

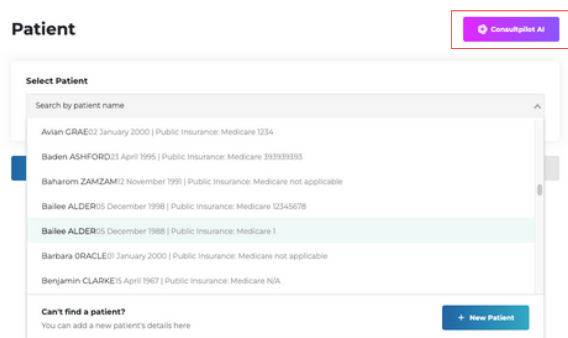
How to use Consultpilot AI

- **Consultpilot AI** is Consultmed’s next-generation AI healthcare assistant that transforms paper-based referrals and other clinical documents into digital versions
- Our AI agent can process **referrals, discharge summaries, admission notes and outpatient letters** by converting them directly into structured documents in Consultmed, automatically extracting and populating key patient and clinical details
- Consultmed adheres to best practice Australian privacy and data governance principles
- Personal health information is stored locally, encrypted and secured within our Microsoft Azure cloud region in Australia
- Watch a demo of how Consultpilot AI works [here](#)

Step 1: Visit www.consultmed.co and log in to your Consultmed account. Begin writing your referral according to your usual workflow. For more information on creating a referral within Consultmed, refer to our QRG [here](#).

Step 2: To find an existing patient, enter their name in the search bar. To manually add a new patient, click the dropdown menu under **'Patient'** and select **'+ New Patient'**.

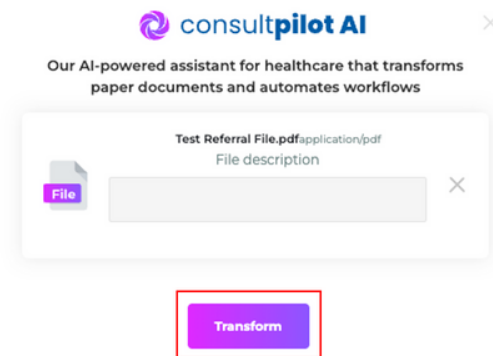
Step 3: Select **'Consultpilot AI'**.



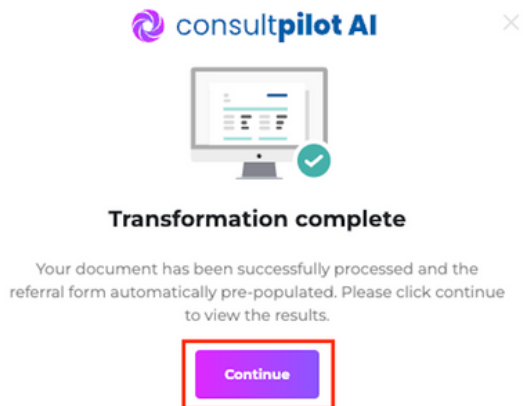
Step 4: Upload the referral letter that you would like to transform using Consultpilot AI. File types accepted: PDF, JPEG, JPG, DOC, DOCX, PNG



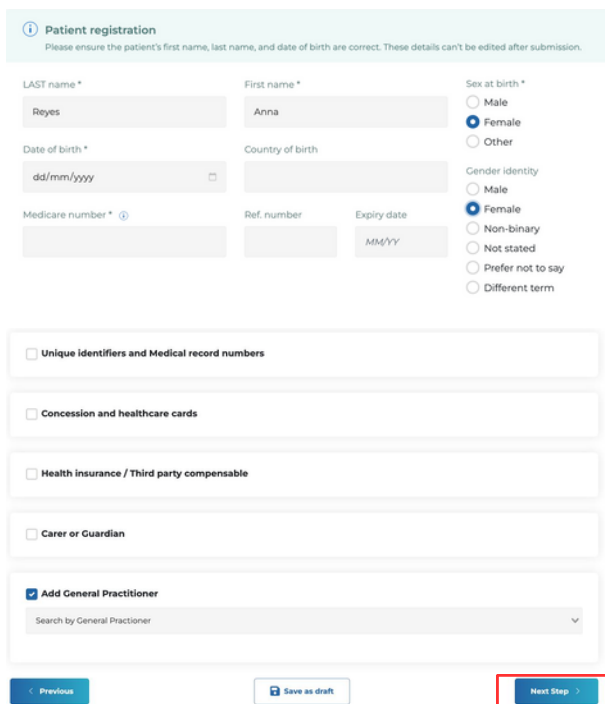
Step 5: Once the file has been uploaded, enter the file description and click **'Transform'**. Consultpilot AI then applies document intelligence to extract text from the document and intelligently maps the relevant patient demographic and clinical details into the Consultmed referral form.



