Effective Date: 02/26/2025 Analyst: Amanda Sachs



Services Link2CHOP: Placing Referral Orders

Introduction

This tip sheet outlines how to place **Referral Orders** in the Link2CHOP web application. A list of Orders and available Consult Types can be found at the end of this document.

Consult Type Definitions

- Standard (Tracking): A Standard (tracking) appointment request indicates that you
 would like the patient seen soon, but it's not an urgent matter. This will likely be the
 most common request type you make. For example, a patient with recurrent otitis
 media (OM) who needs a PET evaluation (ENT). The "(tracking)" tag helps facilitate
 easier tracking of the referral through the scheduling and appointment process.
- **Expedited:** An Expedited appointment request is for when you need the patient to be seen quickly. By marking the request as "Expedited" and including patient details in the Reason for Visit section, you allow schedulers and sub-specialists to prioritize referred patients. An example might be a suspicious murmur in a stable patient (Cardiology) or a fracture in a neurovascularly intact patient (Orthopedics). This also helps in tracking the referral through the scheduling and appointment process. *Note: Not all CHOP divisions offer an expedited appointment option. Please check the List of Orders and available Consult Types at the end of this document before submitting an expedited request.*
- **Standard:** A Standard appointment request is suitable when clinical concern is less urgent, but you still want the patient to receive information and guidance from a subspecialist. For example, a patient with intermittent constipation who has not improved sufficiently (GI). This request type will be given lower scheduling priority, considered after the other two types.

Steps

1. When you open a patient's record, the default screen will be **Order Entry**. From here, select the **Authorizing Provider** and click **Accept**.

🗐 Select Ordering Clinic				
Patient currently associated with:				
O Advocare Marlton Pediatri	cs			
Select Authorizing Provider				
Link2chop, Physician				
	🖌 Accept			

2. In the top left, select **Preference List**.

☆ Order Entry	1
① Orders canceled: Consult to Allergy (#8200	0
E Preference List 💿 Dx Association	
New procedure:	
Unsigned new orders (0)	

3. Select the desired **Consult** to order, then click **Accept Orders**.

Procedures	
Referrals	
Autism Annie Care Companion Enrollment Order	Consult to Nephrology
Consult to Adolescent Family Planning	Consult to Neurology
Consult to Adolescent Specialty Care	Consult to Neurosurgery
Consult to Allergy	Consult to Occupational Therapy
Consult to Audiology	Consult to Oncology
Consult to Autism	Consult to Ophthalmology
Consult to Cardiology	Consult to Oral Surgery
Consult to Cerebral Palsy	Consult to Orthopedics
Consult to Cystic Fibrosis	Consult to Otolaryngology
✓ Consult to Dermatology	Consult to PAPA Clinic (CHOP)
Consult to Diagnostic/Complex Care Center (DCCC)	Consult to Physical Therapy
Consult to Endocrinology	Consult to Plastic Surgery
Consult to Feeding Clinic	Consult to Pulmonary
Consult to Gastroenterology	Consult to Rehabilitation Medicine
Consult to General Surgery	Consult to Rheumatology
Consult to Genetics	Consult to Rheumatology AMPS / Pain
	Clinic
Consult to GI Motility Center (CHOP)	Clinic
Consult to GI Motility Center (CHOP)	Clinic Consult to Seating Clinic Consult to Sleep Center for Clinical Evaluation
Consult to GI Motility Center (CHOP) Consult to Hematology Consult to Immunology	Clinic Consult to Seating Clinic Consult to Sleep Center for Clinical Evaluation Consult to Speech
Consult to GI Motility Center (CHOP) Consult to Hematology Consult to Immunology Consult to Infectious Disease	Clinic Clinic Consult to Seating Clinic Consult to Sleep Center for Clinical Evaluation Consult to Speech Consult to Spina Bifida

4. In this screen, you will see a **Comment** box for additional comments or notes you would like to add, a **Scheduling Instruction** box for the patient, and a **Question** box with mandatory questions that must be answered for the specific order. *Note: Orders may have different mandatory questions.* Click **Accept.**

Comment: ? ? * * * Scheduling instructions: ? ? * * * Scheduling instructions: ? ? * * * To contact the Dermatology main scheduling line, please call: (215) 590-2169 * * * ft this is an expedited appointment request, please provide as much supporting documentation as possible to the contact listed below. * * Please fax results of relevant tests or biopsy reports to (215) 590-4948. * * Questions: 1. Primary Referral Reason (ff you don't see a button that matches your reason, please for the consult in the search to look for a match) * *	Consult to Dorm	atology					
Comment: 2 ● ● ● ● Scheduling instructions: 2 ● ● ● ● To contact the Dermatology main scheduling line, please call: (215) 590-2169 If this is an expedited appointment request, please provide as much supporting documentation as possible to the contact listed below. Please fax results of relevant tests or biopsy reports to (215) 590-4948. Questions: • Primary Referral Reason (if you don't see a button that matches you reason, pleas enditional spossible to the consult in the search to look for a match) • Or the consult in the search to look for a match)	consult to Derm	latology					
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✓ Accept × Cancel			use the search) (If you don't see a button selection to choose you can type a reas for the consult in the search to look for a match)	n	<u> </u>		
✓ Accept X Cancel				_			
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✓ Accept X Cancel							
✓ Accept × Cancel							
✓ Accept × Cancel							
✓ Accept × Cancel							
						✓ Accept	× Cancel

