

# TELEHEALTH ONLINE CLINICAL BOOKING FORM

## COORDINATOR GUIDE

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### A. RECEIVING A CLINICAL BOOKING FORM

1. Clinic Provider offices complete the online Clinical Booking Form and submit.
2. Coordinators will get an email in their Clinical Inbox from [SP2013@ehealthsask.ca](mailto:SP2013@ehealthsask.ca).
3. Once you open the email, click “here” to view the booking form.

From: SP2013\_uat@ehealthsask.ca [mailto:SP2013\_uat@ehealthsask.ca]  
 Sent: Monday, January 06, 2020 3:11 PM  
 To: Falastein, Jennifer SHA  
 Subject: Please review the TH Clinical Booking form for the Patient Site Arborfield by Provider Test7on06Jan2020 on Appointment date 1/11/2024 at 19:00 Reference:

Workflow Notification

Please review the Telehealth Clinical Booking form. Upon reviewing update the task to either Approve or Reject.

Click [here](#) to complete the Clinical booking form.

### CLINICAL BOOKING FORM

SCHEDULING	
Appointment Date (mm/dd/yyyy)*:	TMS ID:
Start Time (SK)*: [dropdown] End Time (SK)*: [dropdown]	Reference:
Patient Site*: [Please select a value...]	Telehealth Partner:
Consultant*: [Please select a value...]	Consultant Specialty:
Consultant Telehealth Site*: [Please select a value...]	Other Site:
Consultant Phone*: [text]	Fax: [text]
PATIENT INFORMATION	
Patient Name*: [text]	Primary Phone*: [text] Secondary Phone: [text]
DOB (mm/dd/yyyy)*: [text]	HSN*: [text]
Address*: [text]	
Alternate Contact: [text]	Relationship: [Please select a value...]
Alternate Contact Phone: [text]	Other: [text]
CLINICAL REQUIREMENTS	
Talk Only*: [Yes] [No]	
Assessment Required:	
<input type="checkbox"/> Assessment form specific to clinic attached <input type="checkbox"/> Vital Signs (BP/Pulse/O2/Temperature) <input type="checkbox"/> Medication List <input type="checkbox"/> Ht <input type="checkbox"/> Wt <input type="checkbox"/> Others (list below)	
Additional Information relevant to this appointment (ie: specific infectious concerns with the Patient)	
[text area]	
OTHER	
Sender Name: Hryciuk, Michelle eHS	Date (mm/dd/yyyy): 03/12/2025
Sender's Phone Number*: 306-337-0968	Email Address*: Michelle.Hryciuk@eHealthSask.ca

Submit Cancel Print to PDF

# TELEHEALTH ONLINE CLINICAL BOOKING FORM

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#### 4. IMPORTANT NOTES:

##### a. TMS FIELD

- i. Coordinators will place TMS # in this field for booking reference.

**NOTE:** Coordinator must add **TMS #** to the reference field **BEFORE** approving and submitting.

##### b. REFERENCE FIELD

- i. This field used for ORG specific identifiers and appears in the **subject line** of the email notifications.
- ii. For OOP bookings, use the format: iScheduler # 00000 / TMS# 00000.

##### c. CLINICAL REQUIREMENTS

- i. Attached “Assessments Required” form:

1. Providers can attach an APPROVED assessment form that contains all the information needed prior to the clinic.
2. The form must be APPROVED by the Virtual Care Team prior to utilizing, they are advised to contact Virtual Care if they have questions about the form.

- ii. “Assessment Required” menu:

1. Providers may select options from the list of assessments and MUST provide instructions on what to do with that information in the “additional information” section.
2. Providers may also add specific information requests such as chest auscultation, edema assessment, etc and add this information in the “additional information” section of the booking form.

#### 5. Coordinator will review the requested date/time/location:

- i. If request can be accommodated, continue on to STEP 6. If NOT, skip to section B.
- ii. **NOTE:** Providers are to phone for any SAME DAY or URGENT requests (**less than 3 days before clinic date**) to verify availability **PRIOR** to submitting booking request. If they have not done so, please call to remind them.

#### 6. Coordinator will add way-finding instructions in the "comment section" for the provider to contact their patients. Example below:

*Thank you for your email. This is to confirm that we have received your booking request and it is completed. Please contact the patient directly to notify about the appointment and provide the wayfinding instructions, which are found below.*

*If you have any other questions, please email us at < your email address> or phone us at: <your phone number>*

*\*Insert Endpoint Name & Troubleshooting info\**

*\*Insert patient site wayfinding instructions\**

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- Coordinator will create conference in the the TMS and add the TMS ID# in the provided field of the booking form **BEFORE** approving and submitting the form.
- Now click “**Approved**” and Submit.

COORDINATOR'S APPROVAL SECTION

Approval Required: ☒ Approved ☐ Rejected

Comments: If you have any other questions, please email us at [VirtualCareClinicalBooking@saskhealthauthority.ca](mailto:VirtualCareClinicalBooking@saskhealthauthority.ca) or phone us at: 1-855-537-6602.  
Endpoint Name: Hudson Bay Health Facility


Submit





Cancel

Print to PDF

- Provider office will receive an email that booking has been approved.

