BATAANGHMC- HCPN ONLINE REFERRAL SYSTEM

USER GUIDE

1. **HOSPITAL REGISTRATION**
   a. Fill in the personal information in the Registration Form, input fields with an asterisk symbol (*) are required.
   (*Punan ang mga personal na impormasyon sa Registration Form, ang mga patlang na may asterisk (*) ay kinakailangang may sagot.*)

BataanGHMC-HCPN Online Referral System

Registration | Authorization

This is one-time registration ONLY. If you already have an account, no need to register again.
A one-time password and authorization key will be send to your registered email address.

| Field	Input
Hospital Landline No.*	999-9999
Hospital Mobile No.*	9999-999-9999
Hospital Director*	
Hospital Director Mobile No.*	9999-999-9999
Point Person*	
Point Person Mobile No.*	9999-999-9999

Register

Note:

1. The hospital code is essential for the unique identification of registered local hospitals and RHUs.

2. The mobile number is important for verifying certain cases, especially when cancelling a referral during processing.
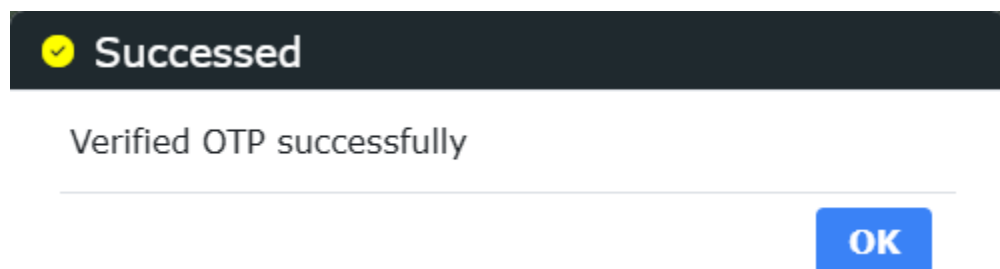
2. REQUEST REGISTRATION VERIFICATION

   a. Click the **Register** button; the OTP verification window will appear.
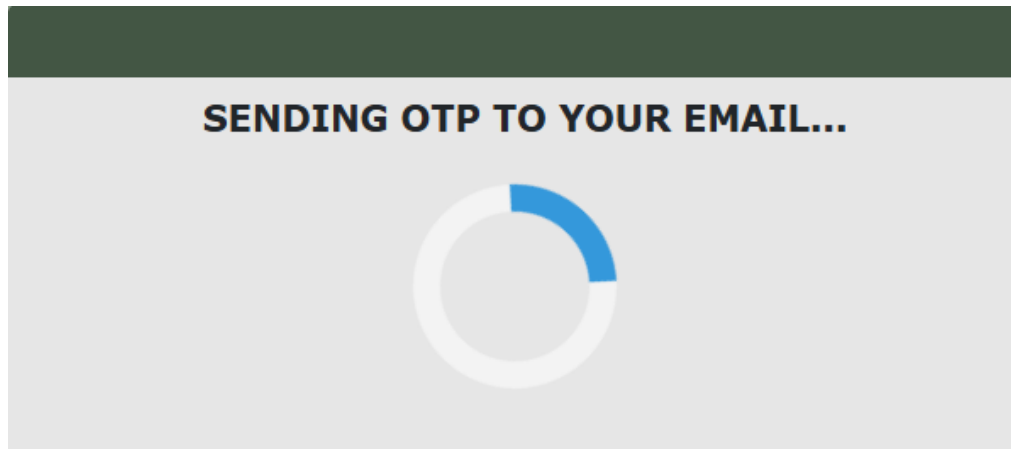
   b. An OTP code will be sent to the email address you provided.
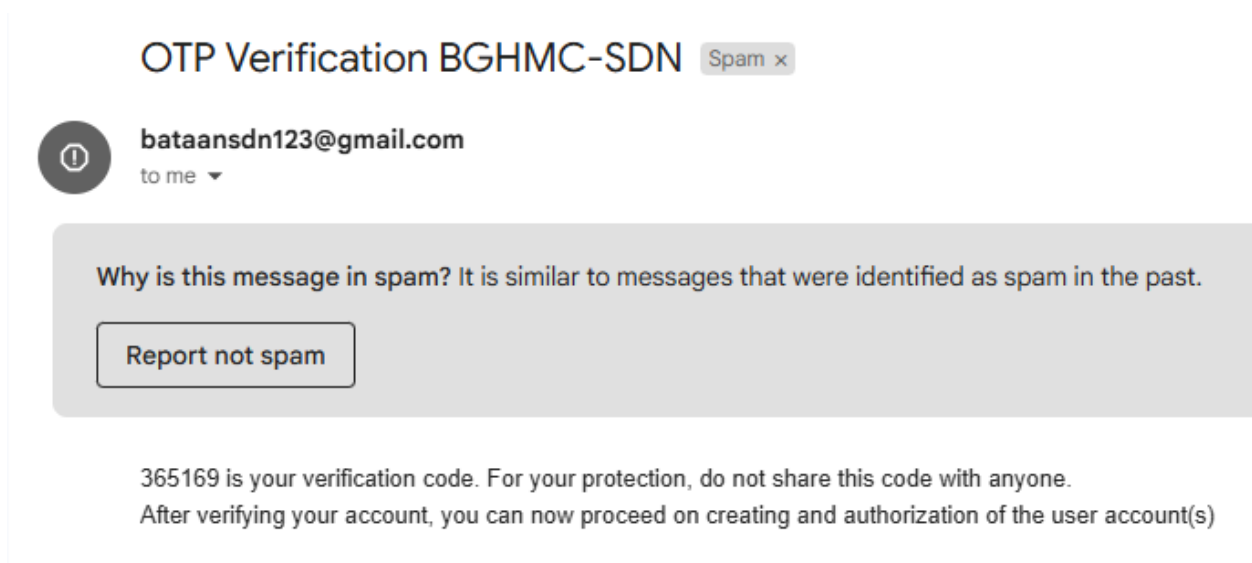
   c. Input the OTP and click **Submit**. If successful, a confirmation notification will appear.

