



Government of **Western Australia**
WA Country Health Service



WACHS Telehealth Lactation Service E-referral Quick Guide

Date
Nov 2025



E-referral Tips

- Please ensure CONSENT
- Contact service if client is non-medicare
- Antenatal referral from 32 weeks
- Postnatal service up to baby is 6 weeks 6 days old
- Refer in mother's name
- Include URN of both baby and mother
- Brief description of why you are referring
- Key information such as weights, current plans and follow up arranged



Writing referral



eReferrals
Bunbury Hospital

[+ Create Referral](#) [Home](#) [Search](#) [Reports](#) [Admin](#)

Clinical Staff Please Note!! You will **NOT** be able to see any **REFERRALS** until you have added yourself to a Unit: **Admin>My Profile** have> **Save**
For Support contact Systems Support on 1800 828 433
email: WACHS-SW.HealthInformationSystemsAdmin@health.wa.gov.au

Category

-  Outpatient
-  Requestor
-  Gatekeeper
-  Responder

Date Filter

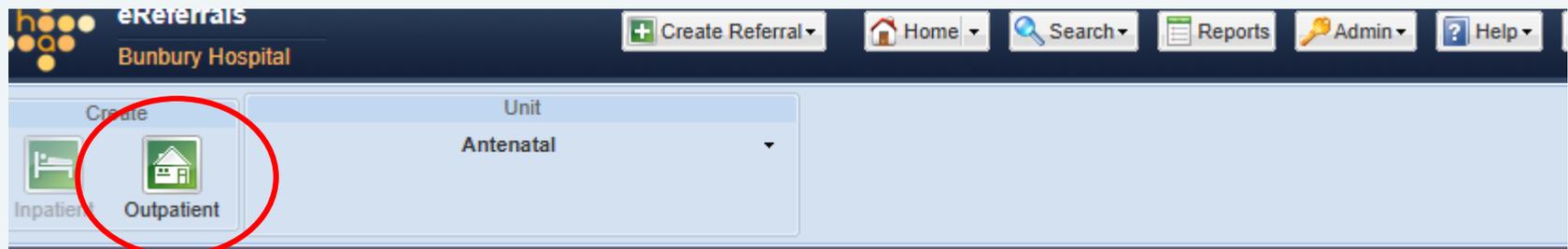
Refresh **From:**  Today
To:  [Reset](#)

Unit Filter

My Referrals (By Unit)
Antenatal

Searching for a Pt & Searching for a Referral

- Click on  **Search** and select either
 -  Search Patients
 -  Search Referrals
 - [GO](#)
 - [GO](#)
- To **Search Patients**, enter the UMRN
- To **search referrals** click on **Search Referrals** or enter the referral ID if known



eReferrals
Bunbury Hospital

[+ Create Referral](#) [Home](#) [Search](#) [Reports](#) [Admin](#) [Help](#)

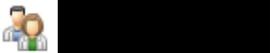
Create

-  Inpatient
-  **Outpatient**

Unit
Antenatal

OP Referrer Details - Outpatient (Draft)

BUNB - Antenatal



Contact No: [Redacted]

Source of Referral: [Redacted]

Reason for Referral: Assessment

Validity Period: 3 Months

Referral To

Site: [Redacted]

Unit: [Redacted]

Responder: [Redacted]

Urgency: [Redacted]

Referral To

Site: Bunbury Hospital

Unit: Antenatal [ANT] / Telehealth Lactation [ANTL]

Patient has the following active referral(s) to this unit:

ANT \ ANTL

Responder: [Redacted]

Urgency: Urgent

referral reviewed within 5 business days

- Complete all fields of questionnaire

Save Request Copy Cancel PDF Attach File

Gender: - Sex at Birth: **Female** Address: [Redacted] Local HSP: **WACHS** Local General: **Albany Health Campus** Local Tertiary: **Fiona Stanley Hospital**

Referrer Details - Outpatient (Draft) My Health Record

BUNB - Antenatal

Contact No: [Redacted]

Source of Referral: [Redacted]

Reason for Referral: Assessment

Validity Period: 3 Months

Referral To

Site: Bunbury Hospital

Unit: Antenatal [ANT] / Telehealth Lactation [ANTL]

