VALUE AND EFFECTIVENESS THROUGH ENGAGEMENT:

DIGITAL REFERRALS AND ORDERS

A Specialist's Experience

June 13, 2026

OSCAR BC AGM

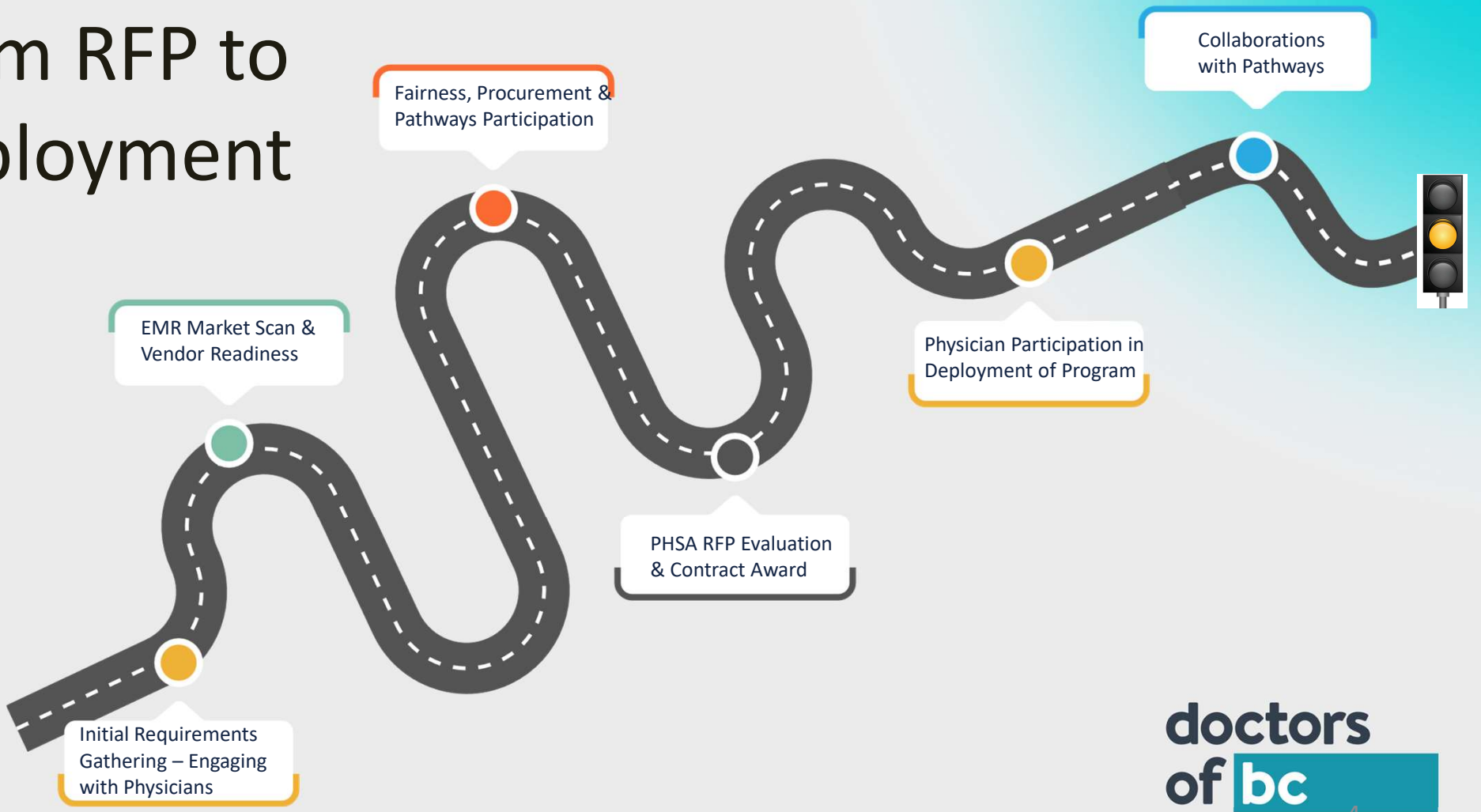
WHY BOTHER WITH ENGAGEMENT?

1. VALUE
2. EFFECTIVENESS

DRO PROGRAM:
A JOURNEY OF ENGAGEMENT

1. Physicians (Doctors of BC)
2. Peers / Colleagues (eReferrals)
3. Patients

From RFP to Deployment



Achievements (Fall 2025)

Stats

- 33 digital referrals templates available which replace 100+ forms
- 126 sites onboarded onto OceanMD; 832 providers across all regions in BC
- 2829 total referrals processed via OceanMD
- 3 Community Imaging Clinics live, with another 13 in progress

Milestones

- Integration complete or underway for 75% of the BC EMR market share
- Multiple radiology clinics are live and integrated with OceanMD
- Development of single-entry digital referral models using OceanMD
- Integrations underway for Lab & Medical Imaging eOrders and eSubmissions

doctors of bc

Engagement Efforts

JSC
JOINT STANDING COMMITTEE ON RURAL ISSUES

SSC
SPECIALIST SERVICES COMMITTEE

Consultant Specialists of BC

FPSC
Family Practice Services Committee

Primary Care Network

22 Sections Engaged

SharedCare
Partners for Patients

BC FAMILY DOCTORS

Divisions of Family Practice
An FPSC initiative

doctors of bc

Restart of Digital Referrals & Orders

BC Shared Health Services

Program Restarting

The BC Digital Referrals & Orders program is resuming, enabling clinicians to send, receive and track referrals, diagnostic orders, and special authority requests electronically — reducing reliance on fax and paper.

Integrated Workflow

Will allow clinicians access the DRO workflow through their EMR, health authority clinical information systems, or the Pathways BC directory — enabled through integrated connections with OceanMD.

Phased Deployment

Deployments will restart with community primary care and specialist clinics using a phased, region-based approach. Clinics that began onboarding before the pause will be contacted to resume.

Led by: BC Shared Health Services (BCSHS)

DRO Lead contact: manpreet.khaira1@phsa.ca

More info: https://dro.phsa.ca

Ocean capabilities

BC Shared Health Services

Ocean Provider Network

eReferrals

Digital request for specialized care or services for a patient in a community or health authority setting

****Live****

eOrders

Digital request for a diagnostic investigation or procedure (lab test or medical imaging)

****Lab in development****

eSubmissions

Digital request to obtain approval for a special request to a third party

****In development****

eConsults

Digital request for advice from a specialist that can be acted on without requiring a patient visit

****Not in current scope****

Healthmap

A visual map-based search tool **supporting all Ocean Provider Network services**, using provincially sourced provider, health service and clinic location data. Enables easy searching and sorting of providers accepting digital requests through Ocean using advanced filtering options.

