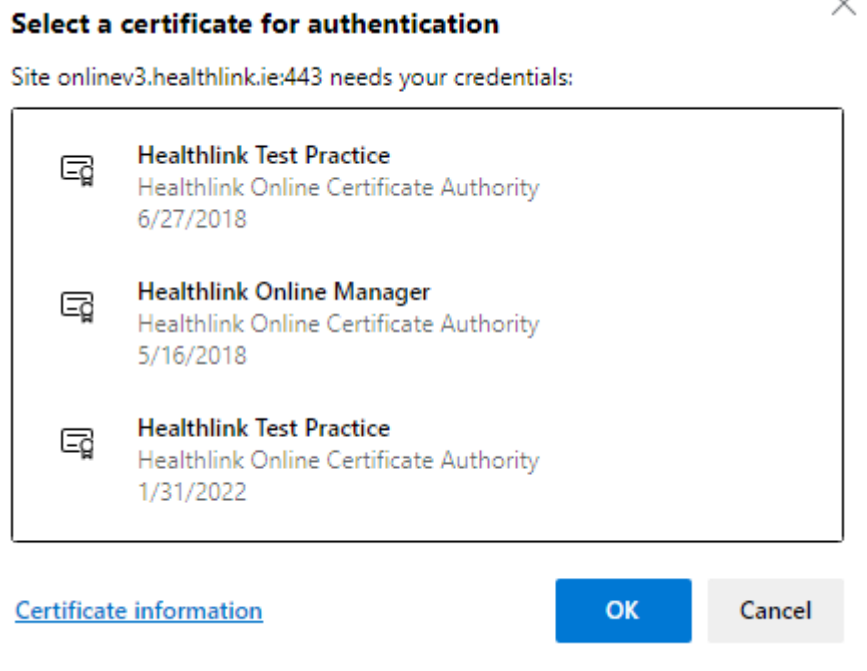


Endoscopy Referral User Guide – Hospital User

To begin, log on to www.healthlink.ie. Click the Sign In button across the top of the page



You will be asked to choose a digital certificate which will give you access to your secure HealthlinkOnline account.



Select your certificate and click OK. You will then be directed to the login page.

Welcome to Healthlink Online Live

Username

Enter your username in lowercase

Password

Enter your 7 to 15 character password (Show)

PIN

Enter your 8-digit PIN in the format 01/01/2006

[Forgot password?](#)

Login

[Service Information](#)

[Support](#)

Enter your Username, Password & PIN and click Login.

This will take you to the Unprocessed Messages page which contains all new referrals or referrals which haven't been responded to yet.

