

HealthLink SmartForms for Best Practice

Welcome to HealthLink SmartForms. The smartest way for health professionals to refer their patients to Medicare Mental Health.

Your practice must be running Best Practice Lava SP3 or above to access the HealthLink SmartForms.

medicare

Mental Health
1800 595 212



Best Practice
An evolution in medical software

Submitting eReferrals from Best Practice

Using HealthLink SmartForms

SmartForms enable **Best Practice** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software. And what's more, they are free for you to use.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:

Accessing HealthLink SmartForms (eReferrals)

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Previewing, Submitting and Parking

Step 5:

Accessing parked and auto-saved forms

Step 6:


Accessing submitted forms

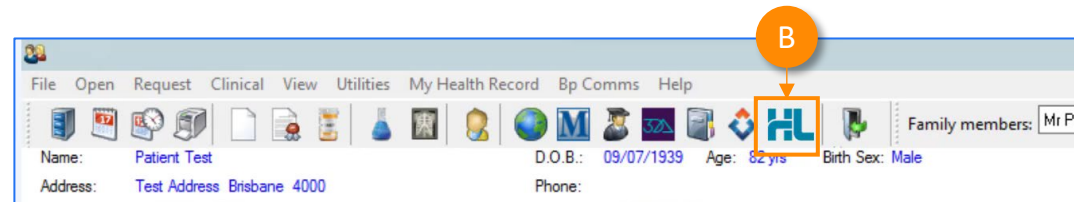
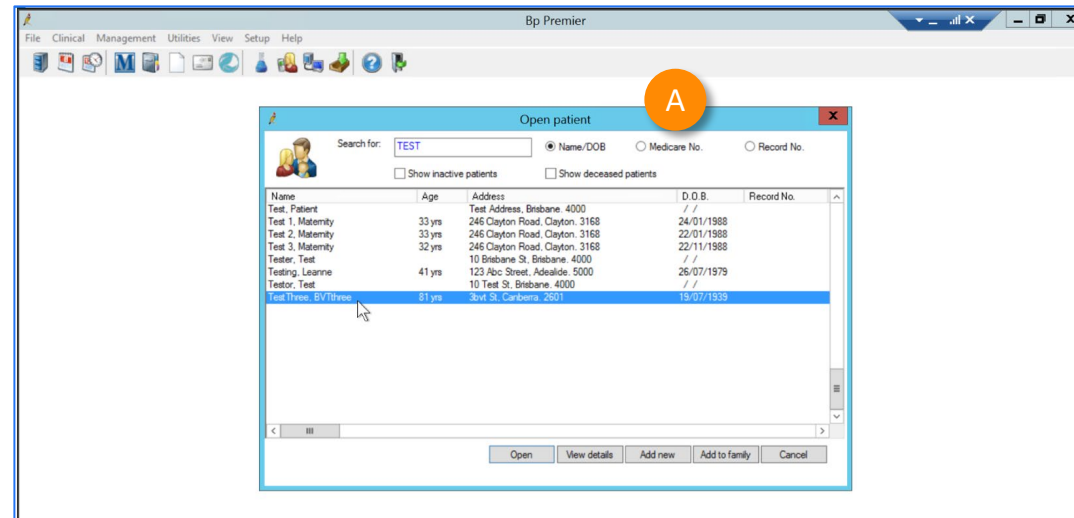
Step 7:

What happens after a referral has been made?

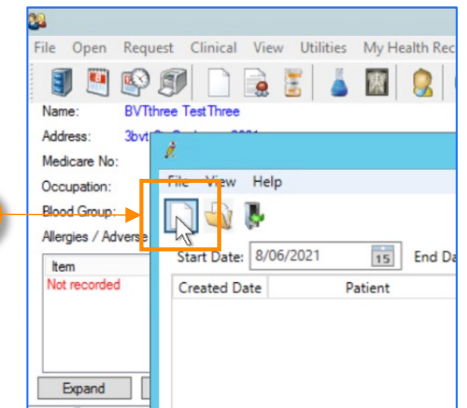
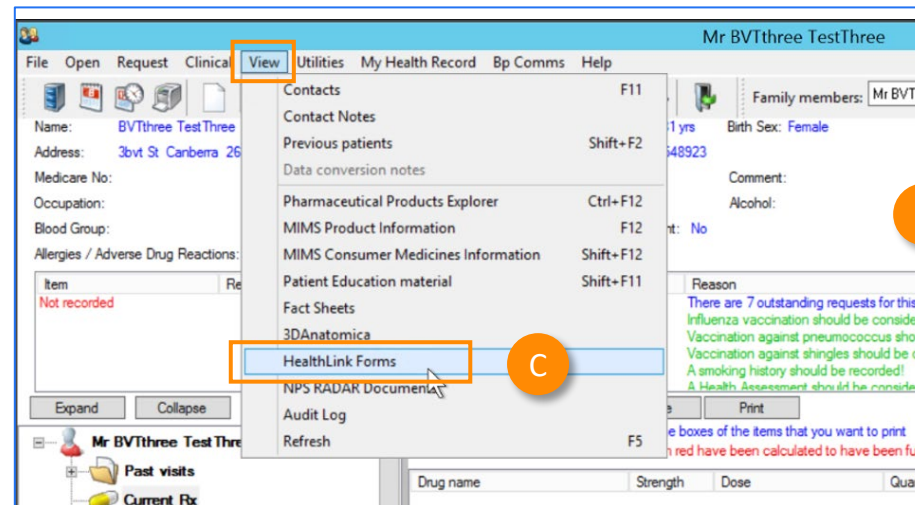
Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your
Best Practice software...