CLOSED-LOOP PROVINCIAL EREFERRAL SYSTEM

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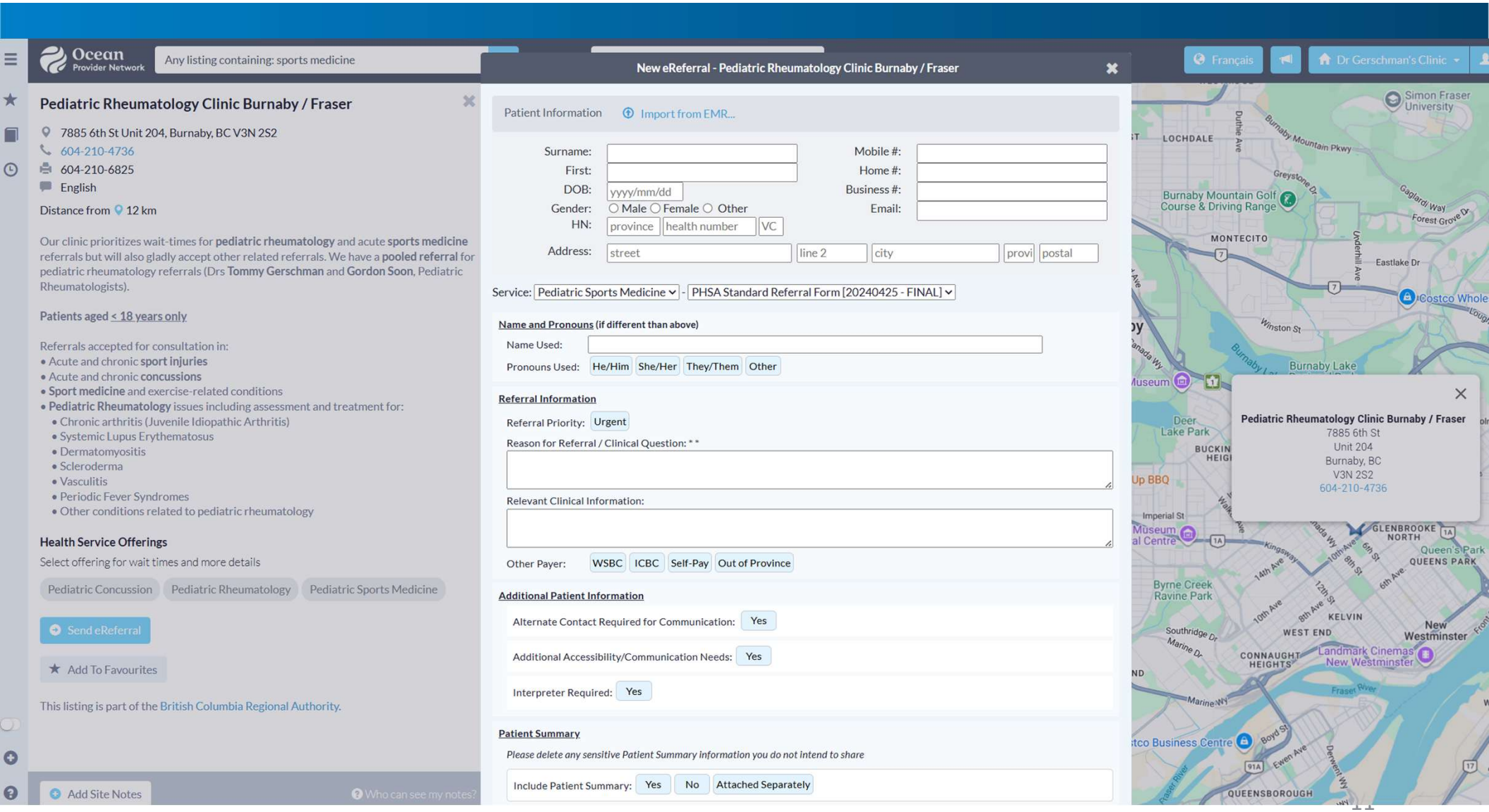
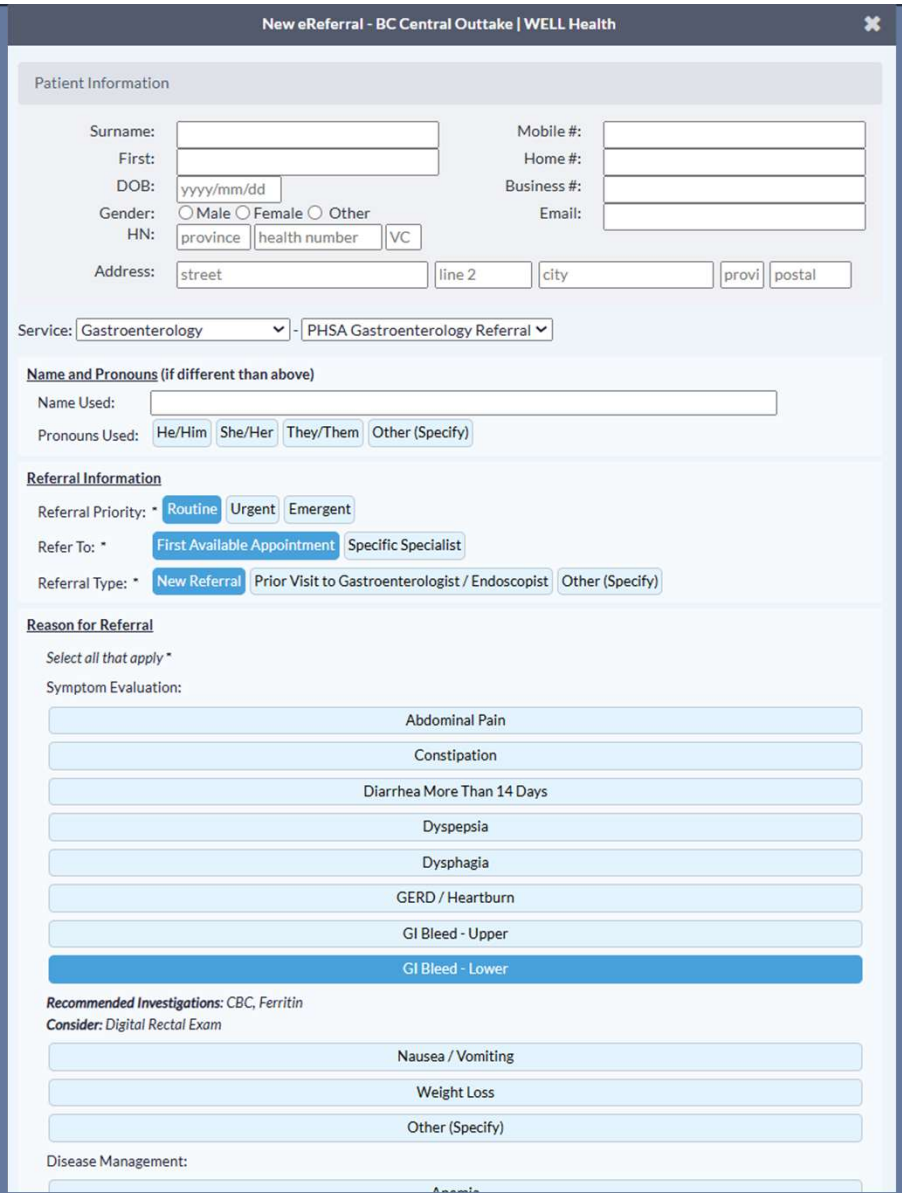
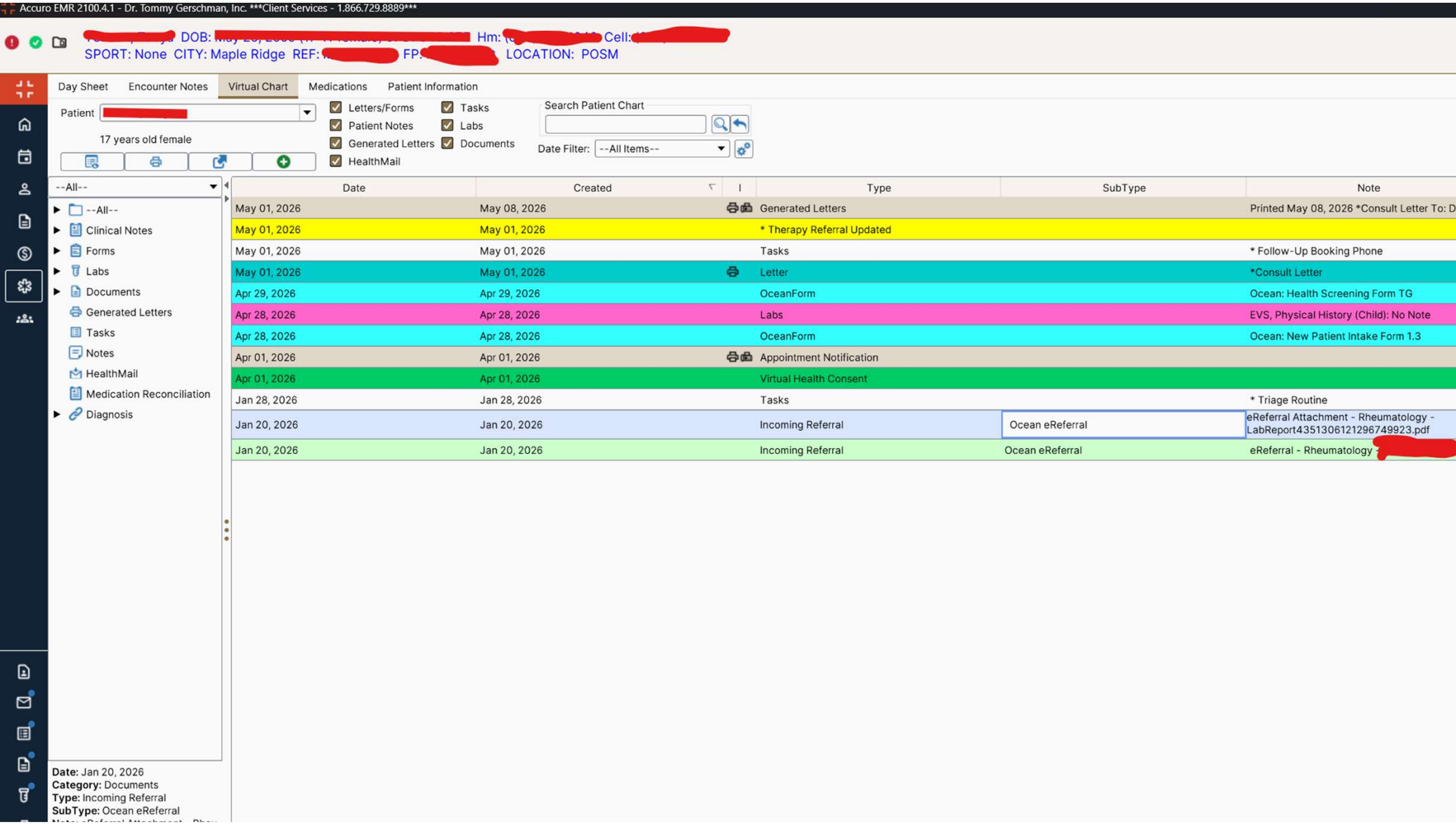
doctors of bc