Note: After successfully registering your hospital account, proceed with the authorization process.
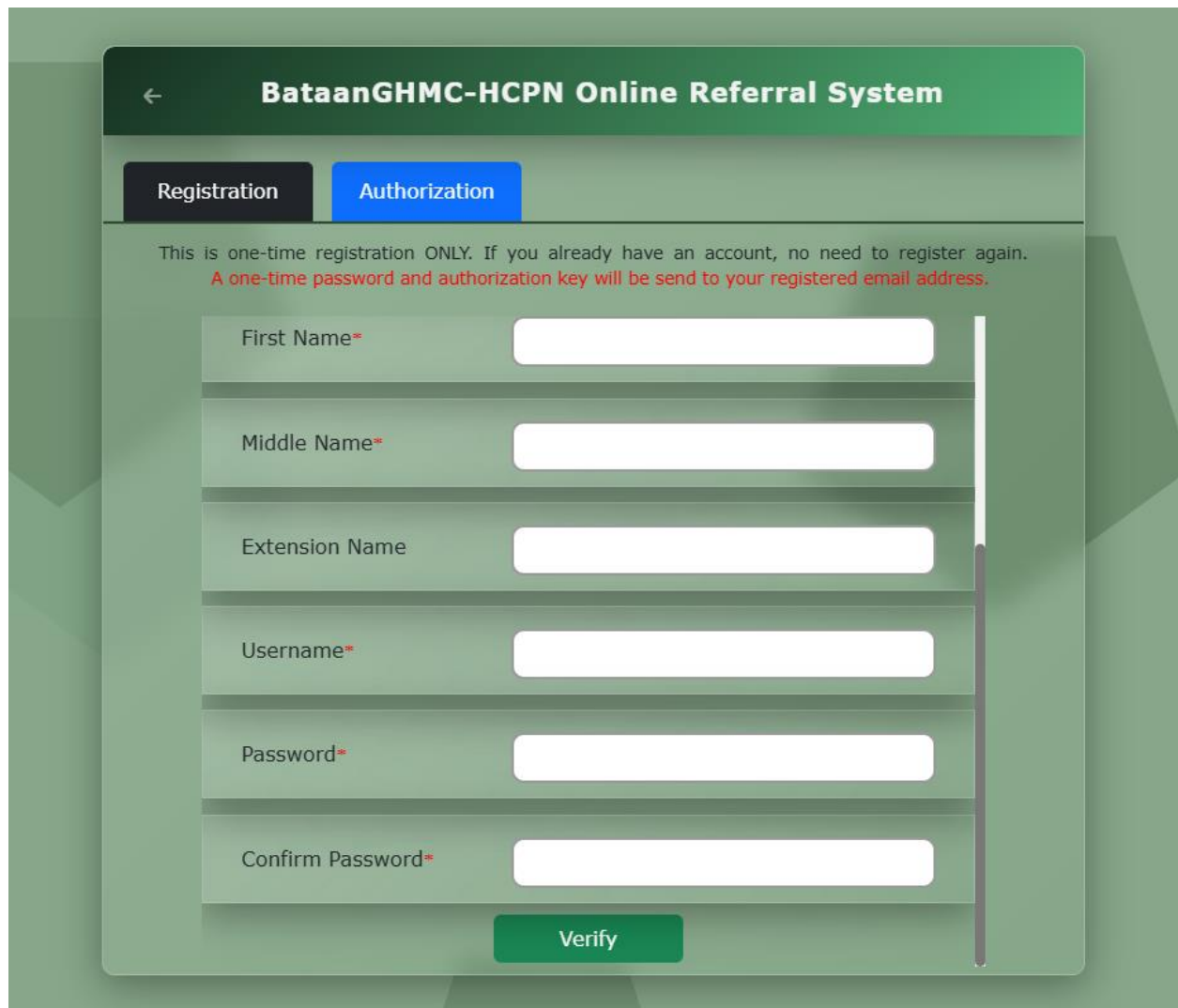
3. HOSPITAL USER AUTHORIZATION