Responder: [Redacted]

Urgency: [Redacted]

Hints to Unit/Service

WACHS Telehealth Lactation Service

- Please ensure maternal consent is obtained prior to referral.
- Clients permanently residing in the WA Country Health Service catchments are eligible for the service, regardless of birthing location.
- It is an acute service that provides support up until the newborn is 5 completed weeks of age.
- If the client is not eligible for Medicare, then a fee will be incurred. Please contact the WACHS Telehealth Lactation Service for more information.
- Appointments are only delivered via telephone and telehealth consults- no face-to-face service is available.
- Please ensure referral is made under Mothers URN
- Any referrals received **AFTER 1330** will be triaged the next business day.
- Referral **must** include appropriate clinical history including recent weights.
- Service consults will be documented in the clients WA Health Digital Medical Record. If handover is required at completion of the service, then the relevant organisation will be notified.

Any queries or concerns regarding referral please email: WachsLactationSupportService@health.wa.gov.au or call 97240509 during office hours.

If you require assistance with eReferrals access, please contact:
Health Information Systems Support (HISS) - 1800 828 433

A Clinician e-referral quick guide is also available:
[ICT Core Clinical - eReferrals Clinician Cheatsheet.pdf - All Documents \(sharepoint.com\)](#)

Details

Questionnaire* Additional Details

Is this referral for Antenatal or Postnatal? Antenatal Postnatal

Babies Date of Birth / Age or Mothers Gestation [Redacted]

Has baby been recognised as a vulnerable baby or Child at Risk? Yes No

If Yes - recognised as vulnerable or Child at Risk please detail. [Redacted]

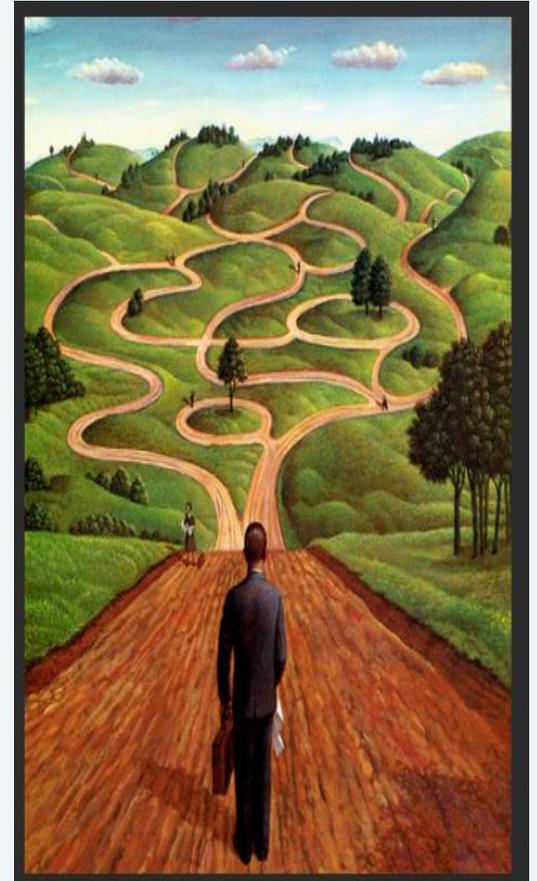
Babies Details: (UR / Name / Sex) [Redacted]

Babies Birthweight. [Redacted]

- If you click **Save** your referral will sit on the Draft tab and won't be sent anywhere
- If you click **Request** your referral will be sent to the Unit you need i.e.: Gastro.

Client Journey

- Referral received into e-referrals
- Referral triaged by Clinician
- The first video consult appointment will be booked.
- Client will be notified via text and email and sent some useful/helpful tips in the interim.
- A video link will be sent to the client to log into the Health Direct Portal at appointment time.



Further Questions?

Service Queries:

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Call: 97240509 during office hours

E-Referral Queries:

Call Health Information Systems Support (HISS) - 1800
828 433

Clinician e-referral information:

[ICT Core Clinical - eReferrals Clinician Cheatsheet.pdf - All Documents \(sharepoint.com\)](#)



Thank you

The artwork in this publication is the work of Leeann Kelly-Pedersen