Ocean Provider Network
Any listing containing: sports medicine
Français
Dr Gerschman's Clinic
Pediatric Rheumatology Clinic Burnaby / Fraser
7885 6th St Unit 204, Burnaby, BC V3N 2S2
604-210-4736
604-210-6825
English
Distance from 12 km
Our clinic prioritizes wait-times for pediatric rheumatology and acute sports medicine referrals but will also gladly accept other related referrals. We have a pooled referral for pediatric rheumatology referrals (Drs Tommy Gerschman and Gordon Soon, Pediatric Rheumatologists).
Patients aged < 18 years only
Referrals accepted for consultation in:
• Acute and chronic sport injuries
• Acute and chronic concussions
• Sport medicine and exercise-related conditions
• Pediatric Rheumatology issues including assessment and treatment for:
• Chronic arthritis (Juvenile Idiopathic Arthritis)
• Systemic Lupus Erythematosus
• Dermatomyositis
• Scleroderma
• Vasculitis
• Periodic Fever Syndromes
• Other conditions related to pediatric rheumatology
Health Service Offerings
Select offering for wait times and more details
Pediatric Concussion
Pediatric Rheumatology
Pediatric Sports Medicine
Send eReferral
Add To Favourites
This listing is part of the British Columbia Regional Authority.
Add Site Notes
Who can see my notes?
New eReferral - Pediatric Rheumatology Clinic Burnaby / Fraser
Patient Information
Import from EMR...
Surname:
First:
DOB:
yyyy/mm/dd
Gender:
Male
Female
Other
HN:
province
health number
VC
Mobile #:
Home #:
Business #:
Email:
Address:
street
line 2
city
provi
postal
Service:
Pediatric Sports Medicine
PHSA Standard Referral Form [20240425 - FINAL]
Name and Pronouns (if different than above)
Name Used:
Pronouns Used:
He/Him
She/Her
They/Them
Other
Referral Information
Referral Priority:
Urgent
Reason for Referral / Clinical Question: * *
Relevant Clinical Information:
Other Payer:
WSBC
ICBC
Self-Pay
Out of Province
Additional Patient Information
Alternate Contact Required for Communication:
Yes
Additional Accessibility/Communication Needs:
Yes
Interpreter Required:
Yes
Patient Summary
Please delete any sensitive Patient Summary information you do not intend to share
Include Patient Summary:
Yes
No
Attached Separately
Pediatric Rheumatology Clinic Burnaby / Fraser
7885 6th St
Unit 204
Burnaby, BC
V3N 2S2
604-210-4736
Simon Fraser University
LOCHDALE
Burnaby Mountain Golf Course & Driving Range
MONTECITO
Eastlake Dr
Costco Whole
Winston St
Burnaby Lake
Museum
Deer Lake Park
Imperial St
GLENBROOKE NORTH
Queen's Park
QUEENS PARK
Byrne Creek Ravine Park
KELVIN
WEST END
New Westminster
CONNAUGHT HEIGHTS
Landmark Cinemas New Westminster
Fraser River
Costco Business Centre
QUEENSBOROUGH


New eReferral - BC Central Outtake | WELL Health
Patient Information
Surname:
First:
DOB:
yyyy/mm/dd
Gender:
Male
Female
Other
HN:
province
health number
VC
Mobile #:
Home #:
Business #:
Email:
Address:
street
line 2
city
provi
postal
Service:
Gastroenterology
PHSA Gastroenterology Referral
Name and Pronouns (if different than above)
Name Used:
Pronouns Used:
He/Him
She/Her
They/Them
Other (Specify)
Referral Information
Referral Priority: *
Routine
Urgent
Emergent
Refer To: *
First Available Appointment
Specific Specialist
Referral Type: *
New Referral
Prior Visit to Gastroenterologist / Endoscopist
Other (Specify)
Reason for Referral
Select all that apply *
Symptom Evaluation:
Abdominal Pain
Constipation
Diarrhea More Than 14 Days
Dyspepsia
Dysphagia
GERD / Heartburn
GI Bleed - Upper
GI Bleed - Lower
Recommended Investigations: CBC, Ferritin
Consider: Digital Rectal Exam
Nausea / Vomiting
Weight Loss
Other (Specify)
Disease Management:


Accuro EMR 2100.4.1 - Dr. Tommy Gerschman, Inc. ***Client Services - 1.866.729.8889***
DOB:
Hm:
Cell:
SPORT: None CITY: Maple Ridge REF:
FP
LOCATION: POSM
Day Sheet
Encounter Notes
Virtual Chart
Medications
Patient Information
Patient
17 years old female
Letters/Forms
Patient Notes
Generated Letters
HealthMail
Tasks
Labs
Documents
Search Patient Chart
Date Filter: --All Items--
--All--
--All--
Clinical Notes
Forms
Labs
Documents
Generated Letters
Tasks
Notes
HealthMail
Medication Reconciliation
Diagnosis
Date
Created
I
Type
SubType
Note
May 01, 2026 May 08, 2026 Generated Letters Printed May 08, 2026 *Consult Letter To: D
May 01, 2026 May 01, 2026 * Therapy Referral Updated
May 01, 2026 May 01, 2026 Tasks * Follow-Up Booking Phone
May 01, 2026 May 01, 2026 Letter *Consult Letter
Apr 29, 2026 Apr 29, 2026 OceanForm Ocean: Health Screening Form TG
Apr 28, 2026 Apr 28, 2026 Labs EVS, Physical History (Child): No Note
Apr 28, 2026 Apr 28, 2026 OceanForm Ocean: New Patient Intake Form 1.3
Apr 01, 2026 Apr 01, 2026 Appointment Notification
Apr 01, 2026 Apr 01, 2026 Virtual Health Consent
Jan 28, 2026 Jan 28, 2026 Tasks * Triage Routine
Jan 20, 2026 Jan 20, 2026 Incoming Referral Ocean eReferral eReferral Attachment - Rheumatology - LabReport435130612129674923.pdf
Jan 20, 2026 Jan 20, 2026 Incoming Referral Ocean eReferral eReferral - Rheumatology
Date: Jan 20, 2026
Category: Documents
Type: Incoming Referral
SubType: Ocean eReferral

