

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.)*

The screenshot displays the 'BataanGHMC-HCPN Online Referral System' interface. At the top, there is a green header bar with a back arrow and the system name. Below this, two tabs are visible: 'Registration' (highlighted in blue) and 'Authorization' (in dark grey). A message states: '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.' The registration form consists of several input fields, each with a label and an asterisk indicating it is required. The fields are: 'Hospital Name*', 'Hospital Code*' (which is highlighted with a red border), 'Address: Region*' (with a 'Select' dropdown), 'Address: Province*' (with a 'Select' dropdown), 'Address: Municipality*' (with a 'Select' dropdown), and 'Address: Barangay*' (with a 'Select' dropdown). The form is set against a light green background with a subtle geometric pattern.

←

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.

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

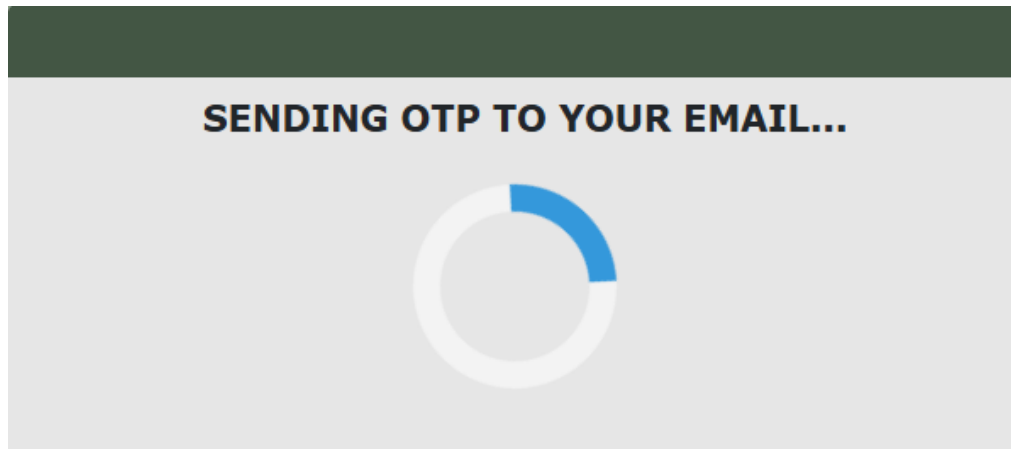
Register

Note:

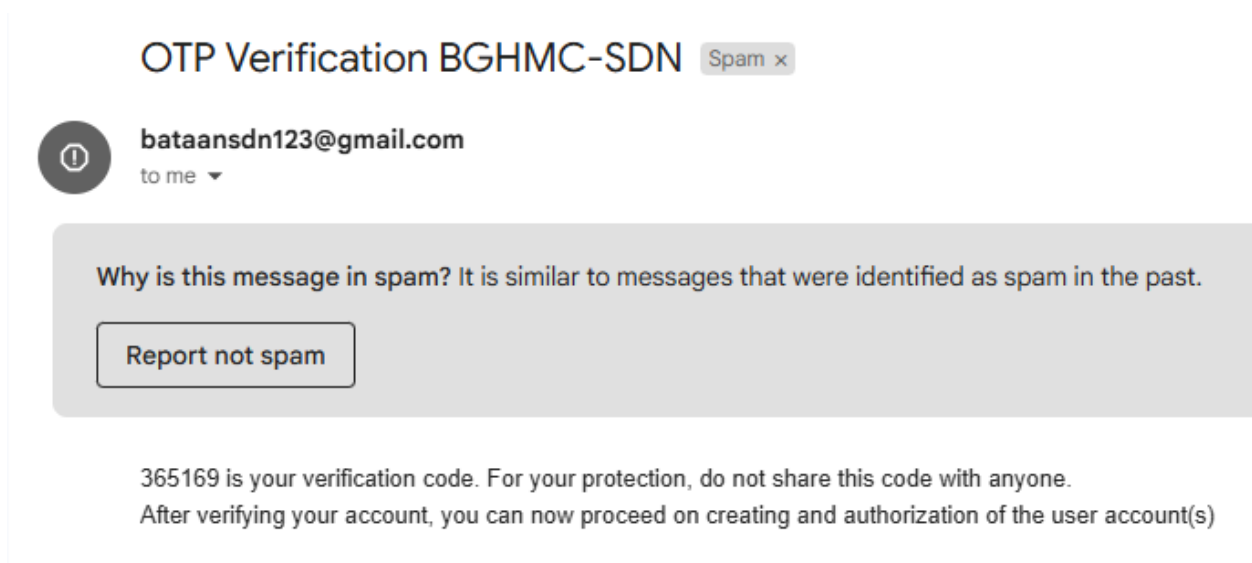
1. The hospital code is essential for the unique identification of registered local hospitals and RHUs.
2. The mobile number is important for verifying certain cases, especially when cancelling a referral during processing.