- A First, search for the patient and open their electronic medical record.
- B Then click the **HealthLink icon**  from the quick launch bar to launch the **HealthLink home page**.
- or
- C Click **View** from the menu and select **HealthLink Forms**.
- D And then click the **New Form** button to launch the **HealthLink home page**.



or



Step 2: Launching a new form

Now you're on the HealthLink home page...

- A Here you'll find a list of available services to refer patients.
- B Within the **Referred Services** section, Click on the link named **Medicare Mental Health (1800 595 212)**

To launch the smart form, Medicare Mental Health require you to then:

- C • **Select a specific state and PHN**
- D • **Facility: Medicare Mental Health Intake**
- E • Then click **Continue** to launch the form.

(e.g. Medicare Mental Health Phone Services – NSW – Central and Eastern Sydney PHN)

HealthLink

Make a referral | Update referrals

Specialists, Allied Health Providers and GPs

SR Specialists+Referrals Refer to Private Specialist
Refer / Contact other health providers

Contact other health providers
Refer to other health providers

Referred Services

Access Carilene Prototype
Application for ACT Approval to Prescribe Controlled Medicines
Austin Health eReferrals
ccCHP - Cardiometabolic Health in Psychosis
Demo - Certificate of Capacity
Dev - Dynamic AU Forms
Eastern Health
EMR API Test App
Form.io Prototype MAIC
Form.io Prototype Single Service
Head to Health
Hearing Australia Medical Certificate
Mater Health Referrals
Mercy Hospital for Women
My Aged Care Referral
Northern Health
Northern Sydney Local Health District Services
NSW Health Outpatient Referrals
NSW Health Outpatient referrals - Far West LHD
NSW Health Outpatient referrals - Western Sydney LHD
NSW Health Outpatient referrals - South Eastern Sydney LHD
Radiology Referrals
RTWSA Health eWCC
Spectrum Medical Imaging
Sydney LHD Women's Health and RPA Hospital Services
Tasmanian Health Service
TNSW SPA Homepage (for Local 2)
Vendor Validation Tool
Victorian Standard SRC Templates
Werribee Mercy Hospital

ACT Public Outpatient and Community
Austin Health
Banyule Community Health
Chris O'Brien Lifehouse Services
Demo - Hearing Patient Referral
DPV Community Health
eHealthwise Demo
Form.io Eastern Health prototype
Form.io Prototype Multiple Service
Form.io SLMD prototype

Medicare Mental Health (1800 595 212)
Heartbeat Health Summary
Medicare Mental Health (1800 595 212)
Monash Health
National Certificate of Capacity
Northern NSW LHD - eReferrals
NSW Certificate of Capacity
NSW Health Outpatient referrals - Central NSW LHD
NSW Health Outpatient referrals - Western NSW LHD
NSW Health Outpatient referrals - Illawarra Shoalhaven LHD
PRP Diagnostic Imaging
Roads and Maritime Services
SA Health
SureMed 2.0
Sydney Local Health District Services
Tasmanian Mental Health and Alcohol and Other Drugs
Transport for NSW
Victoria General Practice Referral
WA Health Referrals

medicare **Mental Health**
1800 595 212

Please fix the following errors:
• Facility is a required field
• Please select the appropriate referral service from service list below

Central and Eastern Sydney PHN

NSW
Central and Eastern Sydney PHN
Nepean Blue Mountains
South Western Sydney PHN
Western Sydney PHN

NT
QLD
SA
VIC

Facility*
Medicare Mental Health Intake

Continue

Step 3: Completing the form

Now you've loaded the form to complete and submit.