Virtual Chart Previewer fo[redacted]

1 / 2 Pages 100%

TI146836729514711192 28aa1861b434bcfa999d42d83138b8c0d.pdf

Saved to this PC

Referral for Rheumatology

Ocean

Sent by Dr[redacted] directory on Jan 20, 2026 at 8:39 AM (Received on Jan 20, 2026 at 1:56 PM)

Referral Status: Pending Booking

General

Patient:
[redacted]
DOB: [redacted] (Female)
HN:
BC[redacted]
MRN: [redacted]
[redacted]
Maple ridge, BC
[redacted]
[redacted] (H)
[redacted] (M)
[redacted]@gmail.com

Recipient:
Dr. Tommy Gerschman
Pediatric Rheumatology
Clinic Burnaby / Fraser
7885 6th St
Unit 204
Burnaby, BC
V3N 2S2
604-210-4736 (P)
604-210-6825 (F)

Forwarded electronically by BC Central Outtake | WELL Health to Pediatric Rheumatology Clinic Burnaby / Fraser on Jan 20, 2026

Referred by:
Dr. [redacted]
Electronically signed: Morne Smit
Coquitlam | WELL Health (BC)
Unit 56-2991 Lougheed Hwy.
Coquitlam, BC
V3B 6J6
604-945-7819 (P)
604-945-2884 (F)
Billing #: [redacted]
Professional ID: [redacted]

Referral Form Summary

Referral Information
Refer To: Specific Specialist
Specialist Name: DR T Gerschman

Reason for Referral / Clinical Question: Please assess this patient with history of pos HLA B27 and family hx of AS and now has ongoing joint clicking and feeling she needs to loosen up her joints constantly.

She sees a pediatrician for her anxiety.

escription
eferral - Rheumatology - [redacted]
oquitlam _ WELL Health

Created On: Jan 20, 2026
Type: Incoming Referral

12 of 12

Download

Ocean
Provider Network

[redacted]

Sports Medicine Specialist

General

For: Dr Tommy Gerschman - North Vancouver
Sent by [redacted]

Patient:
[redacted]
dob[redacted] F age 11
HN: BC[redacted]
[redacted]
vancouver, BC
[redacted]
[redacted]
604-[redacted]
604-[redacted]

Referred by:
[redacted]
Kerrisdale | WELL Health (BC)
2077 W 42nd Ave
Vancouver, BC
V6M 2B4
Billing #[redacted]
Professional ID[redacted]
604-261-9494
604-261-9405

Copy of referral and status updates to:

Notes

New Note:

Add Attachments...

Messaging

To:

Add Attachments...

Referral Form Summary

Referral Information
Refer To: Specific Specialist
Specialist Name: first available sports medicine doctor

Reason for Referral / Clinical Question: Walk in
S:
11 y/o F
- The patient reports that she "feels a crack in her left knee"
- Denies any pain in her knee
- Denies any problems with her ROM
- Pt does perform Competitive Gymnastics
- She participated in a competition on Feb 8 - following this, she noticed worsening sx.
O:
Normal Gait and Ambulation
- Normal Knee ROM
- BL Knees appear normal on examination
- With full Flexion of the left knee - there is an audible cracking sound

A/P:
1. Left Knee Crepitus in the setting of competitive gymnastics
- I ordered a Sports medicine referral for long term management
- I will defer imaging/work-up to the specialist

Relevant Clinical Information Has been well

Patient Summary
Family and Social History: , Came to Canada beginning 2023

Patient's Note

Scheduling

Appointment: pending time... Medium: In Person at 131 13th St E Anticipated Wait Time to Appointment: Confirmed

Patient engagement tools

BC Shared Health Services

When clinics sign up for eReferrals, select Ocean Patient Engagement tools are provided **at no cost to Sending and Receiving clinics** to improve provider–patient communication.

Appointment Reminders

Allows providers to send email reminders for upcoming appointments based on patient groups or visit types.

Patient Messages

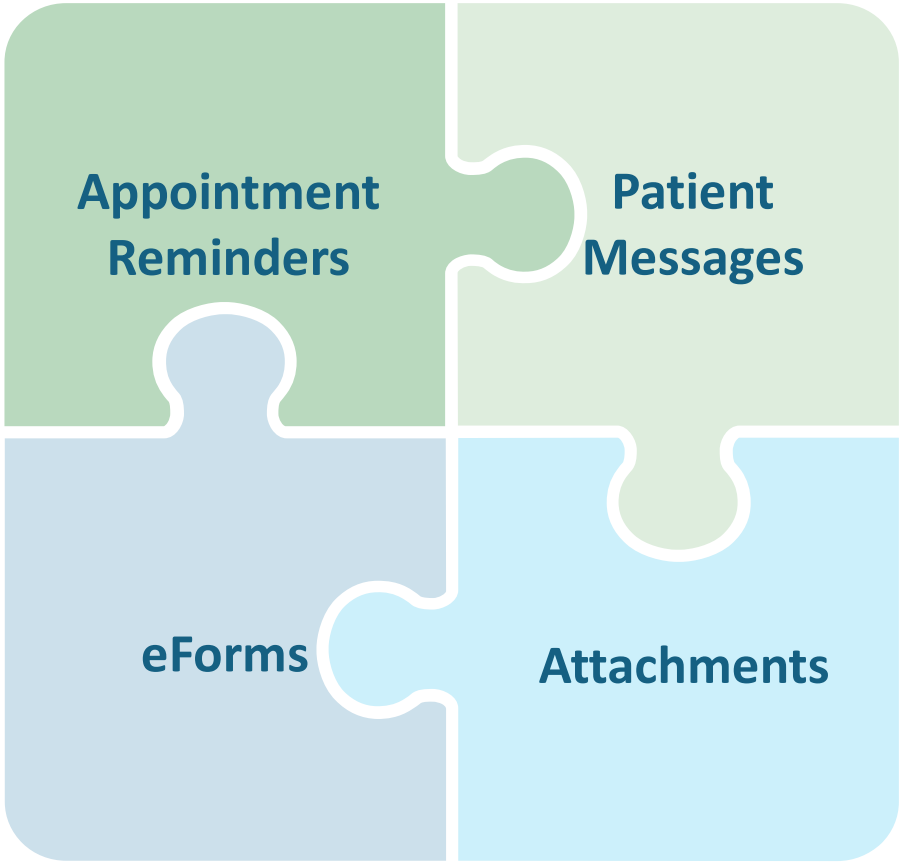
Allows providers to send updates, messages and information (e.g., appointment instructions) directly to patients.