2. REQUEST REGISTRATION VERIFICATION

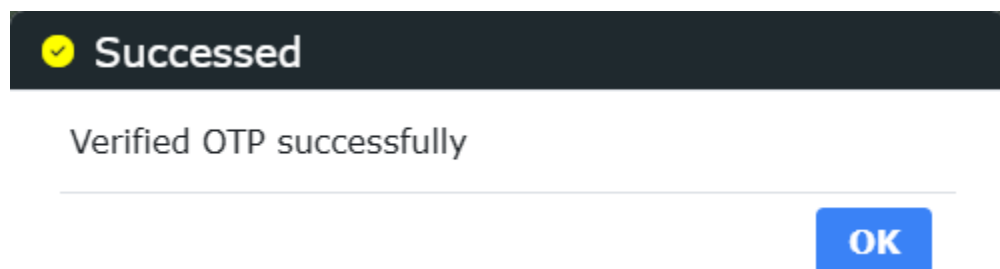
- a. Click the **Register** button; the OTP verification window will appear.



- 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.

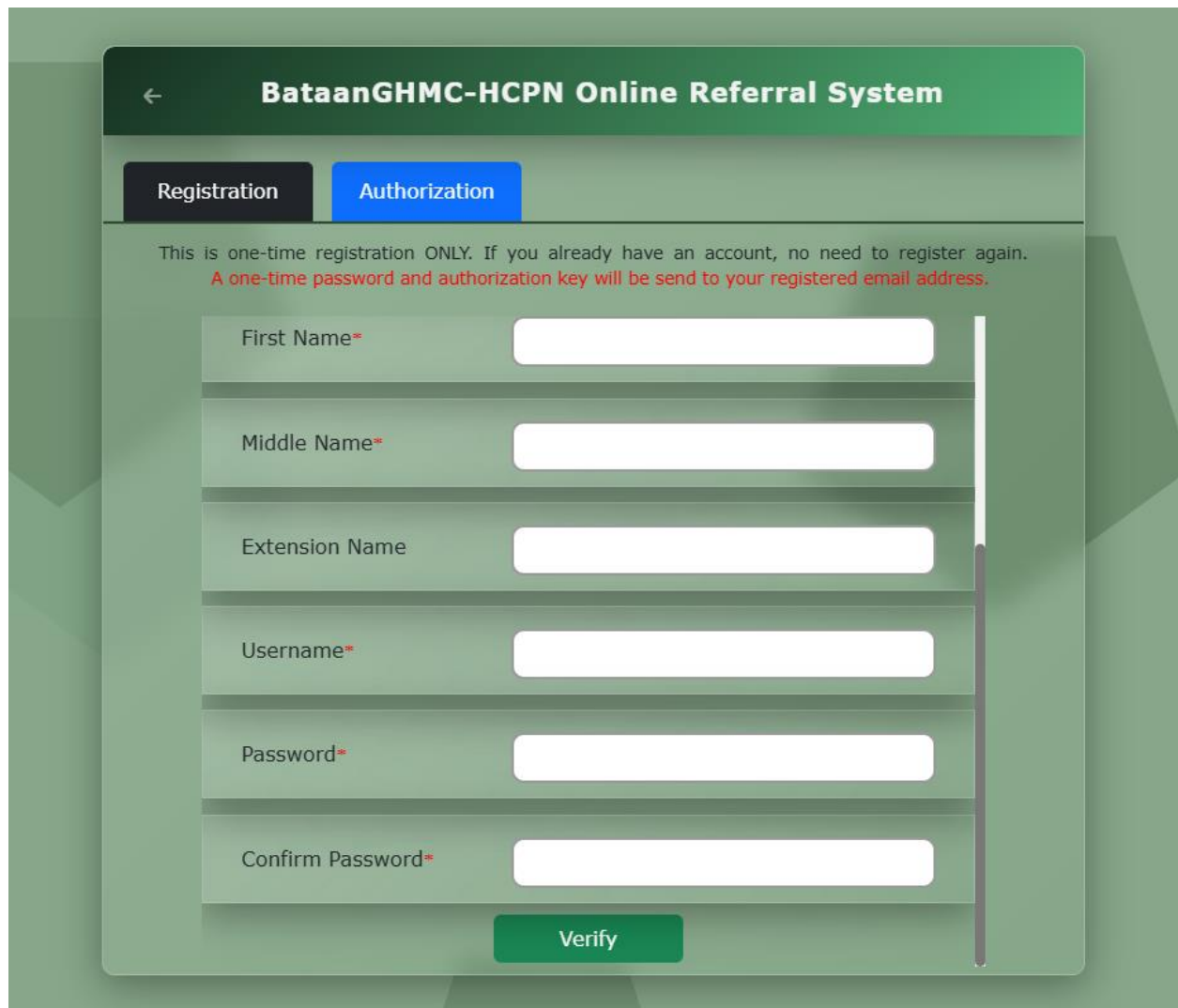
3. HOSPITAL USER AUTHORIZATION

- 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.)*

The screenshot shows the 'BataanGHMC-HCPN Online Referral System' interface. At the top, there is a green header with a back arrow and the system name. Below the header, there are two tabs: 'Registration' (dark green) and 'Authorization' (blue). The 'Authorization' tab is selected. Below the tabs, a message states: '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.' Below this message is a form with six input fields, each with a label and an asterisk indicating it is required: 'Hospital Code*', 'Cipher Key*', 'Last Name*', 'First Name*', 'Middle Name*', and 'Extension Name'. The 'Cipher Key*' field is highlighted with a red rectangular border. A vertical scrollbar is visible on the right side of the form.

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.



The image shows a web interface for the BataanGHMC-HCPN Online Referral System. At the top, there is a green header bar with a back arrow and the title "BataanGHMC-HCPN Online Referral System". Below the header, there are two tabs: "Registration" (highlighted in dark blue) and "Authorization" (highlighted in light blue). The main content area contains a registration form with the following fields: "First Name*", "Middle Name*", "Extension Name", "Username*", "Password*", and "Confirm Password*". Each field has a corresponding white input box. Below the form is a green "Verify" button. A message above the form states: "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." The background of the interface is a light green gradient.

← **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.

