

RITTS Tutorial: RECEIVING A REFERRAL

After logging in, your homepage will look like this. If you have any new received referrals, a *Check your new received referral(s)* link will appear on your homepage.

Home Patient Refer a Patient Find a Rehab Service Registered User Help

About RITTS Project Benefits of Registration

RITTS Project Registered User Home Page

- **Check your new received referral(s). You have 0 new referral(s).**
- Make an Inpatient Geriatric Orthopaedic referral to SCOHS - Elizabeth Bruyère
- List of sent Inpatient Geriatric Orthopaedic referrals to SCOHS - Elizabeth Bruyère
- Patient list
- Find a rehab service
- Sign Out

You can view and/or print the referral by clicking the *View* link on the left. To remove the referral from your received referrals list or reject referral, click the appropriate link on the right.

Received Referrals

View Details	Sending Physician	Facility Name	Patient Name	Rehab Type	Remove from List	Reject
View	Choy, Bok	The Rehabilitation Centre, Ottawa	M, L	Inpatient-Short-Term Rehabilitation	Remove	Reject
View	Leduc, Jim	The Ottawa Hospital - Civic Campus	S, R	Inpatient-Short-Term Rehabilitation	Remove	Reject
View	Leduc, Jim	The Ottawa Hospital - Civic Campus	S, R	Outpatient-Rehabilitation	Remove	Reject

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If you remove or reject the referral, it will disappear from your *Received Referrals* list. A copy of the referral is stored in the patient's *Referral History*, which is viewable from the patient's profile page.

When you click the [View](#) link, you will be brought to the referral details page. From here you can view information about the patient and sending physician.

Referral Details

Patient :

* First Name:

* Last Name:

Maiden Name:

Father's First Name:

Mother's Maiden Name:

* Gender:

* Birth Date: (yyyy/mm/dd) / /

* Health Card Number (e.g.OHIP):

Version of Health Card Number:

* Province/Territory Issuing Health Card:

WSIB:

Home address:

City/Township:

Postal code:

Province/Territory of residency:

Phone Number (W):

Phone Number (H):

Preferred language:

Other language:

Need interpreter?

Interpreter Information:

Contact name:

Contact phone:

To print the referral, click the *Print* button. To return to your received referrals, click the *Back* button.

Sending Physician :

* **First Name:**
Bok

* **Last Name:**
Choy

* **PhysicianID:**
56245

* **Facility:**
The Rehabilitation Centre, Ottawa

* **Email Address:**
fangwei1109@yahoo.ca
We will use this email address to contact you.

* **Phone:**
613-737-9990 ex7567

Inpatient Short Term Information :

Admission Date 7/6/2005

Patient's Current Room Number 555

Ward Telephone 1234567

Provisional diagnosis

Comment

Receiving Facility TOH - Civic Campus

Once you have opened the referral, you will be sent an e-mail saying that the referral has been opened. This is a security feature to inform you if others are opening referrals.