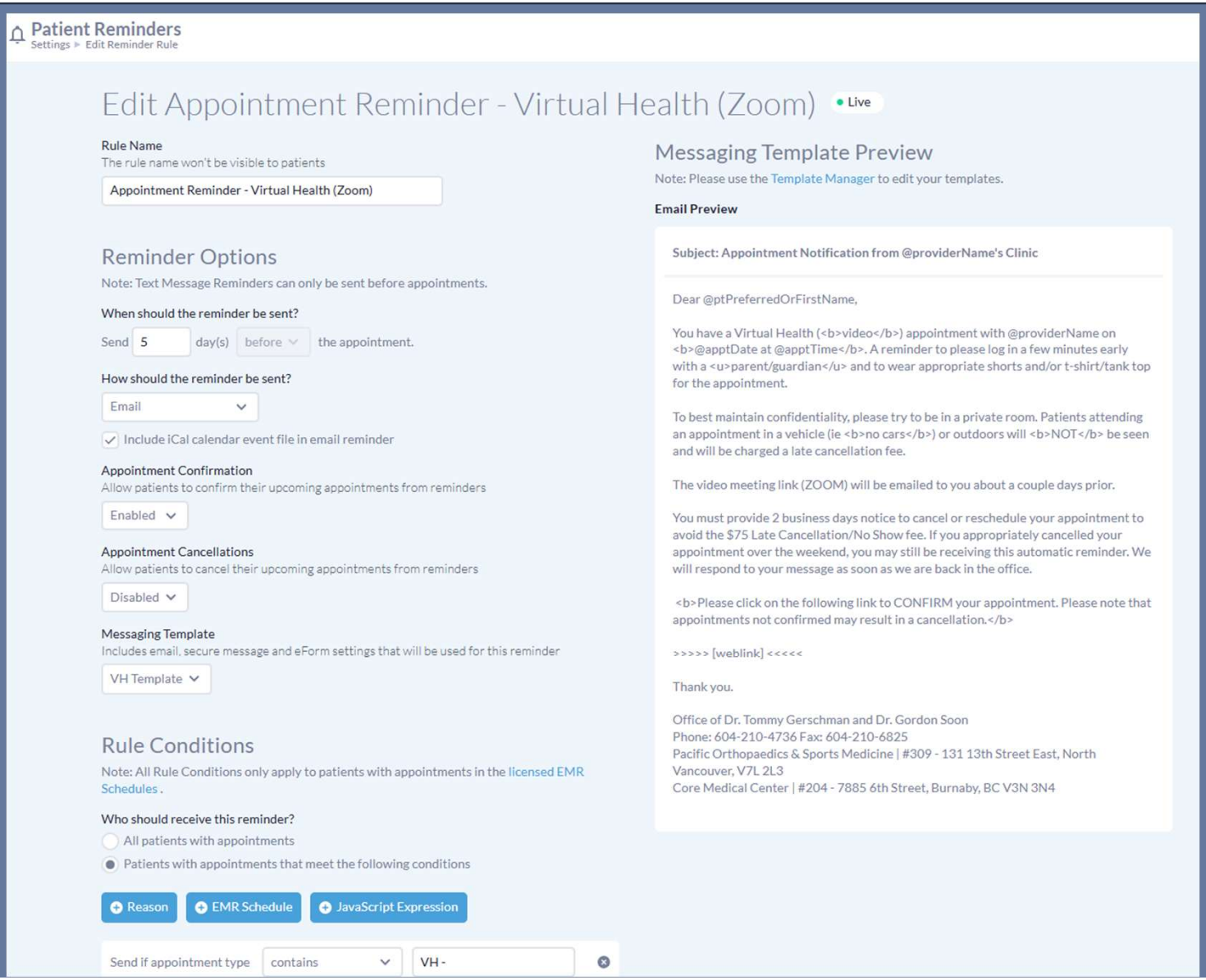
eForms

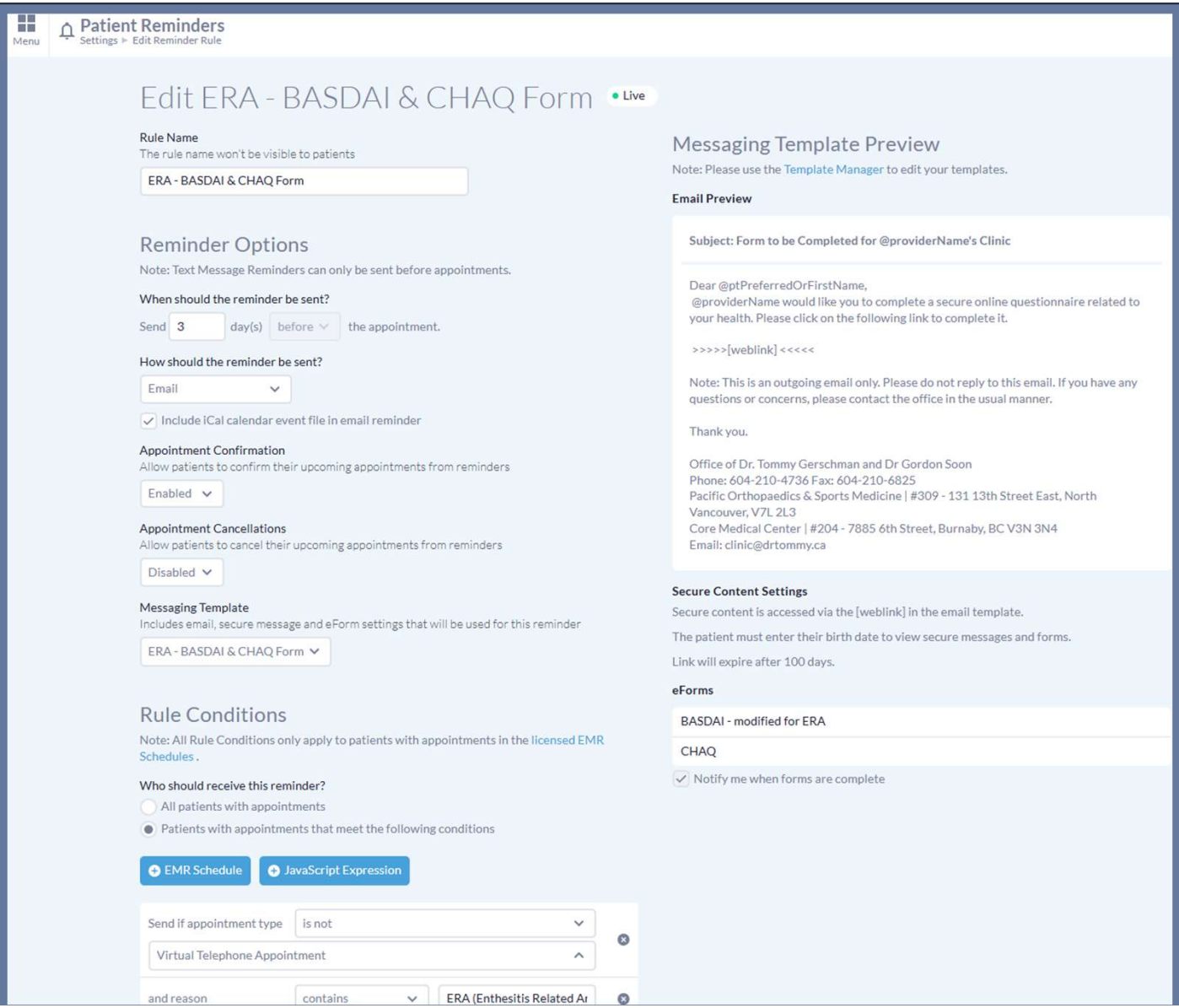
Allows clinics to create custom or standardized forms (e.g., intake, PHQ-9, etc.) and send them directly to patients. Completed responses are automatically saved in the patient's chart.

Attachments

Attach a variety of document types (PDF, PNG, MP3, MP4 and more) or send links to multimedia for easy sharing.




Patient Reminders
Settings ▸ Edit Reminder Rule
Edit Appointment Reminder - Virtual Health (Zoom)
Live
Rule Name
The rule name won't be visible to patients
Appointment Reminder - Virtual Health (Zoom)
Reminder Options
Note: Text Message Reminders can only be sent before appointments.
When should the reminder be sent?
Send 5 day(s) before the appointment.
How should the reminder be sent?
Email
Include iCal calendar event file in email reminder
Appointment Confirmation
Allow patients to confirm their upcoming appointments from reminders
Enabled
Appointment Cancellations
Allow patients to cancel their upcoming appointments from reminders
Disabled
Messaging Template
Includes email, secure message and eForm settings that will be used for this reminder
VH Template
Rule Conditions
Note: All Rule Conditions only apply to patients with appointments in the licensed EMR Schedules .
Who should receive this reminder?
All patients with appointments
Patients with appointments that meet the following conditions
Reason
EMR Schedule
JavaScript Expression
Send if appointment type
contains
VH -
Messaging Template Preview
Note: Please use the Template Manager to edit your templates.
Email Preview
Subject: Appointment Notification from @providerName's Clinic
Dear @ptPreferredOrFirstName,
You have a Virtual Health (video) appointment with @providerName on @apptDate at @apptTime. A reminder to please log in a few minutes early with a <u>parent/guardian</u> and to wear appropriate shorts and/or t-shirt/tank top for the appointment.
To best maintain confidentiality, please try to be in a private room. Patients attending an appointment in a vehicle (ie no cars) or outdoors will NOT be seen and will be charged a late cancellation fee.
The video meeting link (ZOOM) will be emailed to you about a couple days prior.
You must provide 2 business days notice to cancel or reschedule your appointment to avoid the $75 Late Cancellation/No Show fee. If you appropriately cancelled your appointment over the weekend, you may still be receiving this automatic reminder. We will respond to your message as soon as we are back in the office.
Please click on the following link to CONFIRM your appointment. Please note that appointments not confirmed may result in a cancellation.
>>>>> [weblink] <<<<<
Thank you.
Office of Dr. Tommy Gerschman and Dr. Gordon Soon
Phone: 604-210-4736 Fax: 604-210-6825
Pacific Orthopaedics & Sports Medicine | #309 - 131 13th Street East, North Vancouver, V7L 2L3
Core Medical Center | #204 - 7885 6th Street, Burnaby, BC V3N 3N4