First Name*

Middle Name*

Extension Name

Username*

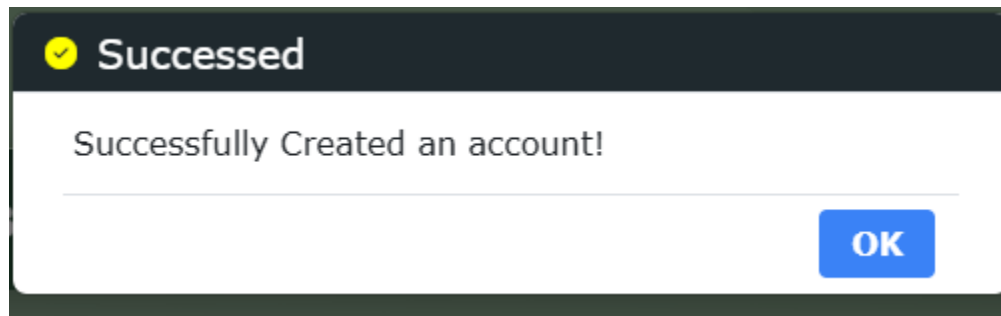
Password*

Confirm Password*

Verify

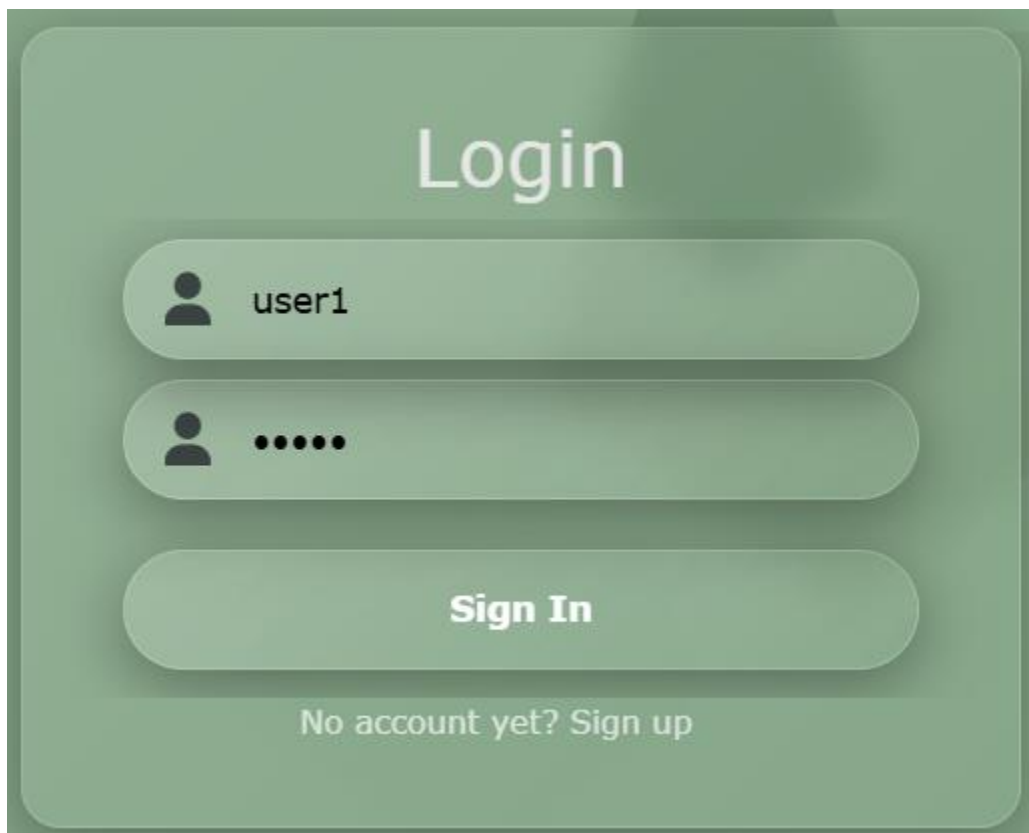
Note: Only two (2) user accounts will be allowed to register per local hospital or RHU.

- 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..

BataanGHMC-HCPN Online Referral System

Bataan General Hospital and Medical Center

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- 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.

Add **Clear** **Q Search Patient**

Personal Information

Last Name: Dela Cruz
First Name: Juan
Middle Name: Santos
Name Ext.: Jr.
Birthday: 01/01/1994
Age: 31
Gender: Male
Civil Status: Single
Religion: Sample
Occupation: Sample
Nationality: Sample
Passport No.:
Others: Hospital No.: 2012, PHIC PhilHealth Number:
Permanent Address
House No./Lot/Bldg: Sample
Street/Block: Sample
Region: Region 3
Province: BATAAN
Municipality / City: CITY OF BALANGA (Capi)
Barangay: CUPANG PROPER
Home Phone No.:
Mobile Phone No.: 0912-3456-789
Email Address: sample@gmail.com
Current Workplace Address
House No./Lot/Bldg:
Street/Block:
Region: Select
Province: Select
Municipality / City: Select
Barangay: Select
Name of Workplace:
Landline/Mobile No.:
Email Address:
Current Address **Same as permanent**
House No./Lot/Bldg: Sample
Street/Block: Sample
Region CA: Region 3
Province: BATAAN
Municipality / City: CITY OF BALANGA (Capi)
Barangay: CUPANG PROPER
Home Phone No.:
Mobile Phone No.: 0912-3456-789
Email Address: sample@gmail.com
Address Outside the Philippines (For OFW only)
Employers Name:
Occupation: Place of Work:
House No./Lot/Bldg: Street/Block:
Region: Province:
Municipality / City: Country:
Office Phone No.: Mobile Phone No.:

6. PATIENT SEARCHING

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

The screenshot shows a patient registration form with several sections: Personal Information, Permanent Address, Current Workplace Address, Current Address, and Address Outside the Philippines (For OFW only). The Search Patient button is located at the top right corner of the form.

