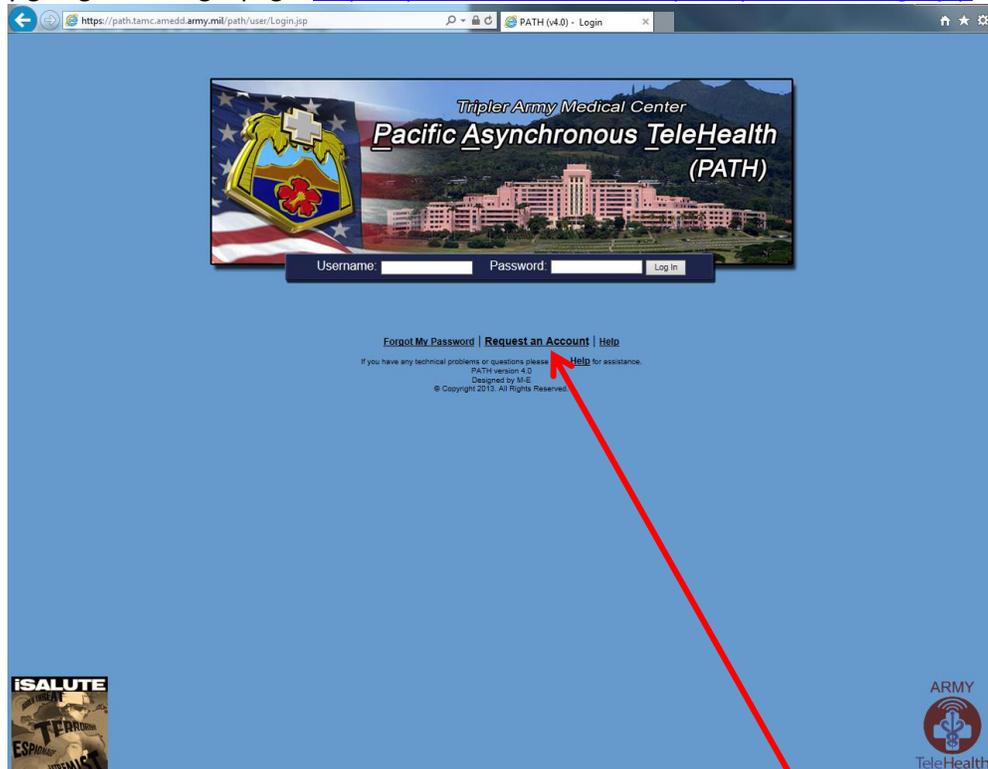


SUBMIT A PATH PATIENT MOVEMENT REQUEST

PREFACE

Patient Movement requests may be directly submitted to Tripler Medical Center on behalf of providers by authorized users. Patient Movements will be reviewed by Tripler Medical Center and approved if warranted. Any travel to Tripler Medical Center must also be approved by your local command. The referring provider maintains full responsibility for the care of this patient during the patient movement process. No appointments or scheduling will be done until the patient movement form is completed.

1. Start by going to the login page: <https://path.tamc.amedd.army.mil/path/user/Login.jsp>



2. If you don't already have one, request an account by clicking Request an Account.
3. Select the PATH module if the choice is presented.



4. At the PATH Homepage click SUBMIT CASE / SEARCH.

The screenshot shows the PATH homepage interface. At the top, the user is logged in as JOHN SMITH. The navigation bar includes 'Submit Case / Search', 'My Profile', and 'Help'. A red arrow points to the 'Submit Case / Search' button. The main content area is titled 'My TESTPATH Homepage' and features an 'Announcements' section with news about tele-consultation services and a 2014 award. Below the announcements is a search form with fields for 'Last', 'First', and 'SSN', and a 'Find' button. To the right, there are sections for 'CLINICAL ACTIVITY', 'PATIENT MVMT/ADMIN ACTIVITY', and 'OTHER MODULES'. The footer contains technical support information and copyright details.

5. Input the patient information and click FIND.

This screenshot shows the same PATH homepage as above, but with a 'Patient Search' dialog box open. The dialog box contains the following fields: 'Last Name' (Smith), 'First Name' (John), 'Date of Birth' (01/01/1990), 'FMP' (20), 'Sponsor SSN' (123456789), and 'DoD ID' (9876543210). There are 'Find' and 'New Search' buttons, and a 'Cancel' button at the bottom. A red arrow points to the 'Find' button. The background shows the same homepage layout as in the previous screenshot.

- If the patient exists then double-click it to select, otherwise indicate the patient's branch of service and click CONTINUE.