5. After you click **Accept**, additional questions will populate, including one asking if you want the order to be expedited. *Note: Expedited options are not available for all orders*. Click **Accept**.

Consult to Dermatology		
Comment:	.? 🖻 🗢 🔿 🛼	
Scheduling instructions:	? Image: Im	
Questions:		Answer
	 Primary Referral Reason (if you don't see a button that matches your reason, please use the search) (if you don't see a button selection to choose you can ture a reason for the consult in the search to look for a match) 	Atopic Dermatitis [20]
	Have ANY of the following prescription meds been week? - Triamcinolone Mometasone Fluticasone Westcort (Hydrocort Valerate) (Answer yes if ANY of the listed medications have been tried)	Yes No
	 Consult Type: (•EXPEDITED = Want patient seen quickly •STANDARD (TRACKING) = Want patient seen soon but not urgently) 	Standard (tracking)
	Special Instructions:	Please place all consult order
	🦕 Patient Age (when ordered):	13 Year(s) old
		Accept X Cancel

6. Click **Sign Orders** in the bottom right.

☆ Order Entry	ē ()
E Preference List ⊗ Dx Association	
New procedure:	vsician - ADVOCARE ATRIUM
Unsigned new orders (1)	
Consult to Dermatology	× 10
Orders signed in this encounter (4)	
Endo eConsult	
Consult to Cerebral Palsy	
Link2CHOP Referral Consult Type: Standard	
Consult to Allergy	
Future, Expected: 1/27/2025, Expires: 2/26/2025, Link2CHOP Referral Referral Reason (if you don't see a button that matches your reason, please use the search): allergic rhinitis which of these also apply to this patient? diagnosis of Eosinophilic Esophagitis (EE) Consult Type: Standard Special Instructions: If placing this order as "Expedited", please elaborate in the comments section.	
Consult to Dermatology	
Link2CHOP Referral Primary Referral Reason (if you don't see a button that matches your reason, please use the search): Hemangioma of Infancy Is the HOI ulcerated? Yes Consult Type: Standard (tracking) Special Instructions: Please place all consult orders as Standard or Standard (tracking). Dermatology will triage based on what was selected in the order. Patient Age (when ordered): 13 Year(s) old	
Don't see the order you're looking for? Try Order Review.	
	Sign Orders

7. If you would like to print a copy of the order, click the **Printer** icon in the top right.

☆ Order Entry		ē	0
E Preference List 🔞 Dx Association		-	
New procedure:	Link2chop, Physician - ADVO	CARE AT	RIUM
Unsigned new orders (1)			
Consult to Dermatology			8
Orders signed in this encounter (4)			
Endo eConsult			
Consult to Cerebral Palsy			
Link2CHOP Referral Consult Type: Standard			
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Don't see the order you're looking for? Try Order Review.			
	✓ Sig	in Order	5

8. Select the **Print** button in the bottom left.

Print ? Total: 1 sheet of paper Printer Pantum P2500W Series ~	Order Entry New procedure: Unsigned new o	orders (1)	Link2chop, Physician - ADVOCAR	e atri	UM
Copies 1	Consult to Dermatolog	in this encounter (4)			Ш Ш
Layout O Portrait	Endo eConsult Consult to Cerebral Pa	lsy			
C Landscape	Consult Type: Standar Consult to Allergy	rd	L/CUOR Deferred		
Pages All All	Referral Reason (if yo which of these also a Consult Type: Standar Special Instructions: I	u don't see a button that matc pply to this patient? diagnosis rd f placing this order as "Expedit	Nachion Neterian hes your reason, please use the search): allergic rhinitis of Eosinophilic Esophagitis (EE) ed", please elaborate in the comments section.		
e.g. 1-5, 6, 11-13 Print on both sides Print on one side More settings ~ Print using system dialog (Ctrl-Shift+P)	Consult to Dermatolog Link2CHOP Referral Primary Referral Reas of Infancy Is the HOI ulcerated? Consult Type: Standa Special Instructions; F based on what was se Patient Age (when on	ty on (if you don't see a button th Yes rd (tracking) Jeace place all consult orders a Jected in the order. dered): 13 Year(s) old	nat matches your reason, please use the search): Hemangioma as Standard or Standard (tracking). Dermatology will triage		4
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