Menu
Patient Reminders
Settings ▸ Edit Reminder Rule
Edit ERA - BASDAI & CHAQ Form
Live
Rule Name
The rule name won't be visible to patients
ERA - BASDAI & CHAQ Form
Reminder Options
Note: Text Message Reminders can only be sent before appointments.
When should the reminder be sent?
Send 3 day(s) before the appointment.
How should the reminder be sent?
Email
Include iCal calendar event file in email reminder
Appointment Confirmation
Allow patients to confirm their upcoming appointments from reminders
Enabled
Appointment Cancellations
Allow patients to cancel their upcoming appointments from reminders
Disabled
Messaging Template
Includes email, secure message and eForm settings that will be used for this reminder
ERA - BASDAI & CHAQ Form
Rule Conditions
Note: All Rule Conditions only apply to patients with appointments in the licensed EMR Schedules .
Who should receive this reminder?
All patients with appointments
Patients with appointments that meet the following conditions
EMR Schedule
JavaScript Expression
Send if appointment type is not
Virtual Telephone Appointment
and reason contains ERA (Enthesitis Related Ar
Messaging Template Preview
Note: Please use the Template Manager to edit your templates.
Email Preview
Subject: Form to be Completed for @providerName's Clinic
Dear @ptPreferredOrFirstName,
@providerName would like you to complete a secure online questionnaire related to your health. Please click on the following link to complete it.
>>>>>[weblink] <<<<<
Note: This is an outgoing email only. Please do not reply to this email. If you have any questions or concerns, please contact the office in the usual manner.
Thank you.
Office of Dr. Tommy Gerschman and Dr Gordon Soon
Phone: 604-210-4736 Fax: 604-210-6825
Pacific Orthopaedics & Sports Medicine | #309 - 131 13th Street East, North Vancouver, V7L 2L3
Core Medical Center | #204 - 7885 6th Street, Burnaby, BC V3N 3N4
Email: clinic@drtommy.ca
Secure Content Settings
Secure content is accessed via the [weblink] in the email template.
The patient must enter their birth date to view secure messages and forms.
Link will expire after 100 days.
eForms
BASDAI - modified for ERA
CHAQ
Notify me when forms are complete

You should score yourself on the following symptoms, based on **how you feel now.**

Headache:

0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

"Pressure in head":

0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

Neck Pain:

0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

Nausea or vomiting:

0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

Dizziness:

0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

Blurred vision:

0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

Balance problems:

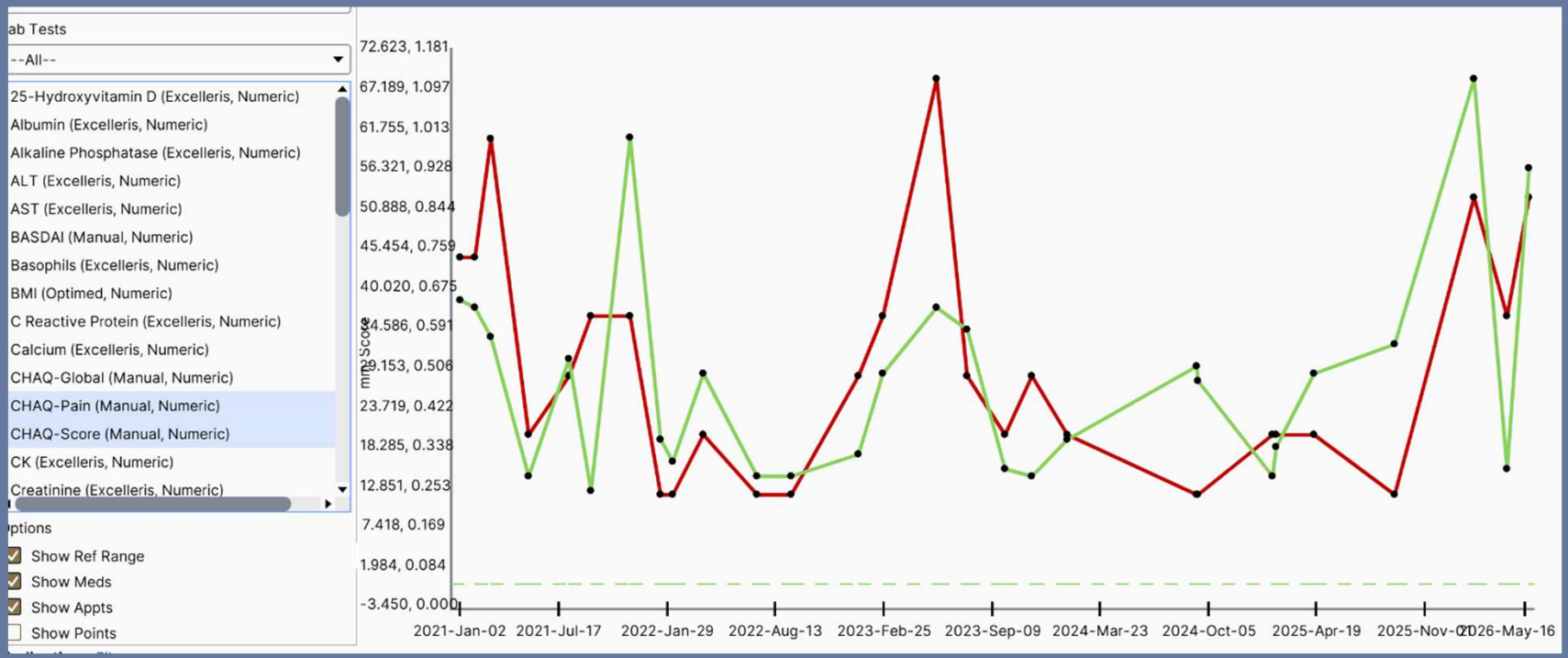
0 - None 1 - Mild 2 3 - Moderate 4 5 6 - Severe

This panel shows how the note will appear in the chart.
(drag this box out of the way as necessary)

SCAT5 - Sport Concussion Assessment Tool
Headache: 2
"Pressure in head": 3
Neck Pain: 2
Nausea or vomiting: 3
Dizziness: 4
Blurred vision: 2
Balance problems: 2
Sensitivity to light: 4
Total Number of Symptoms @SCAT5-TNS: 8 / 22
Total Symptom Severity Score @SCAT5-SSS: 22 / 132

Labs

Result	May 20, 2026	May 08, 2026	May 06, 2026	Apr 01, 2026	Mar 30, 2026	Jan 28, 2026	Sep 10, 2025	Sep 08, 2025	Apr 16, 2025	Apr 14, 2025	Feb 07,
EVS											
BASDAI		**2.4**			**1.1**	**5.1**					
CHAQ-Score		**0.875**			**0.625**	**0.875**		**0.25**		**0.375**	
CHAQ-Pain		**57**			**16**	**69**		**33**		**29**	
CHAQ-Global		**51**			**21**	**48**		**24**		**38**	