Patient Search

Last Name: FMP:

First Name: Sponsor SSN:

Date of Birth: DoD ID:

Branch: Air Force Army Marines Navy
 Coast Guard VA Other

NO PATIENTS FOUND. Once all data added above, hit continue below to create a new patient and submit a case. **NOTE: At least one of either DoD ID or SSN must be entered.**

If the patient you are looking for is not in the list above, [click here](#) to add a new patient.

- At the Patient Movement Request page, first select the patient's provider by clicking it.

Patient Movement Request From Guam Naval Hospital For

John Smith
 DoD ID: 9876543210
 FMP/SSN: 20/123-45-6789
 DOB: 01/01/1990

Request Type: Consultation Patient Movement/Administration

Requesting Provider: Pick User

Select User:
 Provider, Rohan (Family Medicine \ Family Physician) ^
 Provider, Andersen (Cardiology \ Testing)
 Provider, Andersen (Cardiology \ Provider)
 Test, Rohan (Cardiology \ Tet)

Submitting To: Tripler Army Medical Center

PATIENT MOVEMENT Request (RED FIELDS ARE REQUIRED)

Type: PATIENT MOVEMENT
 OVERFLIGHT REQUEST
 NETWORK SERVICES
 REQUEST FOR INFORMATION

Location/Outpatient: Outpatient Inpatient

- Select the appropriate type of Patient Movement Request, then complete the form as completely as possible. All items in RED text are required. Choose the CLINICAL SPECIALITIES appropriate for the patient. Once complete, click SUBMIT.

Patient Movement Request From Guam Naval Hospital For

John Smith
DoD ID: 6876543210
FMP/ISSN: 20123-45-6789
DOB: 01/01/1990

Request Type: Consultation Patient Movement/Administration

Requesting Provider: Pick User

Select User: **Guam Provider (Anesthesiology) (Provider)**
 Provider: Rohan (Family Medicine) (Family Physician)
 Provider: Andersen (Cardiology) (Testing)
 Provider: Andersen (Cardiology) (Provider)
 Test: Rohan (Cardiology) (Test)

Submitting To: **Tripler Army Medical Center**

PATIENT MOVEMENT Request RED FIELDS ARE REQUIRED

Type: PATIENT MOVEMENT
 OVERSIGHT REQUEST
 NETWORK SERVICES
 REQUEST FOR INFORMATION

Inpatient/Outpatient: Outpatient Inpatient

Passport: Yes No

Gender: **Male**

Sponsor Rank: **E3**

PatCat: **AD**

Government Funding: **Funded**

Mode Of Travel: **COMAIR**

Type of Visit: **New**

Diagnosis: **Malignant neoplasm of head, face and neck**

History: **Tripler AMC for sentinel node biopsy 25yo M with melanoma of the face, at least T2a, needs sentinel node bx.**

Request Appointment Timeframe: From: 12/21/2015 To: 12/31/2015

Lodging/Contact Information:

Other Information:

Forward To Department: **ENT**
 Which CLINICAL SPECIALITIES do you want this case forwarded to:
 Dermatology
 Emergency Medicine
 Endocrinology
ENT
 Family Medicine
 Flight Medicine
 Gastroenterology

If any departments are not listed above please specify them here:

Please Note: The referring provider must have full responsibility for the care of this patient during the tele-consultation process.

- The Patient Movement is now submitted. It will be reviewed by Tripler Medical center and if appropriate the movement will be accepted by Tripler specialty clinics.

CASE: 16950 Submitted: 12/09/2015 2:30 PM HST New Patient Movement

PATIENT INFORMATION	PROVIDER INFORMATION
PATIENT (LAST, FIRST): Smith, John	PROVIDER: Provider Guam
FMP/ISSN: 20123-45-6789	TITLE / DEPARTMENT: Provider / Anesthesiology
DoD ID: 6876543210	ORGANIZATION: Guam Naval Hospital
Pt DOB/AGE: 01/01/1990 25yrs at time case submitted.	SUB REGION: Guam
MILITARY SERVICE: Army	REGION: Pacific

PATIENT MOVEMENT
 FROM: **GUAM NAVAL HOSPITAL (GUAM)**
 TO: **TRIPLER ARMY MEDICAL CENTER (US - HAWAII)**

DATE SUBMITTED: 12/09/2015 2:30 PM HST

PATIENT MOVEMENT TYPE: **PATIENT MOVEMENT TO SELECTED FACILITY**

INPATIENT/OUTPATIENT: **Outpatient**

GENDER: **Male**

SPONSOR RANK: **E3**

PASSPORT: **Yes**

PATCAT: **AD**

GOVERNMENT FUNDING: **Funded**

MODE OF TRAVEL: **COM AIR**

TYPE OF VISIT: **New**

DIAGNOSIS: **Malignant neoplasm of head, face and neck**

HISTORY: **Tripler AMC for sentinel node biopsy, 25yo M with melanoma of the face, at least T2a, needs sentinel node bx.**

