

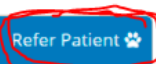
First Way to Refer a Patient and Send Records via the Portal

From your Portal homepage, search for a previously referred patient, then click on **Refer Patient** to the right of "Patient Information" in the blue header.

The referral form will open with client and patient fields pre-populated from the information previously provided.

Client Name	Rebecca L ...	Home Phone	813-334-...
Email	...e1@verizon.net	Work Phone	
Address	1451 ... Ave	Mobile Phone	813-334-...
City	Tampa	State	FL
		Zip	...

Patient Information (ID: 394)			
Name	Cassie	Breed	Retriever, Golden
Color	Gold/White	Weight	14.1 kilograms
Birthday	4/27/2017	Altered	No
Sex	Female	Species	Canine



Second Way to Refer a Patient and Send Records via the Portal

From your Portal homepage, click on **Refer Patient**.

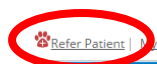
You may save your work and come back to it at any time, and you may update referral information even after the form is submitted to BluePearl.

PLEASE REMEMBER: This form is solely for your convenience. If you prefer, **call us** for a consultation or to refer your patient.

BluePearl Portal Login

Want quick help in using the Portal? Click [here](#) for a quick reference guide.

Welcome Back Forest Ridge Animal Hospital
Last Login on 9/28/2016 11:52:37 AM



Refer Patient | My Referrals | Patient Search | Profile & Settings | Password | Log Out

Patient Search

Tell Us What Service, What Hospital

The first page deals with what BluePearl hospital and what specialty service you are referring to.

There are required fields to complete on each page. On this page, the required fields are these:

- ✘ If there is more than one in your area, tell us the BluePearl hospital your client wishes to be seen at
- ✘ Specialty you are referring to
- ✘ Your expectation for the case

Save your work anytime by clicking **Finish Later** or if you want to continue, click **Next**.

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Refer Patient

1 Referral Details 2 Referring Veterinarian 3 Client 4 Patient 5 Review & Complete

Referral Details

Referral Practice *
✘ BluePearl - Blaine

Specialty Service for Referral *
✘ Dentistry & Oral Surgery

Request Specific Doctor
Dr. Hansen

Reason for Referral/Primary Complaint
retained baby canine tooth

Expectation for this case *
✘ Consult, Diagnostic Testing and Treatment
Please transfer patient back to my practice for treatment after diagnostic testing
Consult Only, No Additional Diagnostics
Other (please specify in comments section below)

Additional Comments | Pertinent History | Vaccine History
put additional information here

Finish Later Next

Confirm your Practice Name & Contact Info, Add Your Name

✘ Certain fields are prefilled for you based on what your practice has in the Profile & Settings tab. To change any of these, please click **Finish Later**, and go to **Profile & Settings** to change the information.

✘ The only required field on this page is for the referring veterinarian's name to be added.

To go back, click **Previous**. To continue, click **Next**. To save and return later, click **Finish Later**.

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Refer Patient

1 Referral Details 2 Referring Veterinarian 3 Client 4 Patient 5 Review & Complete

Referring Veterinarian Information

Hospital Name *
✘ Forest Ridge Animal Hospital

Veterinarian's Name *
✘ Dr. Jones

Submitted By
Lori Smith, LVT

Phone Number
✘ 918-740-3302

Fax Number
✘

E-mail Address
✘ info@rvetlink.com, bonni.voiland@t

Would you like a phone call to follow-up on this case? No

Previous Finish Later Next

If Referred From the Patient Chart in the Portal, Review Client Information

If This is a New Referral, Enter Client Information

We need just the basics. The rest we can obtain from the records your send or directly from the client.

Required fields are these:

✘ First and last name of the client

✘ The primary phone number at which to reach the client

To go back, click **Previous**. To continue, click **Next**. To save and return later, click **Finish Later**.

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Refer Patient

1 Referral Details 2 Referring Veterinarian 3 Client 4 Patient 5 Review & Complete

Client Information

First Name * ✘

Alternate First Name

Last Name * ✘

Alternate Last Name

Address

Primary Phone

Home Mobile Work

Home Phone ✘

Address 2

Mobile Phone *

City

Work Phone

State

E-mail Address

Zip/Postcode

Previous Finish Later Next

Enter Patient Information

Again, we need just the basics. Review or enter the required fields:

✘ Name of the patient

✘ Breed and species

✘ Sex

✘ An estimated or actual date of birth or age

See the next panel for how to complete the Patient Files section.

To go back, click **Previous**. To continue, click **Next**. To save and return later, click **Finish Later**.