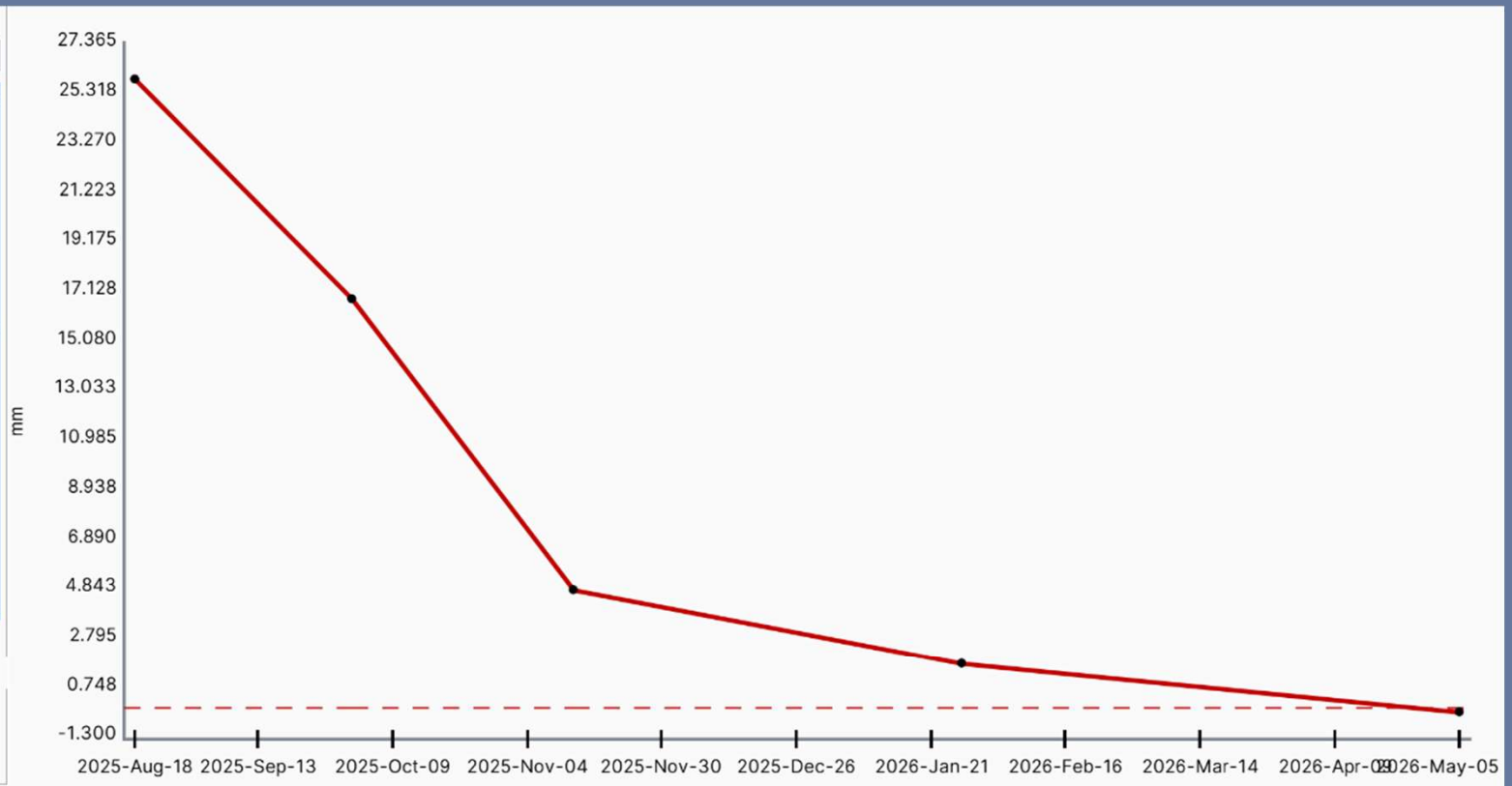
Lab Tests

--All--

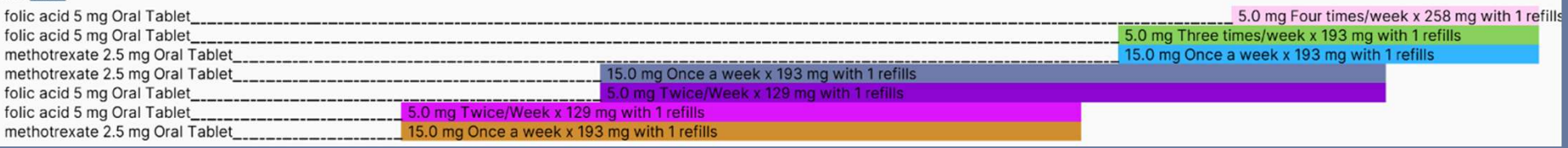
- 25-Hydroxyvitamin D (Excelleris, Numeric)
- Albumin (Excelleris, Numeric)
- Alkaline Phosphatase (Excelleris, Numeric)
- ALT (Excelleris, Numeric)
- AST (Excelleris, Numeric)
- Basophils (Excelleris, Numeric)
- C Reactive Protein (Excelleris, Numeric)
- CHAQ-Global (Manual, Numeric)
- CHAQ-Pain (Manual, Numeric)
- CHAQ-Score (Manual, Numeric)
- Complement C3 (Excelleris, Numeric)
- Complement C4 (Excelleris, Numeric)
- Creatinine (Excelleris, Numeric)
- Eosinophils (Excelleris, Numeric)
- EVS (Manual, Numeric)

Options

- [x] Show Ref Range
- [x] Show Meds
- [x] Show Appts
- [ ] Show Points



Medications Filter



Patient Information

First Name: Alex

Does patient have a nickname or "preferred" name other than first name? (leave blank if same as first name):

Middle Name:

Last Name: Appleseed

Birthdate: 2007-07-25

Sex (as registered with MSP): M

Does the patient have alternate preferred pronouns? No Yes

Please indicate preferred pronouns: He/Him She/Her They/Them Other

Care Card/Personal Health#: 1234567890

Street Address (including Unit/Apt #):

123 Main St

City:

Toronto

Province: ON

Postal Code:

A0A 9Z9

Home Phone#:

60485899966

Cell Phone#:

6048968899

Work or Alternate Phone#:

Preferred Phone#: Cell Phone

Do you have a Family Doctor (or doctor you see regularly)? No Yes

Family Doctor (First and Last Name and Location if known):

John Smith

Other Physicians who you are under the care of:
(Optional: Skip this if it does not apply to you.)

Please enter the name of your preferred **pharmacy** (and location if known):

Shoppers Whislter

This panel shows how the note will appear in the chart.
(drag this box out of the way as necessary)

New Patient Form
Patient Information
Preferred Pronouns are: **They/Them**
Patient Name: Alex **Appleseed**
Birthdate: 2007-07-25 *Gender:* M
PHN: 1234567890
Address: 123 Main St, Toronto, ON, A0A 9Z9
Home Phone#: 60485899966
Cell Phone#: 6048968899
Preferred Phone#: **Cell Phone**

Family Doctor: John Smith
Preferred Pharmacy: Shoppers Whislter
FAMILY AND SOCIAL HISTORY
Alex lives in Toronto. Who is $$ years old. Alex lives apart from . Also living at home with her is her .

Age in Months: 611
@EVS: 0
@PrimarySport: ""

School & Sport Participation

Are you a student? No Yes

Current Grade (Current/Most Recent Grade): 8

Primary Sport: Soccer

Approximate number of Practices in a week: 3

Approximate number of Games in a week: 1

Other Recreational or Sport Activities:

Current Level of Activity (this week)

How many times **this week** were you active or exercising at a moderate-vigorous intensity (*ie break into a sweat*)?

3

On average, **how long** were you active or exercising at a moderate-vigorous intensity (*in minutes*) during each of these times?

