

San Mateo Medical Center SMARTT Referral Program

PCP: _____ Clinic: _____

Instructions: For eCW referrals, please put in the “Notes section” of the referral your timestamp, write SMARTT and which guideline you used (ex: SMARTT - Gout guideline), then fill out the questions below based on your assessment of using the guideline to make the referral.

| Patient Sticker | Date | Name of Guideline Used | Was it helpful? (Yes or No) | Did it change your management? (Yes or No) | Suggested changes or improvements? (Anything unclear, how did the guideline change your management, did you learn something new, etc.) |
|-----------------|------|------------------------|-----------------------------|--|--|
| | | | Yes No | Yes No | |
| | | | Yes No | Yes No | |
| | | | Yes No | Yes No | |
| | | | Yes No | Yes No | |
| | | | Yes No | Yes No | |
| | | | Yes No | Yes No | |