    a. Fill in the personal information in the Authorization Form, input fields with an asterisk symbol (*) are required.
(*Punan ang mga personal na impormasyon sa Registration Form, ang mga patlang na may asterisk (*) ay kinakailangang may sagot.*

    Note: A cipher key will be provided by BataanGHMC upon review of your hospital registration in our system. Once verified, an email containing the cipher key will be sent for use in your account authorization.

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| Registration | Authorization |

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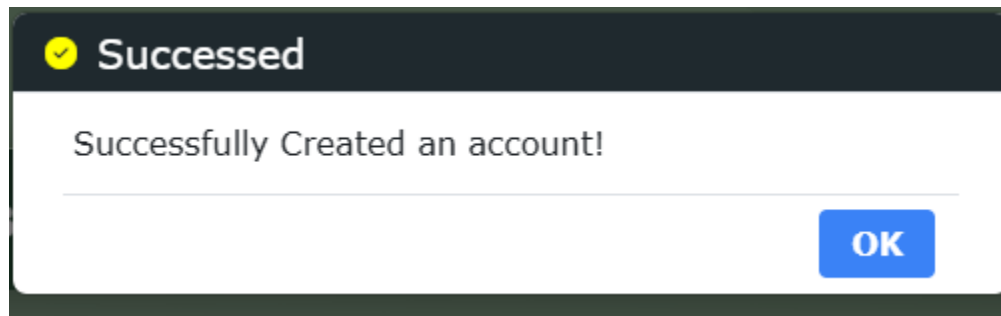
First Name*