A

The SmartForm layout provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

B

Mandatory Fields must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

Note: Once you have ticked on the consent box – the form will open and start pre-populating the patients details

medicare

Mental Health

1800 595 212

Requested Information

Central and Eastern Sydney PHN

Attachments / Reports

No reports selected

No files attached

Medications, Allergies, Alerts

2 long term medications specified

8 medications specified

No medical warnings specified

Patient Information

MICKEY HEATLEY

No patient ID available

17/12/1941

Referrer Information

Sam Entwistle

No Different Regular GP

Requested Information

North Western Melbourne PHN

Attachments / Reports

No reports selected

No files attached

Medications, Allergies, Alerts

2 long term medications specified

8 medications specified

No medical warnings specified

Patient Information

MICKEY HEATLEY

No patient ID available

17/12/1941

Referrer Information

Sam Entwistle

No Different Regular GP

Submit

Preview

Park

Help

Central and Eastern Sydney PHN - Medicare Mental Health Intake

Form has been auto-saved.

Important Information

The following information **MUST** be understood by the referring clinician and the patient:

- Medicare Mental Health (1800 595 212) provides a free, confidential referral service for anyone seeking mental health support.
- Medicare Mental Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays).
- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Medicare Mental Health team and allocated to an appropriate service. Medicare Mental Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an appointment

Privacy Collection Notice

The patient's personal and health information is protected in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. The patient's personal and health information in the following pages will be collected, used and disclosed for the primary purpose of facilitating the patient's care and the referral. As this is a referral, it is not appropriate to collect health and personal information directly from the patient. If this information is not collected, the referral cannot be progressed. For further information about how the patient's personal and health information will be managed, please click [here](#).

Primary Mental Health Care eReferral Form - Terms of Use

By using this Primary Mental Health Care eReferral service, and pressing submit, you agree to the Primary Mental Health Care eReferral form terms of use, which can be found [here](#).

Consent


☐ The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Medicare Mental Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care. They understand that this information will be kept safe and private and will be used to determine what support they need.*

Primary Mental Health Care eReferral Form - Terms of Use

By using this Primary Mental Health Care eReferral service, and pressing submit, you agree to the Primary Mental Health Care eReferral form terms of use, which can be found [here](#).

Consent

- ☒ The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Medicare Mental Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care. They understand that this information will be kept safe and private and will be used to determine what support they need.*

The patient, or guardian, has consented to share their de-identified data with the Commonwealth Department of Health and Aged Care, state and territory health departments and evaluators. This de-identified data includes personal information like date of birth, gender, postcode and health outcomes. The patient, or guardian is aware that this de-identified data can also be linked to other available de-identified data about them to facilitate research. The service does not share the patient's name, address or other personally identifiable details that can be linked back to the patient.* 

☐ Yes ☐ No ☒ Not stated

Referral Details

Referral Date*

09/04/2025

Are you referring this patient due to concerns about suicide risk or their need for suicide prevention services? ☐ Yes ☐ No

Step 3:

Completing the form

C The additional details can be completed by using the drop-down menu and using the **Yes / No** radio buttons

D Assessment section of the form will ask if you would like to use the Initial Assessment and Referral Decision Support Tool (IAR-DST).

Select the developmental age group.

Additional Patient Details

The majority of patient demographic information is contained within the "Patient Information" tab, and populated from your medical software. Please review for accuracy prior to submission.

If unsure of an answer to a question below, please leave unanswered.

| | |
|---|--|
| Gender identity | <div>Please select</div> |
| Patient pronouns | <div>Please select</div> |
| Patient sexual orientation ⓘ | <div>Please select</div> |
| Patient has Health Care Card | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Patient has Medicare card | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Patient has DVA Card | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Patient has Pensioner Concession Card | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Homelessness | <div>Not homeless</div> |
| NDIS participant | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Proficiency in spoken English | <div>Please select</div> |
| Main language spoken at home | <div>Please select</div> |
| Interpreter required?* | <div><input type="radio"/> Yes <input checked="" type="radio"/> No</div> |
| Do you identify as having a multicultural background? | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Patient's preferred consultation method | <div>Please select</div> |
| Preferred location for service | <div></div> |
| Preferred contact method | <div>Please select</div> |
| Are there any safety concerns with contact methods? ⓘ | <div><input type="radio"/> Yes <input type="radio"/> No</div> |
| Next of Kin or Emergency Contact | |
| Relationship to patient | <div>Please select</div> |
| Is the Next of Kin the preferred contact? | <div><input type="radio"/> Yes <input type="radio"/> No</div> |

Assessment

D Do you want to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) for this patient?*

☒ Yes ☐ No

Developmental age group*

GP Mental Health Treatment Plan

Has a GP Mental Health Treatment Plan been completed?*

If applicable, please attach the Mental Health Treatment Plan in the

Please Select

Please Select

Child (5-11)

Adolescent (12-17)

Adult (18-64)

Older Adult (65+)

Step 3:

Completing the form

IAR – DST Calculator

E In the form you can use the drop down to select the level.

