

Referring a Patient and Sending Records via the Portal

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

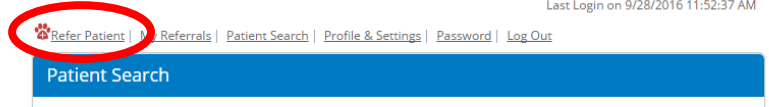
You may save your work and come back to it at any time, and you may update referral information even after the form is submitted to BluePearl.

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



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:

- ✘ BluePearl hospital you wish 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



Referral Details

Referral Practice *

✘

Specialty Service for Referral *

✘

How do we schedule an appointment with this client?

Client will call us
We call referring veterinarian
Referring veterinarian will call us

Request Specific Doctor

Reason for Referral/Primary Complaint

Expectation for this case *

✘
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

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**.

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**.

Enter Patient Information

Again, we need just the basics.

Required fields are these:

- ✘ 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 *

Name

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 * ✘

- 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**.

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.

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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

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@vetlink.com, bonni.volland@i

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

Client Information

First Name *
Test

Last Name *
TEST

Address

Alternate First Name

Alternate Last Name

Primary Phone
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** link.

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

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