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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.
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 1/11/2034 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)*: <input type="text"/>	TMS ID: <input type="text"/>
Start Time (SK)*: <input type="text"/> (HH:MM) End Time (SK)*: <input type="text"/> (HH:MM)	Reference: <input type="text"/>
Patient Site*: <input type="text"/> [Please select a value...] Telehealth Partner: <input type="text"/>	
Consultant*: <input type="text"/> [Please select a value...] Consultant Specialty: <input type="text"/>	
Consultant Telehealth Site*: <input type="text"/> [Please select a value...] Other Site: <input type="text"/>	
Consultant Phone*: <input type="text"/>	Fax: <input type="text"/>
PATIENT INFORMATION	
Patient Name*: <input type="text"/> Primary Phone*: <input type="text"/> Secondary Phone: <input type="text"/>	
DOB (mm/dd/yyyy)*: <input type="text"/> HSN*: <input type="text"/>	
Address*: <input type="text"/>	
Alternate Contact: <input type="text"/>	Relationship: <input checked="" type="radio"/> [Please select a value...] <input type="radio"/> Other
Alternate Contact Phone: <input type="text"/>	
CLINICAL REQUIREMENTS	
Talk Only*: <input checked="" type="radio"/> Yes <input type="radio"/> No	
Assessment Required:	
<input type="checkbox"/> Assessment form specific to clinic attached Add Attachment <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)	
<input type="text"/>	
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	

TELEHEALTH ONLINE CLINICAL BOOKING FORM

COORDINATOR GUIDE

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

TELEHEALTH ONLINE CLINICAL BOOKING FORM COORDINATOR GUIDE

7. 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.
8. Now click “**Approved**” and Submit.

COORDINATOR'S APPROVAL SECTION

Approval Required: **Approved** **Rejected**

Comments:

Submit
Cancel
Print to PDF

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

APPROVED Telehealth 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, Rameet 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

10. 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>

11. 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 ...



TELEHEALTH ONLINE CLINICAL BOOKING FORM COORDINATOR GUIDE



- 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.
Or phone us at: 1-833-337-6602.

- 2. Click Submit.

COORDINATOR'S APPROVAL SECTION	
Approval Required: <input type="radio"/> Approved <input checked="" type="radio"/> Rejected	
Comments:	<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 VirtualCareClinicalBooking@saskhealthauthority.ca</p>

- 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.

TELEHEALTH ONLINE CLINICAL BOOKING FORM COORDINATOR GUIDE

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”



Telehealth Patient	Patient Site	Patient Name	Consultant	Consultant Specialty	Appointment Date	Start Time	Status	Reference No.	Created	Created By	TMO ID	Other Specialty	Workflow to be
374 Central Scheduling	Archie	Test	Lewis, Tamara	Diabetes	4/16/2025	10:00	Approved		4/3/2025 1:03 PM	Klau, Rosemarie eHS			Completed
	Cabri	Test - sender email	Barker, Horace	Anesthesiology	4/24/2025	10:00	Rejected	SD: 12547	2/16/2025 9:20 AM	Hrychuk, Michelle eHS	456289		Completed