Step 6: Once the transformation is complete, click **'Continue'**.

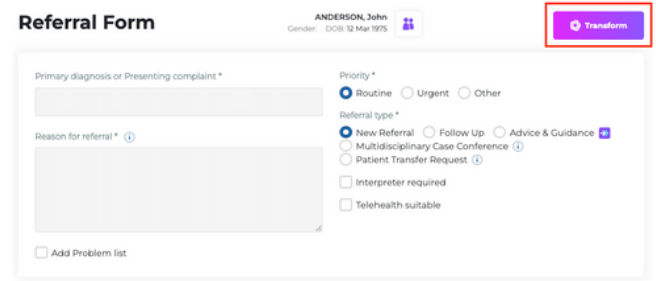


Step 7: The patient's demographic details are automatically populated. Confirm that these details are correct, then click **'Next Step'**.



The image shows a 'Patient registration' form. It includes fields for 'LAST name *' (Reyes), 'First name *' (Anna), 'Sex at birth *' (Female), 'Date of birth *' (dd/mm/yyyy), 'Country of birth', 'Medicare number *', 'Ref. number', and 'Expiry date' (MM/YY). There are also checkboxes for 'Unique identifiers and Medical record numbers', 'Concession and healthcare cards', 'Health insurance / Third party compensable', and 'Carer or Guardian'. A section for 'Add General Practitioner' is checked, with a search dropdown. A red box highlights the 'Next Step' button at the bottom right.

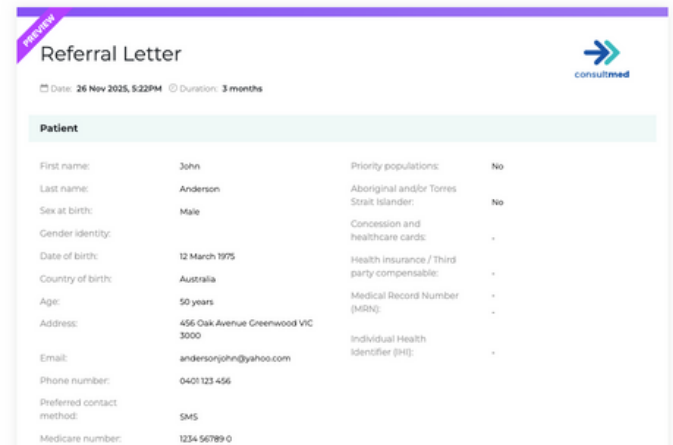
Step 8: Click **'Transform'** to now automatically populate the referral form with the patient's clinical details. Complete the remainder of the referral form, including any mandatory fields, then click **'Next Step.'**



The image shows a 'Referral Form' for patient 'ANDERSON, John'. It includes a 'Transform' button in a red box at the top right. The form has sections for 'Primary diagnosis or Presenting complaint *', 'Reason for referral *', 'Priority *' (Routine, Urgent, Other), 'Referral type *' (New Referral, Follow Up, Advice & Guidance, Multidisciplinary Case Conference, Patient Transfer Request), 'Interpreter required', 'Telehealth suitable', and 'Add Problem list'.

Step 9: Upload any attachments including imaging and pathology. The original referral letter is automatically attached.

Step 10: Review the referral and agree to the 'Terms and Conditions' acknowledging the use of Consultpilot AI to help draft the referral.



The image shows a 'Referral Letter' review screen. It includes a 'review' button in a purple box at the top left. The letter is dated '26 Nov 2025, 5:22PM' with a duration of '3 months'. A table lists patient details:

Patient		Priority populations:	No
First name:	John	Aboriginal and/or Torres Strait Islander:	No
Last name:	Anderson	Concession and healthcare cards:	-
Sex at birth:	Male	Health insurance / Third party compensable:	-
Gender identity:		Medical Record Number (MRN):	-
Date of birth:	12 March 1975	Individual Health Identifier (IHI):	-
Country of birth:	Australia		
Age:	50 years		
Address:	456 Oak Avenue Greenwood VIC 3000		
Email:	andersonjohn@yahoo.com		
Phone number:	0401 123 456		
Preferred contact method:	SMS		
Medicare number:	1234 56789 0		

Step 11: Submit the referral. This referral will automatically save in the **'Submitted'** folder in your Outlook.

Consultpilot AI uses **advanced document intelligence**, built on Microsoft OpenAI technology, to securely extract text from referral letters and supporting clinical documents. This information is then processed through tailored AI engineering workflows to identify relevant patient demographics and clinical details and automatically populate the Consultmed referral form, **reducing manual data entry** and improving accuracy.

The example below shows a typical medical referral letter and illustrates how relevant patient and clinical details are identified and structured within the Consultmed referral form.