Personal Information

Last Name: Dela Cruz
First Name: Juan
Middle Name: Santos
Name Ext.: Jr.
Birthday: 01/01/1994
Age: 31
Gender: Male
Civil Status: Single
Religion: Sample
Occupation: Sample
Nationality: Sample
Passport No.:
Others: Hospital No. 2012, PHIC PhilHealth Number

Permanent Address

House No./Lot/Bldg: Sample
Street/Block: Sample
Region: Region 3
Province: BATAAN
Municipality / City: CITY OF BALANGA (Capi)
Barangay: CUPANG PROPER
Home Phone No.:
Mobile Phone No.: 0912-3456-789
Email Address: sample@gmail.com

Current Workplace Address

House No./Lot/Bldg:
Street/Block:
Region: Select
Province: Select
Municipality / City: Select
Barangay: Select
Name of Workplace:
Landline/Mobile No.:
Email Address:

Current Address *Same as permanent*

House No./Lot/Bldg: Sample
Street/Block: Sample
Region CA: Region 3
Province: BATAAN
Municipality / City: CITY OF BALANGA (Capi)
Barangay: CUPANG PROPER
Home Phone No.:
Mobile Phone No.: 0912-3456-789
Email Address: sample@gmail.com

Address Outside the Philippines (For OFW only)

Employers Name:
Occupation: Place of Work:
House No./Lot/Bldg: Street/Block:
Region: Province:
Municipality / City: Country:
Office Phone No.: Mobile Phone No.:

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

The screenshot shows a modal form titled "Search Patient" with a close button (X) in the top right corner. The form contains input fields for Last Name, First Name, Middle Name, Patient ID, and Birthday. A Search button is located below the name fields.

Search Patient X

Last Name: Dela Cruz
First Name: First Name
Middle Name: Middle Name
Search
Patient ID: _____
Birthday: _____

- 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

First Name

Middle Name

Dela Cruz

First 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.

The screenshot shows the Patient Registration Form with the 'Classification' dropdown menu open. The menu lists the following options: Classification, ER, OB, PCR, Toxicology, Cancer, and OPD. The form fields are populated with sample data:

- Classification:** ER
- Name:** Santos, Name Ext.: N/A
- Birthdate:** 01/01/1994, **Age:** 31
- Gender:** Male, **Civil Status:** Single
- Religion:** Sample
- Occupation:** Sample
- Nationality:** Sample, **Passport No.:** N/A
- Others:** Hospital No.: 2012, PHIC: N/A
- Permanent Address:** House No./Lot/Bldg: Sample, Street/Block: Sample, Region: Region 3, Province: 308, Municipality / City: 30803, Barangay: 30803008, Home Phone No.: 0, Mobile Phone No.: 912, Email Address: sample@gmail.com
- Current Address:** Same as permanent, House No./Lot/Bldg: Sample, Street/Block: Sample, Region CA: Region 3, Province: 308, Municipality / City: 30803, Barangay: 30803008, Home Phone No.: 0, Mobile Phone No.: 0912-3456-789, Email Address: sample@gmail.com
- Current Workplace Address:** House No./Lot/Bldg: N/A, Street/Block: N/A, Region: N/A, Province: N/A, Municipality / City: N/A, Barangay: N/A, Name of Workplace: N/A, Landline/Mobile No.: N/A, Email Address: sample@gmail.com
- Address Outside the Philippines (For OFW only):** Employers Name: N/A, Occupation: N/A, Place of Work: N/A, House No./Lot/Bldg: N/A, Street/Block: N/A, Region: N/A, Province: N/A, Municipality / City: 0, Country: 0, Office Phone No.: 0, Mobile Phone No.: 0