TIP: The domain rating guide under each question will open another window and take you the official IAR-DST website.

F Click on Calculate to determine the IAR-DST recommended level of care.

Note: For more information on the IAR-DST please [click here](#).

Assessment

Do you want to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) for this patient?*

☒ Yes

☐ No

Developmental age group*

Adult (18-64)

Initial Assessment and Referral - Decision Support Tool

Note: Please refer to the IAR-DST rating guidance for selections.

Primary Domains

Domain 1 - Symptom Severity and Distress*

1 = Mild or sub diagnostic

Domain rating guide 

Domain 2 - Risk of Harm*

1 = Low risk of harm

Domain rating guide 


Domain 3 - Functioning*

1 = Mild impact

Domain rating guide 

Domain 4 - Impact of Co-Existing Conditions*


3 = Severe impact

Domain rating guide 

Contextual Domains


Domain 5 - Treatment and Recovery History

1 = Positive

Domain rating guide 


Domain 6 - Social and Environmental Stressors*

2 = Moderately stressful environment

Domain rating guide 

Domain 7 - Family and Other Supports*

4 = No supports

Domain rating guide 

Domain 8 - Engagement and Motivation

2 = Limited

Domain rating guide 

Calculate

IAR-DST recommended level of care*

Level 3+ Moderate Intensity Services

Additional information supporting IAR-DST selection

Do you agree with the IAR-DST recommended level of care?

☒ Yes

☐ No

Step 3: Completing the form

IAR-DST

G If you disagree with the IAR-DST calculation; use the drop-down menu and text box.

Then **click through the remaining Tabs** on the left to **ensure all the pre-populated patient information has been either selected, or de-selected, as appropriate to submit to the service provider.**

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.

G Do you agree with the IAR-DST recommended level of care? ☐ Yes ☒ No

Practitioner assessed level of care*

Please include the rationale for any deviation between the DST-derived level of care.*

Please select

- Level 1 - Self Management
- Level 2 - Low intensity services
- Level 3 - Moderate intensity services
- Level 4 - High intensity services
- Level 5 - Acute and specialist community health services

GP Mental Health Treatment Plan


Has a GP Mental Health Treatment Plan been completed?*

☐ Yes ☒ No

If applicable, please attach the Mental Health Treatment Plan in the Attachments/Reports tab of this referral.

medicare Mental Health **1800 595 212** Central and Eastern Sydney PHN - Medicare Mental Health Intake

Submit **Preview** **Park** **Help**

Requested Information 
Central and Eastern Sydney PHN

Attachments / Reports
No reports selected

Medications, Allergies, Alerts
2 long term medications specified
8 medications specified
No medical warnings specified

Patient Information
MICKEY HEATLEY
No patient ID available
17/12/1941

Referrer Information
Sam Entwistle
No Different Regular GP

Form has been auto-saved.

Patient Information

Date of birth*
17/12/1941

Name*
MICKEY Disney HEATLEY (Mmouse)

Gender*
Male

Gender Identity

Residential Address
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field
95 Pitt Street, Apartment, Sydney, NSW, 2000

Postal Address
Same as residential

Patient's Indigenous status*
Neither Aboriginal nor Torres Strait Islander origin

Country of Birth

Step 3: Completing the form

Attachments

H The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

I You can select any item from the **table** – showing you patient medical records captured from the **last six months**.

Or you can **browse for files...**

J • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

K **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

L • **Or** in your local computer's file system by clicking the **Browse for Local File** button.