Welcome Endoscopy Department

1 2 3 4 5

| Status | Select | Patient Name | Sender | DOB | Patient MRN | Recipient | Msg_Type | Date |
|--------|--------------------------|----------------------|--------------------|------------|-------------|-----------|--------------------|---------------------|
| | <input type="checkbox"/> | Test, Healthlink | Healthlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 10/02/2022 11:30:00 |
| | <input type="checkbox"/> | Febtwentytwo, Ciaran | Doctor, test | 03/02/2014 | UNKNOWN | | Endoscopy Referral | 10/02/2022 11:02:00 |
| | <input type="checkbox"/> | Test, Feb | Test, Doctor | 22/02/1922 | UNKNOWN | | Endoscopy Referral | 09/02/2022 17:30:00 |
| | <input type="checkbox"/> | test, referral | Admin, Admin | 01/01/1991 | UNKNOWN | | Endoscopy Referral | 01/11/2021 13:23:00 |
| | <input type="checkbox"/> | Bloggs, Josephine | Test, PMS | 01/01/1961 | UNKNOWN | | Endoscopy Referral | 13/10/2021 15:55:00 |
| | <input type="checkbox"/> | test, referral | Admin, Admin | 01/01/1991 | UNKNOWN | | Endoscopy Referral | 13/10/2021 15:52:00 |
| | <input type="checkbox"/> | Test, Patient2 | Doctor Test | 12/10/2021 | UNKNOWN | | Endoscopy Referral | 13/10/2021 14:33:00 |
| | <input type="checkbox"/> | test, referral | Admin, Admin | 01/01/1991 | UNKNOWN | | Endoscopy Referral | 12/10/2021 12:57:00 |
| | <input type="checkbox"/> | test, Happy | Test, PMS | 04/05/1978 | UNKNOWN | | Endoscopy Referral | 30/09/2021 12:15:00 |
| | <input type="checkbox"/> | test, Happy | Test, PMS | 04/05/1978 | UNKNOWN | | Endoscopy Referral | 30/09/2021 12:14:00 |
| | <input type="checkbox"/> | test, new james | Hlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 29/09/2021 14:35:00 |
| | <input type="checkbox"/> | Test, Healthlink | Bronagh Healthlink | 03/09/1952 | H699517 | | Endoscopy Referral | 28/09/2021 12:14:00 |
| | <input type="checkbox"/> | Test, Healthlink | Healthlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 28/09/2021 12:06:00 |
| | <input type="checkbox"/> | Test, Healthlink | Healthlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 28/09/2021 12:04:00 |
| | <input type="checkbox"/> | TEST, PATIENT | Test, PMS | 01/01/1961 | UNKNOWN | | Endoscopy Referral | 24/09/2021 12:25:00 |
| | <input type="checkbox"/> | Test, Healthlink | Healthlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 24/09/2021 12:16:00 |
| | <input type="checkbox"/> | Test, Healthlink | Healthlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 24/09/2021 12:07:00 |
| | <input type="checkbox"/> | test, new james | Hlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 24/09/2021 11:19:04 |
| | <input type="checkbox"/> | test, new james | Hlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 24/09/2021 11:19:04 |
| | <input type="checkbox"/> | Test, Healthlink | Healthlink, Doctor | 01/01/1950 | UNKNOWN | | Endoscopy Referral | 20/09/2021 13:32:00 |

1 2 3 4 5

Total Count: 84



- New referrals are indicated by the Post Box image:

- Referrals which have been read but not responded to are indicated by the Open Book image:



- Referrals which have been printed are indicated by a P underneath either of those images:

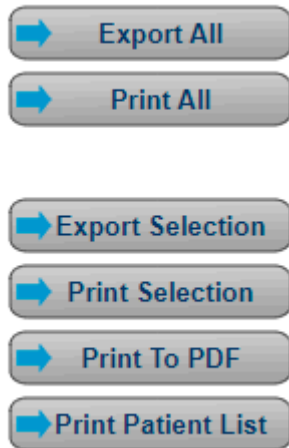


There are three options on the bottom right of the screen to print referrals from the front page

Print All- Prints all unprocessed referrals

Print Selection- Tick the box beside the referrals you wish to print

Print to PDF- Saves the referral in PDF format, where you can save it to your local machine.



To read a referral, click once on the Post Box image underneath Status. This will open the referral form in a new window.

To print, click the 'Print Version' button at the top of the form.

[Print Version](#)

**Endoscopy Referral Form**

Patient Summary: Healthlink Test (01/01/1950 - 72 yrs - F), 58 Eccles Street, Dublin 7, jhgjhghg
Referring Clinician: Test, Socrates, 01 8287115

Referral Priority: Urgent
Reason for Referral: Testing endoscopy

Request For: Lower GI Endoscopy
LowerGI Symptoms: Abdominal pain
Symptom Duration: 6 Weeks
Comorbid Conditions: None
Has the patient been tested for Helicobacter: Yes
Helicobacter Tested Comment: Test result
Previous Endoscopic Procedure: Yes
Previous Procedure Comment: Normal

General History:
History of presenting complaints: Test
History of past illness: GI Specific Previous History: None
Relevant family history: GI Specific Family History: None