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

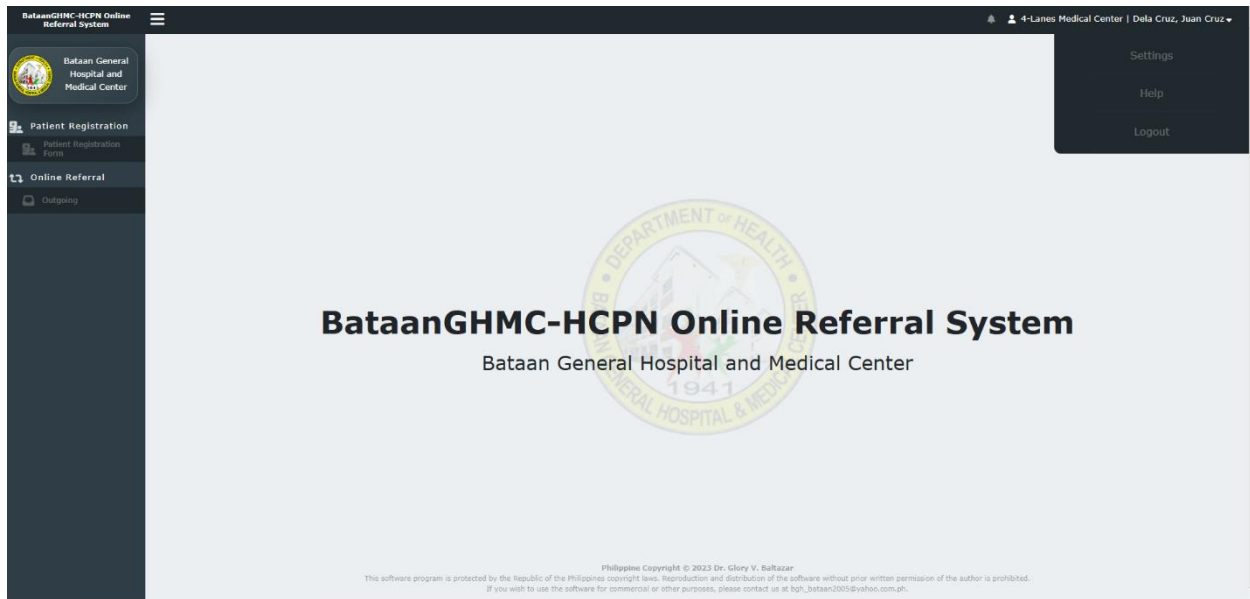
The image shows three buttons: a dark blue button with 'ER' and a dropdown arrow, a teal button with 'Refer', and a red button with 'Cancel'.

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

A warning dialog box with a yellow triangle icon and the text 'Warning'. The message reads: 'Fill in first the Referring Doctors List'. At the bottom, there are two buttons: 'OK' and 'Redirect'.

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.

4-Lanes Medical Center - Doctor's List

Search Name

Delos Santos

Pedro

Cruz

0913-4213-421|

Add

Full Name	Mobile Number	Status
-----------	---------------	--------

- 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.

4-Lanes Medical Center - Doctor's List

Full Name	Mobile Number	Status	
Delos Santos, Pedro Cruz	0913-4213-421	Active	Remove

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.

Bataan General Hospital and Medical Center

ER

Refer

Cancel

Search Patient

Personal Information

Last Name

First Name

Middle Name

Name Ext.

Birthdate

Age

Gender

Civil Status

Religion

Occupation

Nationality

Passport No.

Others

Hospital No.

PHIC

Permanent Address

House No./Lot/Bldg

Street/Block

Region

Province

Municipality / City

Barangay

Home Phone No.

Mobile Phone No.

Email Address

Current Address

House No./Lot/Bldg

Street/Block

Region CA

Province

Municipality / City

Barangay

Home Phone No.

Mobile Phone No.

Email Address

Current Workplace Address

House No./Lot/Bldg

Street/Block

Region

Province

Municipality / City

Barangay

Name of Workplace

Landline/Mobile No.

Email Address

Address Outside the Philippines (For OFW only)

Employers Name

Occupation

Place of Work

House No./Lot/Bldg

Street/Block

Region

Province

Municipality / City

Country

Office Phone No.

Mobile Phone No.

- 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.)

ER Referral Form

SubmitCancel

Refer to *

Bataan General Hospital and Medical Center

Sensitive Case * ⓘ

☒ Yes ☐ No

ICD-10 Diagnosis

Q ICD-10 Code

Q ICD-10 Title

Parent/Guardian(If minor)

PHIC Member? *

Select

Mode of Transport *

Select

Date/Time Admitted

2025-04-30

Referring Doctor *

Select

Chief Complaint and History (Subjective) *

Reason for Referral (Plan) *

Diagnosis (Assessment) *

Remarks *

Physical Examination

BP * ⓘ

HR * ⓘ

RR * ⓘ

Temp (°C) * ⓘ

WT. (kg) * ⓘ

Pertinent PE Findings (Objective) *

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

ICD-10 Diagnosis

Q ICD-10 Code

Q ICD-10 Title

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

ER Referral Form

SubmitCancel

Refer to *

Bataan General Hospital and Medical Center

Sensitive Case * ⓘ

☒ Yes ☐ No

ICD-10 Diagnosis

ICD-10 Code

arrest

146 Cardiac arrest

146.0 Cardiac arrest with successful resuscitation

146.9 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

Chief Complaint and History (Subjective) *

Sample

Reason for Referral (Plan) *

Sample

Diagnosis (Assessment) *

Sample

Remarks *

Sample

Physical Examination

BP * ⓘ

HR * ⓘ

RR * ⓘ

Temp (°C) * ⓘ

Sample

Sample

Sample

Sample

WT. (kg) * ⓘ

Sample

Pertinent PE Findings (Objective) *

Sample

9. PATIENT REFERRAL STATUS

- 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.