REQUEST TIMEFRAME: **12/21/2015 - 12/31/2015**

SPECIALTIES REQUESTED: **ENT**

CONTACT/LOGGING INFO	CONSULT MANAGEMENT
<input type="text"/>	Date: <input type="text"/> Department: <input type="text"/> Notes: <input type="text"/>

APPOINTMENTS

10. If the movement is accepted a Tripler provider user will indicate so in a clinical comment and/or a PM acceptance comment.

TELEHEALTH/TRIPLER ARMY MEDICAL CENTER/SYSTEM ADMINISTRATOR (CARPENTER, ROHAN) 12/09/2015 2:37 PM HST TYPE: CLINICAL [Dismiss](#) [PRINT](#)

I have read and reviewed the information above. I have read and reviewed the AHLTA Notes.

I can see this patient.

TELEHEALTH/TRIPLER ARMY MEDICAL CENTER/SYSTEM ADMINISTRATOR (CARPENTER, ROHAN) 12/09/2015 2:37 PM HST TYPE: PTM/MT [Dismiss](#) [PRINT](#)

Case accepted for Patient Movement to Tripler Army Medical Center by Specialist, Hub (Cardiology)

NOTE: Please remember that any travel to Tripler Army Medical Center must also be approved by your local command.

The referring provider maintains full responsibility for the care of this patient during the patient movement process.

11. Once the movement is accepted, CHCS consults will be generated by WestPAC Referral Office and Tripler clinics will proceed to schedule appointments for the patient. Please engage with Tripler clinics via Patient Movement comments to ensure the patient accepts appointments and appropriate arrangements can be made. Appointments will be added and modified on the PATH case.

NOTE! Please indicate patient Contact / Lodging Info on the case when known.

CONTACT/LODGING INFO

Johnsmith@yahoo.com
cell (555) 949-2121

Best Western Inn

[Save Changes](#) [Check Patient In](#)

CONSULT MANAGEMENT [HIDE](#)

Date	Department	Notes
18 Dec 2015	ENT	Consult Generated

[Edit](#) | [Delete](#)

[Add Update](#)

A P P O I N T M E N T S [PRINT](#) [HIDE](#)

DATE/TIME (HST)	DEPARTMENT	PHYSICIAN	NMA REQUIRED	ESTIMATED LOS	IN PERSON/SYNCH TELECONSULT	APPOINTMENT DETAILS
09 Dec 2015 10:00	Cardiology/Cardiologist	Specialist	No	2 Days	In Person	Last Edited By rohan.carpenter on 12/09/2015 2:40 PM HST Edit Delete

[Add Appointment](#)

CARDIOLOGY/TRIPLER ARMY MEDICAL CENTER/SCHEDULER (SCHEDULER, TRIPLER) 12/09/2015 2:49 PM HST TYPE: PTM/MT [PRINT](#)

Hello Guam, does patient accept scheduled appointment?

PATIENT MOVEMENT/GUAM NAVAL HOSPITAL/CLERK (SMITH, JOHN) 12/09/2015 2:51 PM HST TYPE: PTM/MT [PRINT](#)

Yes the patient accepts the appointment.

12. Once appointments are scheduled they may be printed from the case and provided to the patient. Please ensure that the patient is instructed to CHECK IN with the Joint Patient Liaison Office at Tripler. See appointment print out for details.

A P P O I N T M E N T S [PRINT](#) [HIDE](#)

DATE/TIME (HST)	DEPARTMENT	PHYSICIAN	NMA REQUIRED	ESTIMATED LOS	IN PERSON/SYNCH TELECONSULT	APPOINTMENT DETAILS
09 Dec 2015 10:00	Cardiology/Cardiologist	Specialist	No	2 Days	In Person	Last Edited By rohan.carpenter on 12/09/2015 2:40 PM HST

PRINTS TO:



Tripler Army Medical Center
Appointment Information For: John Smith

PATH Patient Movement #16950

Date/Time	Department	Physician
09 Dec 2015 10:00	Cardiology/Cardiologist	Specialist
Details:		



Tripler Army Medical Center

13. If any questions please contact [PATH System Administrator](#) or [WestPAC Referral Office](#).