE

Guarantor

Relationship to Patient: Self

Search for Health Plan

Health Plan Name: BC Resident MSP PHN Health Card/Claim Number: 9876391304 Effective Date: xx-xxx-xxxx Expiry Date: xx-xxx-xxxx

SECONDARY INSURANCE

- In the **Additional Contacts Tab**, enter the **Emergency Contact** and **Next of Kin**, if provided.

5. Click **Complete**.

6. Print documents as needed. Ex: Facesheet