Medical Referral Letter

Referring Practice: Greenway Family Medical Centre
 Provider: Dr Sarah Mitchell (MBBS, FRACGP)
 Provider Number: 2456789A
 Phone: (02) 9123 4567 | Fax: (02) 9123 4568
 Email: referrals@greenwayfmc.com.au

Patient details
 First name: John
 Last name: Anderson
 Sex at birth: Male
 Date of birth: 12 March 1975
 Country of birth: Australia
 Medicare number: 1234 56789 0
 Ref Number: 1
 Expiry date: 09/28
 Health (andersonjohn@yahoo.com)

Contact details
 Email: andersonjohn@yahoo.com
 Phone number: 0412 345 678
 Preferred contact method: SMS
 Address: 456 Oak Avenue, Greenwood VIC 3000

Health insurance
 Provider: Medibank Private
 Membership Number: 4455667788

Carer / guardian
 Name: Sarah Anderson
 Relationship: Wife
 Contact number: 0401 123 456
 Address: Same as patient's

Referral
 Dear Dr Smith,

I am referring John Anderson for evaluation and consideration of oesophageal physiology studies and reflux-reducing surgery. He reports a 3-year history of gastro-oesophageal reflux symptoms that have been refractory to medical management. He currently weighs 89kg and is 1.78m tall, corresponding to a BMI of 28.1 kg/m².

Relevant medical history

- History of laparoscopic adjustable gastric banding (2014), band removal in 2023
- Persistent gastro-oesophageal reflux symptoms post-band removal
- No known drug allergies
- Current medications: Pantoprazole 40mg daily

Psychosocial history

- Lives with his wife (primary support person)
- Independent with activities of daily living
- Non-smoker, drinks socially
- No history of recreational drug use reported

Family history

- No known family history of upper GI malignancy, Barrett's oesophagus or significant reflux disease

Thank you for your ongoing care of this patient.

Sincerely,
 Dr Sarah Mitchell

Patient registration

Please ensure the patient's first name, last name, and date of birth are correct. These details can't be edited after submission.

LAST name *	First name *	Sex at birth *
<input type="text" value="Anderson"/>	<input type="text" value="John"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Date of birth *	Country of birth	Gender identity
<input type="text" value="12/03/1975"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Not stated <input type="radio"/> Prefer not to say <input type="radio"/> Different term
Medicare number *	Ref. number	Expiry date
<input type="text" value="1234 56789 0"/>	<input type="text"/>	<input type="text" value="MM/YY"/>

Priority populations *

Yes No

Aboriginal and/or Torres Strait Islander Living in out of home care
 NDIS participant Culturally and linguistically diverse
 Refugee/asylum seeker Other

Patient contact information

Email	Phone number *	Preferred contact method
<input type="text" value="andersonjohn@yahoo.com"/>	<input type="text" value="0412 345 678"/>	<input type="radio"/> Phone <input checked="" type="radio"/> SMS <input type="radio"/> Email <input type="radio"/> Letter
Address 1 *	Address 2	
<input type="text" value="456 Oak Avenue"/>	<input type="text"/>	
City *	State *	Postcode *
<input type="text" value="Greenwood"/>	<input type="text" value="VIC"/>	<input type="text" value="3000"/>

Postal address same as residential address

Referral Form

ANDERSON, John
Gender: Male 12 Mar 1975 Transform

Primary diagnosis or Presenting complaint *

Reason for referral *

Add Problem list

Priority *

Routine Urgent Other

Referral type *

New Referral Follow Up Advice & Guidance
 Multidisciplinary Case Conference
 Patient Transfer Request
 Interpreter required
 Telehealth suitable

Clinical Assessment

You can choose to attach a pre-written referral letter instead of filling out this form.

Fill in Details Upload a Letter

<p>Past medical history</p> <p><input type="text" value="History of laparoscopic adjustable gastric banding (2014), band removal in 2023; Persistent gastro-oesophageal reflux symptoms post-band removal"/></p> <p>Current medications</p> <p><input type="text" value="Pantoprazole 40mg daily"/></p> <p>Allergies</p> <p><input type="text" value="No known drug allergies"/></p>	<p>Psychosocial history</p> <p><input type="text" value="Lives with wife (primary support person); Independent with activities of daily living; Non-smoker; Drinks socially; No recreational drug use"/></p> <p>Family history</p> <p><input type="text" value="No known family history of upper GI malignancy, Barrett's oesophagus or significant reflux disease"/></p>
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Examination findings
E.g. vital signs, systems review

Height (cm)	Weight (kg)	Heart rate (bpm)	Blood pressure (mmHg)
<input type="text" value="178"/>	<input type="text" value="89"/>	<input type="text"/>	<input type="text"/>
BMI (kg/m ²)	Head circumference (cm)	Temperature (°C)	Oxygen sat (% SpO ₂)
<input type="text" value="28.1"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Observation and examination findings