45

Previous Next

This panel shows how the note will appear in the chart.
(drag this box out of the way as necessary)

New Patient Form
Patient Information
Preferred Pronouns are: **They/Them**
Patient Name: Alex **Appleseed**
Birthdate: 1975-07-12 *Gender:* M
PHN: 1234567890
Address: 123 Main St, Toronto, ON, A0A 9Z9
Home Phone#: 6048986633
Cell Phone#: 6048896699
Preferred Phone#: **Cell Phone**

Family Doctor: Dr Smith
Preferred Pharmacy: Shoppers Whistler

SCHOOL & SPORT PARTICIPATION
Alex is in Grade 8. She indicates that her primary sport is Soccer. There are approximately 3 practices per week and 1 games. This past week she recalls exercising at a moderate-vigorous intensity about 3 times. On average, she was exercising for about 45 minutes each time. Her exercise vital sign calculates to 135.

FAMILY AND SOCIAL HISTORY
Alex lives in Toronto. Who is $$ years old. Alex lives apart from . Also living at home with her is her .

Age in Months: 611
@EVS: 135
@PrimarySport: "Soccer"

Family and Social History

Information about Parent/Guardian #1

Parent/Guardian's Name: John Smith

Biological Parent? [No] [Yes]

Age: 38

Does the child live with parent/guardian #1? [No] [Yes] [Yes (Part Time)]

Are there any medical conditions? [No] [Yes] [Unknown]

If yes, please list all medical condition(s):

1.) allergies
2.)
3.)
4.)
5.)

Smoker? [No] [Yes] [Yes (Outside Only)]

Information about Parent/Guardian #2

Parent/Guardian's Name: Jane Doe

Biological Parent? [No] [Yes]

Age: 36

Does the child live with parent/guardian #2? [No] [Yes] [Yes (Part Time)]

Are there any medical conditions? [No] [Yes] [Unknown]

If yes, please list all medical condition(s):

1.) diabetes
2.)
3.)
4.)
5.)

Smoker? [No] [Yes] [Yes (Outside Only)]

Any other adults living in the home?

[None] [Step mother] [Step father] [Grandfather] [Grandmother] [Aunt] [Uncle] [Other]

Information about Siblings

Number of siblings: 1

This panel shows how the note will appear in the chart.
(drag this box out of the way as necessary)

New Patient Form
Patient Information
Preferred Pronouns are: **They/Them**
Patient Name: Alex **Appleseed**
Birthdate: 1975-07-12 *Gender:* M
PHN: 1234567890
Address: 123 Main St, Toronto, ON, A0A 9Z9
Home Phone#: 6048986633
Cell Phone#: 6048896699
Preferred Phone#: **Cell Phone**

Family Doctor: Dr Smith
Preferred Pharmacy: Shoppers Whistler

SCHOOL & SPORT PARTICIPATION
Alex is in Grade 8. She indicates that her primary sport is Soccer. There are approximately 3 practices per week and 1 games. This past week she recalls exercising at a moderate-vigorous intensity about 3 times. On average, she was exercising for about 45 minutes each time. Her exercise vital sign calculates to 135.

PAST MEDICAL HISTORY
Alex does not report any other significant medical conditions. She does not have a history of any previous surgeries. She was hospitalized for appendicitis. **Alex reports an allergy to penicillin.** She does not have any food allergies or intolerances. There have been no developmental concerns or learning / attention issues. Immunizations are up to date.

Current medications reported by patient include:
1.) Ibuprofen

FAMILY AND SOCIAL HISTORY
Alex lives in Toronto. Her [mother|father] is John Smith who is 38 years old. Medical issues include allergies. Alex's [mother|father] is Jane Doe, who is 36 years old. Medical issues include diabetes. Alex lives with both parents. Also living at home with her is her Grandmother. There are no smokers in the home. She has 1 sibling. She has a brother aged 12, who is healthy. There are no pets at home.

Age in Months: 611
Weight (in kg): @ChildWeight: 50
Height (in cm): @ChildHeight: 135
@IntakeForm: "COMPLETED"
@EVS: 135
@PrimarySport: "Soccer"

Patient engagement tools

BC Shared Health Services

When clinics sign up for eReferrals, select Ocean Patient Engagement tools are provided **at no cost to Sending and Receiving clinics** to improve provider–patient communication.

Appointment Reminders

Allows providers to send email reminders for upcoming appointments based on patient groups or visit types.

Patient Messages

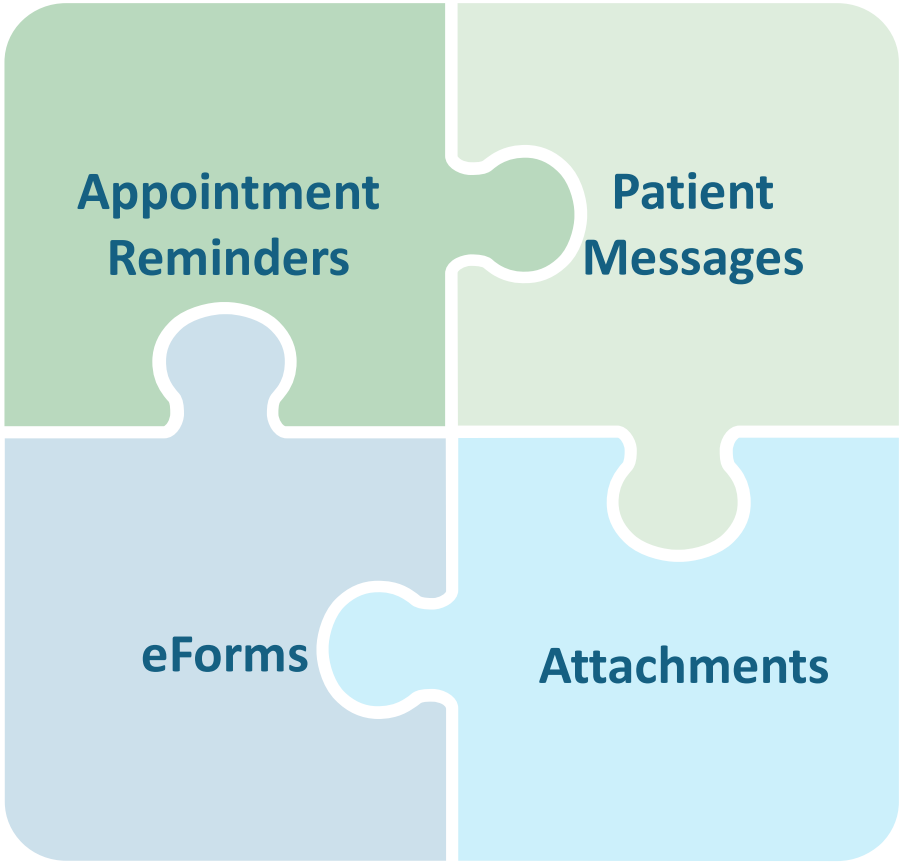
Allows providers to send updates, messages and information (e.g., appointment instructions) directly to patients.

eForms

Allows clinics to create custom or standardized forms (e.g., intake, PHQ-9, etc.) and send them directly to patients. Completed responses are automatically saved in the patient's chart.

Attachments

Attach a variety of document types (PDF, PNG, MP3, MP4 and more) or send links to multimedia for easy sharing.



Restart of Digital Referrals & Orders

BC Shared Health Services

Program Restarting

The BC Digital Referrals & Orders program is resuming, enabling clinicians to send, receive and track referrals, diagnostic orders, and special authority requests electronically — reducing reliance on fax and paper.

Integrated Workflow

Will allow clinicians access the DRO workflow through their EMR, health authority clinical information systems, or the Pathways BC directory — enabled through integrated connections with OceanMD.

Phased Deployment

Deployments will restart with community primary care and specialist clinics using a phased, region-based approach. Clinics that began onboarding before the pause will be contacted to resume.

Led by: BC Shared Health Services (BCSHS)

DRO Lead contact: manpreet.khaira1@phsa.ca

More info: https://dro.phsa.ca

DRO PROGRAM:
A JOURNEY OF ENGAGEMENT

1. Multiple levels and opportunities for engagement
2. Looking at Value Add for Physicians and Patients

… the work continues