The screenshot shows the 'Outgoing Referral Patients' interface. On the left is a sidebar with navigation options: Patient Registration, Online Referral, and Outgoing. The main area has a search bar with fields for Referral No., Last Name, First Name, Middle Name, Case Type, Agency, and Status. Below the search bar is a table with columns: Reference No., Patient's Name, Type, Agency, Date/Time, and Status. A single entry is shown for patient Juan Santos, with status 'Pending'. A pencil icon is visible in the status column.

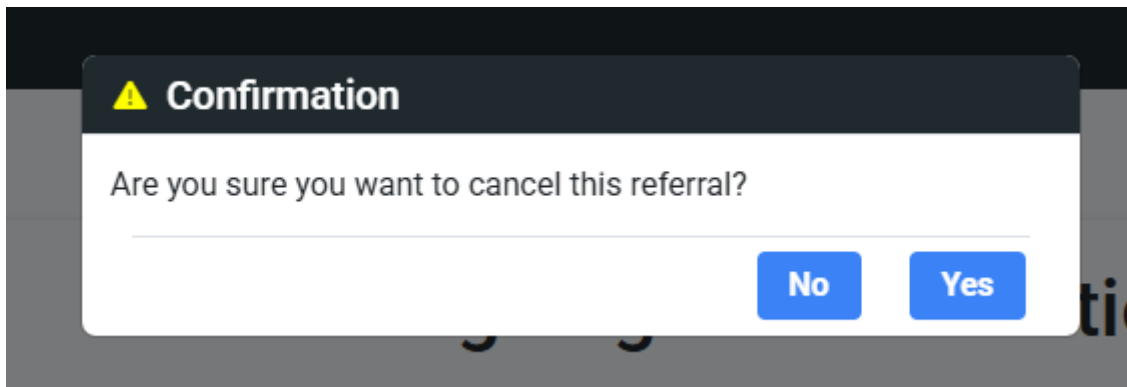
Reference No.	Patient's Name	Type	Agency	Date/Time	Status
R3-BTN-BALANGA-BGHMC-2025-04-30 - 1	Dela Cruz, Juan Santos	ER	Referred by: 4-Lanes Medical Center Landline: 658-7745 Mobile: 0945-7746-967	Referred: 2025-04-30 11:36:28 Reception: 00:00:00 SDN Processed: 00:00:00	Pending

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

The 'PATIENT REFERRAL INFORMATION' form displays patient and referral details. It includes fields for Patient ID, Referral Status, Referring Agency, Last Name, First Name, Middle Name, Extension Name, Gender, Civil Status, Religion, Contact No., Blood Pressure, Heart Rate, and Respiratory Rate. It also shows Case Number, Age, ICD-10 Diagnosis, Subjective, Objective, and Assessment sections.

Patient ID:	PAT000063	Case Number:	REF000051
Referral Status:	On-Process	Age:	31
Referring Agency:	4-Lanes Medical Center	ICD-10 Diagnosis	I46 : Cardiac arrest
Last Name:	Dela Cruz	SUBJECTIVE:	Sample
First Name:	Juan	OBJECTIVE:	Sample
Middle Name:	Santos	ASSESSMENT:	Sample
Extension Name:	N/A		
Gender:	Male		
Civil Status:	Single		
Religion:	Sample		
Contact No.:	912		
Blood Pressure:	Sample		
Heart Rate (HR):	Sample		
Respiratory Rate (RR):	Sample		

- 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**.

Outgoing Referral Patients

Referral No. Last Name First Name Middle Name Case Type Agency Status

Show entries

Reference No.	Patient's Name	Type	Agency	Date/Time	Status	
R3-BTN-BALANGA-BGHMC-2025-04-30 - 1	Dela Cruz, Juan Santos	ER	Referred: 4-Lanes Medical Center Landline: 658-7745 Mobile: 0945-7746-367	Referred: 2025-04-30 11:36:28 Reception: 2025-04-30 11:42:33 +6:05 SDN Processed: 00:01:33	Processing: 00:00:00	Approved

Showing 1 to 1 of 1 entries

Previous Next

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

OBJECTIVE:

Sample

ASSESSMENT:

Sample

PLAN:

Sample

Approval Details

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

Close