APPROVEDTelehealth SK Booking for Carnduff on 4/6/2025 with Odogwu, Edward with TMS ID 123456


SP2013\_uat@ehealthsask.ca  
To: Hychuk, Michelle eHS  
Cc: Kaur, Ranmeet eHS

 Reply
 Reply All
 Forward


Thu 3/27/2025 4

The following Telehealth Saskatchewan Clinical Booking Form has been reviewed and APPROVED.

[Click here to view the form details.](#)

Status: Approved

Telehealth Partner: SHA Central Scheduling

TMS ID: 123456

Patient Site: Carnduff

Appointment Date: 4/6/2025

Start Time: 09:00

End Time: 09:30

Consultant: Odogwu, Edward

- Booking Form wil display on your landing page. If this is your first time logging on to the site, sign in using SHA or myehealth account credentials and bookmark the site:

<https://collaboration.web.ehealthsask.ca/sites/telehealth/booking/SitePages/Home.aspx>

- The Home page of the online clinical booking form is a portal to access both the online clinical booking form and Provider/Coordinator Landing pages. Click on the URL located on your landing page to see bookings created for scheduled patients in your facilities.

Welcome to the Telehealth Saskatchewan Clinical Booking Form

To submit a booking form, please click **Clinical Booking Form**

To view the Clinical Booking Form User Guide, click **CBF - Coordinator User Guide** or **CBF - Provider User Guide**

To view the support directory for Clinical Provider Offices, click **Clinical Provider Support Directory**

To view a Provider or Group Landing Page, please select from the list below.

✓ URL ↑  
[ABCC](#)

...

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12. If our landing page is open when bookings are submitted by the Provider office, you will need to refresh your page for them to appear. Please get into the habit of doing this regularly in the day.
13. Clinical bookings will auto-delete at midnight on the day the clinic is completed.

### B. REJECTING CLINIC REQUESTS

1. If date/time for clinical request is not available, select “Rejected” and add reason for rejecting in the comment section. See below example from SHA Central Scheduling:

*Thank you for your booking. This is to confirm that we have received your booking request. We are unable to accommodate the requested booking. Alternate times available that day are .... Please submit a revised booking*  
*If you have any other questions, please email us at*  
[VirtualCareClinicalBooking@saskhealthauthority.ca](mailto:VirtualCareClinicalBooking@saskhealthauthority.ca).  
*Or phone us at: 1-833-337-6602.*

2. Click Submit.

<b>COORDINATOR'S APPROVAL SECTION</b>	
Approval Required: <input type="radio"/> Approved <input checked="" type="radio"/> Rejected	
Comments:	<div style="border: 1px solid #ccc; min-height: 40px;"> <p>Thank you for your booking. This is to confirm that we have received your booking request. We are unable to accommodate the requested booking. Alternate times available that day are .... Please submit a revised booking</p> <p>If you have any other questions, please email us at <a href="mailto:VirtualCareClinicalBooking@saskhealthauthority.ca">VirtualCareClinicalBooking@saskhealthauthority.ca</a></p> </div>

Submit

Cancel

Print to PDF

3. The Provider site will receive an email containing a link to **MODIFY** the booking form with an alternate date/time.
4. Once modification is submitted, Coordinator will receive an email and must “approve” or “reject” the new date/time.
5. If Coordinator can approve new date/time, go back up to A- step 6 to complete the full process.

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### C. PRINTING/SAVING CLINICAL BOOKING FORM

1. If you need to print/scan a copy of the booking form.
2. Click “Print to PDF” to print or save.



**OTHER**

Sender Name: Hrychuk, Michelle KTHR Date (mm/dd/yyyy): 12/16/2019

Sender's Phone Number: 222-999-8888 Email Address: michelle.hrychuk@saskhealthauthority.ca

☐ Create Duplicate

3. If the booking form contains “clinical assessment forms”, you must also send copy of this attachment when forwarding on to the patient site as it will not print once embedded in the PDF.
4. Following clinic, destroy all copies of the form as per your organization’s policies.

### D. CANCELLING A CLINIC

1. If for any reason the clinical appointment needs to be canceled, either by the patient or provider, communication must go to all involved (provider office and approving Coordinator).
2. Email is the preferred method of communication up to 3 business days in advance of appointment. If less than 3 days, you **must** phone to communicate the cancellation.
3. The Coordinator will cancel the booking and appointment will disappear from both Coordinator and Provider landing pages.
  - a. Find clinical booking on landing page
  - b. Click on (...) by the booking
  - c. Select “Delete Item”



Patient Site	Patient Name	Consultant	Consultant Specialty	Appointment Date	Start Time	Status	Reference	Created	Created By	TMS ID	Other Specialty	Workflow to do
Acute	Test	Lewins, Tammy	Diabetes	4/16/2025	10:00	Approved		4/3/2025 1:03 PM	Klaui, Raviwrat eHS			Completed
Cabot	Test - sender email	Barker, Horace	Anesthesiology	4/24/2025	10:00	Rejected	SD: 12547	2/16/2025 9:30 AM	Hrychuk, Michelle eHS	456289		Completed