Middle Name*

Extension Name

Username*

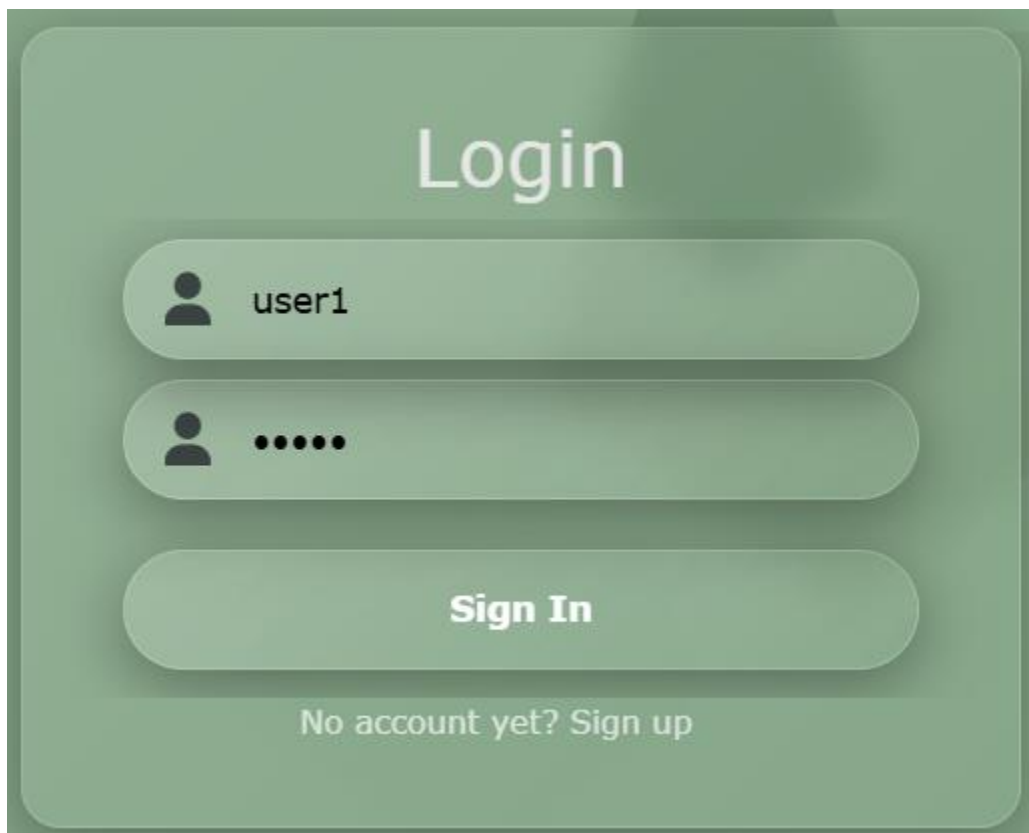Password*

Confirm Password*

Verify

Note: Only two (2) user accounts will be allowed to register per local hospital or RHU.

b. A confirmation notification will appear upon successful authorization and verification:

4. **LOGIN**

    a. Input your login credential.

5. PATIENT REGISTRATION

   a. On the left side of your screen, locate the **Patient Registration** sidebar button..

   b. Fill in the patient information in the **Patient Registration Form**. Enter only the data that the patient has provided or is able to provide, then click the **Add** button to register the patient.

6. PATIENT SEARCHING

   a. Click the **Search Patient** button at the top right corner of your screen.

   b. An input field will appear. Fill in the required patient information, then click the **Search** button.

c. If the patient has a record in our referral system, an overview of their information will be displayed. Click on the entire prompt to proceed.

Search Patient ✕

Last Name
Dela Cruz

First Name
First Name

Middle Name
Middle Name

Search

Patient ID   **Birthday**

PAT000063   1994-01-01 👤

DELA CRUZ, JUAN SANTOS   Status: Not yet referred

                                        Registered at: 4-Lanes Medical Center

d. After clicking, the patient's data will populate the Patient Registration Form. On the top left corner of your screen, select the patient's classification.

e. Once the classification is selected, click the **Refer** button.

i. **Note:** If a notification appears stating **"Proceed to Doctor's Registration,"** follow the instruction before continuing.

7. LOCAL HOSPITALS AND RHU'S DOCTORS/NURSES REGISTRATION

    a. On the top left side of your screen, click your username or the dropdown arrow, then select **Settings**.
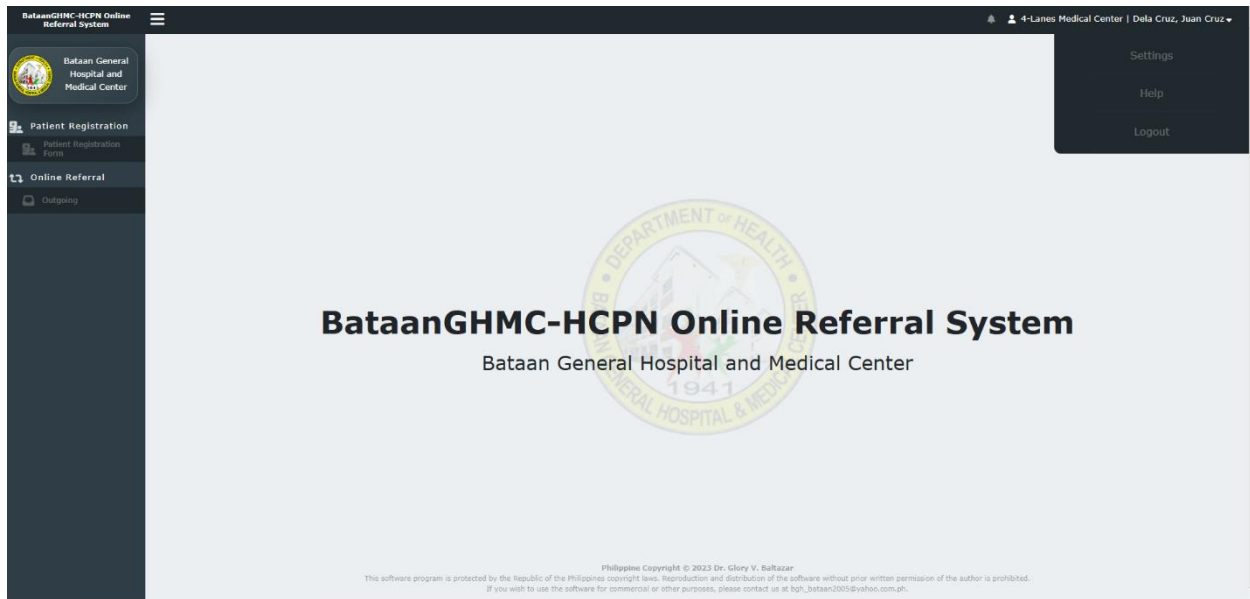
    b. In this section, you can register the doctor or nurse who will authorize referrals from their respective local hospital or RHU by filling in all the required input fields.

c. Click **Add** to register the doctor or nurse. You can also check their status and remove them if they are no longer active in your local hospital or RHU.