Social History:
Physical mobility impairment: No
Drinker: Unknown

Current Medication: Anticoagulant Use: No


| Patient Demographics | | General Practitioner Details: | |
|--|--|--|--|
| Patient Name: Healthlink Test | Hospital: St. Vincent's University Hospital | Referring GP: Test, Socrates | Medical Council Number: 012121 |
| Date of Birth: 01/01/1950 (Age: 72 years) | Referring GP: Test, Socrates | Address: 1802 Socrates GP Demo Site | Phone: 01 8287115 |
| Gender: Female | Medical Council Number: 012121 | Protok House | Referral Sent: 18/02/2022 11:30 |
| Address: 58 Eccles Street | Address: 1802 Socrates GP Demo Site | Finiskin Business Park | Message ID: REF20220210113055012121 |
| Dublin 7 | Protok House | Sligo Town | |
| H123H222 | | | |
| jhgjhghg | | | |
| 0871234564 | Phone: 01 8287115 | | |
| healthlinktest@gmail.com | Referral Sent: 18/02/2022 11:30 | | |
| English | Message ID: REF20220210113055012121 | | |
| Interpreter Required: No | | | |
| HLID: Unknown | | | |

[Click here to Respond to Referral](#)

To respond, click the 'Click here to Respond to Referral' at the bottom of the form.

This is the response form:

Welcome Endoscopy Department


| | |
|---|---|
|  | <h2>Endoscopy Referral Response Form</h2> |
| Patient Name: | Healthlink Test |
| Date of Birth: | 01/01/1950 (Age: 72 years) |
| Gender: | Female |
| Pregnancy Status: | |
| Triage Category: | <input type="text" value=""/> |
| Triaging Clinician: | First Name: <input type="text" value="Endoscopy"/> Family Name: <input type="text" value="Department"/> |
| Arrange Day * Case: | <input type="text" value=""/> |
| Arrange OPD:* | <input type="text" value=""/> |
| Suggested Action for GP: | |
| Suggested Therapy: | <input type="text"/> |
| Radiology: | <input type="text"/> |
| Laboratory: | <input type="text"/> |
| Suggested Action by Consultant: | |
| Suggested Therapy: | <input type="text"/> |
| Radiology: | <input type="text"/> |
| Laboratory: | <input type="text"/> |
| Other comments: | <input type="text"/> |
| Important: | Please ensure the patient brings their medication details, along with relevant x-rays, scans and radiology reports, with them to their appointment. |
| <input type="button" value="Next >>"/> | |

Complete all the necessary information using the dropdown lists or enter in the free text fields. All mandatory fields are marked with a red *

Click 'Next' to review the response before sending.

You can make changes by clicking 'Back' or if everything is correct simply click the 'Submit' button.

Welcome Endoscopy Department

| | |
|--|---|
|  <p>HeALTHSERVICÉ na Seirbhíse Sláinte Health Service Executive</p> | <h2>Endoscopy Referral Response Form</h2> |
| Patient Name: | Healthlink Test |
| Date of Birth: | 01/01/1950 (Age: 72 years) |
| Gender: | Female |
| Pregnancy Status: | |
| Triage Category: | |
| Triaging Clinician: | First Name: Endoscopy Family Name: Department |
| Arrange Day * Case: | Yes |
| Procedure:* | <ul style="list-style-type: none">• Upper GI Endoscopy |
| Date: | |
| Time: | |
| Arrange OPD:* | Yes |
| Clinic: | |
| Date: | |
| Time: | |
| Suggested Action for GP: | |
| Suggested Therapy: | |
| Radiology: | |
| Laboratory: | |
| Suggested Action by Consultant: | |
| Suggested Therapy: | |
| Radiology: | |
| Laboratory: | |
| Other comments: | |
| Important: | Please ensure the patient brings their medication details, along with relevant x-rays, scans and radiology reports, with them to their appointment. |
| << Back | Submit |

You will receive a message saying the response has been successfully sent to Healthlink. The response can be printed using one of the links on this page.

Form Submittal

The form has been successfully submitted to Healthlink.

To print submitted form [click here](#).

To print submitted form to PDF [click here](#).

All referrals and responses are stored in your Healthlink account for 30 days. At any point you can retrieve these using the Search form. Click on 'Search' across the top menu of HealthlinkOnline. This will open up the Search form.