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Refer Patient

1 Referral Details 2 Referring Veterinarian 3 Client 4 Patient 5 Review & Complete

Patient Information

Name * ✘

Species * ✘

Breed * ✘

Sex * ✘

Color / Description

DOB or Age * ✘

Patient Files

Medical Records *

Lab Results *

Diagnostic Images *

+ Add File

Name

Previous Finish Later Next

Providing Patient Files

Please let us know if you are sending medical records, lab results and/or diagnostic images.

Each field is required to be answered.

To submit records, lab results or images via the Portal, please see the next panel.

Patient Files

Medical Records * **✗** Lab Results * **✗** Diagnostic Images * **✗**

- Select One - **✗** - Select One - **✗** - Select One - **✗**

- Select One -

- Will be attached
- Will be Faxed
- Will be emailed
- Client will bring
- None being sent

Adding a File

If you indicate a record, lab results or images will be attached, the system prompts you through adding the file. Click **Add File**.

This screen pops up. Describe the file to be attached, then click **Select File**.

This screen opens so you can select a file from your desktop or another folder. Choose the file, click **Open**.

Then click **Upload**.

Patient Files

Medical Records * Lab Results * Diagnostic Images *

Will be attached - Select One - - Select One -

Add File - Required -

Name

Previous Finish Later Next

Sex *

Upload File

Description Testy's medical record

New File

Select File

No file chosen

Cancel

File name: Testy, combo med record and xray.pdf

Open Cancel

Sex *

Upload File

Description Testy's medical record

New File

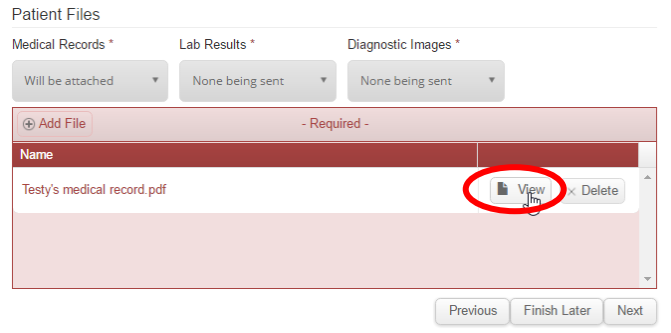
Select File

Testy, combo med record and xray...

Upload Cancel

Once uploaded, you can click on **View** to review the file you have attached.

To go back, click **Previous**. To continue, click **Next**. To save and return later, click **Finish Later**.



Review and Submit

The final screen shows your entire referral on one screen. Scroll down or up to see various sections.

Click **SUBMIT** at the bottom of the screen to send your referral to us.

An email confirming your referral information will be sent to you.

The referral information will appear in the **My Referrals** log.

BluePearl Portal Login

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The screenshot shows the 'Refer Patient' form with a progress indicator at the top showing five steps: 1. Referral Details, 2. Referring Veterinarian, 3. Client, 4. Patient, and 5. Home & Complete. The 'Patient' step is currently selected. The form includes the following sections:

- Referral Details:**
 - Referral Practice * (Dropdown: BluePearl - Blaine)
 - Specialty Service for Referral * (Dropdown: Dentistry & Oral Surgery)
 - Request Specific Doctor (Text: Dr. Hansen)
 - Reason for Referral/Primary Complaint (Text: retained baby canine tooth)
 - Expectation for this case * (Dropdown: Consult, Diagnostic Testing and Treatment)
 - Additional Comments | Petment History | Vaccine History (Text: put additional information here)
- Referring Veterinarian Information:**
 - Hospital Name * (Text: Forest Ridge Animal Hospital)
 - Veterinarian's Name * (Text: Dr. Jones)
 - Submitted By (Text: Lori Smith, LVT)
 - Phone Number (Text: 918-740-3302)
 - Fax Number (Text: [empty])
 - E-mail Address (Text: info@vetlink.com, bonni.volland@)
- Client Information:**
 - Would you like a phone call to follow-up on this case? (Radio: No)
 - First Name * (Text: Test)
 - Last Name * (Text: TEST)
 - Address (Text: [empty])
 - Alternate First Name (Text: [empty])
 - Alternate Last Name (Text: [empty])
 - Primary Phone (Buttons: Home, Mobile, Work)

Managing Your Referrals

This screen will open and can be opened anytime from the **My Referrals** link in your Portal.

You may edit referrals that have not been submitted yet and you may send updated information on previous referrals from the **My Referrals** log in your Portal account.

Thanks for your referrals!

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My Referrals

Add Referral
 Export to Excel
 Export to PDF

Practice	Patient	Specialty	Status	
BluePearl - Blaine	TEST, Testy	Dentistry & Oral Surgery	In-Process	Edit
BluePearl - Blaine			In-Process	Edit
BluePearl - Blaine	TEST3, TEST3	Ophthalmology	Submitted	Update View