8. PATIENT REFERRAL

a. After searching and selecting the patient's information, and choosing the patient's classification, click the **Refer** button to proceed to the Referral Form.

b. **Referral Form:** Fill in the patient's referral details. Input fields marked with an asterisk (*) are required.
(*Punan ang mga personal na impormasyon sa Registration Form, ang mga patlang na may asterisk (*) ay kinakailangang may sagot.*)

c. Here is the implementation of the ICD-10 Diagnosis Code.

d. Click the **Submit** button once all required fields are completed.

ER Referral Form

Submit   Cancel

Refer to *
Bataan General Hospital and Medical Center

Sensitive Case * ⓘ
● Yes ○ No

ICD-10 Diagnosis
🔍 ICD-10 Code   🔍 arrest

I46	Cardiac arrest
I46.0	Cardiac arrest with successful resuscitation
I46.9	Cardiac arrest, unspecified
K02.3	Arrested dental caries

Parent/Guardian(If minor)

PHIC Member? *
Yes

Mode of Transport *
Ambulance

Date/Time Admitted
2025-04-30

Referring Doctor *
Delos Santos, Pedro Cruz

Physical Examination

BP * ⓘ
Sample

HR * ⓘ
Sample

RR * ⓘ
Sample

Temp (°C) * ⓘ
Sample

Chief Complaint and History (Subjective) *
Sample

WT. (kg) * ⓘ
Sample

Reason for Referral (Plan) *
Sample

Pertinent PE Findings (Objective) *
Sample

Diagnosis (Assessment) *
Sample

Remarks *
Sample

9. PATIENT REFERRAL STATUS

a. On the left side of your screen, find and click **Outgoing** under the **Online Referral** tab. This will display the current status of your referred patients.

b. You can still view patient or referral information by clicking the **pencil icon** in the status column of the patient referral.

c. **Cancellation of Referral:** Click the **yellow "Cancel" button**. A confirmation prompt will appear.
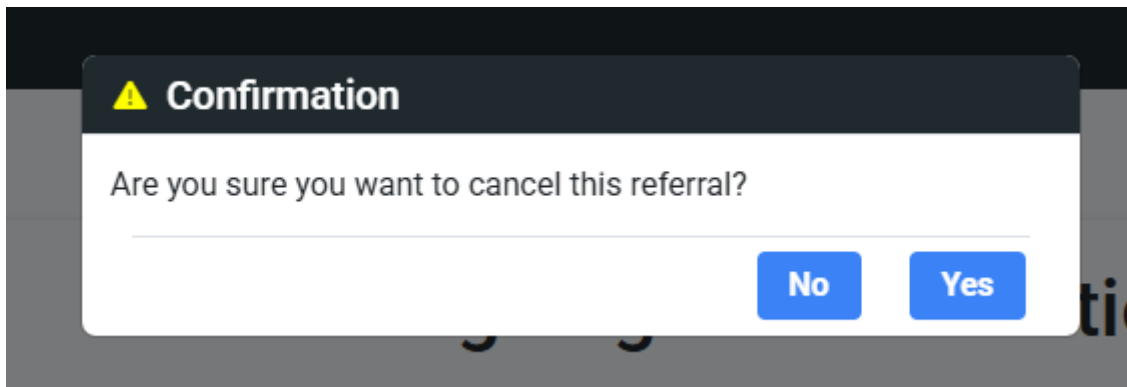
d. To view all **approved or deferred referrals** from your local hospital or RHU, filter the outgoing referrals by selecting **"Approved"** in the status dropdown, then click **Search**.

e. To view the details of an approved referral, click the **pencil icon** in the status column again, scroll down, and look for the **Approval Details** section.

PATIENT REFERRAL INFORMATION

Civil Status:	Single	
Religion:	Sample	**OBJECTIVE:**
Contanct No.:	912	Sample
Blood Pressure:	Sample	
Heart Rate (HR):	Sample	**ASSESSMENT:**
Respiratory Rate (RR):	Sample	Sample
Body Temperature:	Sample	
Weight:	Sample	**PLAN:**
Remarks:	Sample	Sample
Referred By:	Delos Santos, Pedro Cruz	
Mobile Number:	0913-4213-421	

Approval Details

Case Category:	Tertiary
Emergency Room Administrator Action:	Thank you for your referral.

Close