The screenshot shows the Medicare Mental Health intake form for Central and Eastern Sydney PHN. The form has a header with the Medicare logo, the text "Mental Health 1800 595 212", and the title "Central and Eastern Sydney PHN - Medicare Mental Health Intake". There are "Submit" and "Preview" buttons in the top right. The form is divided into several sections: "Requested Information" (with sub-sections for General Surgery, Attachments / Reports, Medications, Allergies, Alerts, and Medical, Social and Family History), "Diagnostic Reports / Patient Documents", and a table of attachments. The "Attachments / Reports" tab is selected, and a table of attachments is displayed. The table has columns for Date, Name, Comments, Type, and Size. Three rows are shown: File_123 (01/09/2021, 80 KB), File_456 (01/10/2021, 8 KB), and File_789 (01/11/2021, 90 KB). A "Browse for Patient Document" button is located above the table. A "Browse for Local File" button is also present. A "Caution: larger attachments may take significant time to preview" message is displayed below the table. A "Date" dropdown menu is located to the left of the table. A "Search" button is located to the right of the table. A "Note" icon is located to the left of the table. A "Date from" and "Date to" input field is located above the table. A "Search" button is located to the right of the input field. An "Attach" button and a "Cancel" button are located at the bottom right of the table. A "Name" input field is located above the table. A "Date" dropdown menu is located to the left of the table. A "Search" button is located to the right of the table. A "Note" icon is located to the left of the table. A "Date from" and "Date to" input field is located above the table. A "Search" button is located to the right of the input field. An "Attach" button and a "Cancel" button are located at the bottom right of the table.

H points to the **Attachments / Reports** tab.

I points to the table of attachments.

J points to the **Browse for Patient Document** button.

L points to the **Browse for Local File** button.

K points to the **Date from** and **Date to** input fields in the **Attach File** dialog.

| Date | Name | Comments | Type | Size |
|------------|----------|----------|------|-------|
| 01/09/2021 | File_123 | | rtf | 80 KB |
| 01/10/2021 | File_456 | | rtf | 8 KB |
| 01/11/2021 | File_789 | | rtf | 90 KB |

Attach File dialog:

Name:

Date from: 08/01/2019 Date to: 08/07/2021 Search:

| Date | Name | Comments | Type | Size |
|------------|------------|------------|------|-------|
| 08/07/2021 | File One | Assessment | | 43 KB |
| 09/10/2019 | File Two | Assessment | | 52 KB |
| 01/10/2019 | File Three | Assessment | | 48 KB |
| 24/09/2019 | File Four | Assessment | | 44 KB |

Attach: Cancel:

Step 4:

Previewing, Submitting and Parking

Previewing

- A** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- B** Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

medicare Mental Health
1800 595 212 Central and Eastern Sydney PHN - Medicare Mental Health Intake

Submit Preview Park Help

Requested Information
General Surgery

Attachments / Reports

Medical Practitioner Information
Medicare Provider Number*
0000000A
HPI-I
Name
Full name
Dr Name

Medical Registration Number
123456
HPI-O
123456789098765

Preview, not submitted copy
Submit

Sensitive: Personal

Central and Eastern Sydney PHN - Medicare Mental Health Intake

medicare Mental Health
1800 595 212

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wk 03 9 23423221, Hme 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000

Referred by: Sam Entwistle, Millstone Family Practice, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Important Information
The following information **MUST** be understood by the referring clinician and the patient:

- Medicare Mental Health (1800 595 212) provides a free, confidential referral service for anyone seeking mental health support.
- Medicare Mental Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays).
- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Medicare Mental Health team and allocated to an appropriate service. Medicare Mental Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an appointment

Consent
The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Medicare Mental Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care.
They understand that this information will be kept safe and private and will be used to determine what support they need.
The patient, or guardian, has consented to share their de-identified data with the Commonwealth Department of Health and Aged Care, state and territory health departments and evaluators. This de-identified data includes personal information like date of birth, gender, postcode and health outcomes. The patient, or guardian is aware that this de-identified data can also be linked to other available de-identified data about them to facilitate research. The service does not share the patient's name, address or other personally identifiable details that can be linked back to the patient.

medicare Mental Health
1800 595 212 Central and Eastern Sydney PHN - Medicare Mental Health Intake

Requested Information
Gastroenterology & Liver Clinics

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts
4 long term medications specified
No medications specified
1 medical warning specified

Medical, Social and Family History

Referred To*
Please Select

Referral date*
17/10/2023

Referral type*
☒ New
☐ Updated

• Patient consent is a required field
• Reason for referral is a required field
• Referred To is a required field
• Triage category is a required field

Step 4: Previewing, Submitting and Parking

Submitting

- C** When you are ready to send your form, click **Submit**.
- D** This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.

A copy of the submitted form is saved directly to the patient file.

- E** If you'd like to provide the patient with a copy, you can left-click the **Print** button or right-click anywhere on the submitted form and choose Print.

medicare Mental Health
1800 595 212 Central and Eastern Sydney PHN - Medicare Mental Health Intake

Submit Preview Park Help ▾

Requested Information
General Surgery

Attachments / Reports

Medical Practitioner Information

Medicare Provider Number*
0000000A

Medical Registration Number
123456

HPI-I
HPI-O
123456789098765

Name
Full name

Dr Name

Print

Sensitive: Personal

Central and Eastern Sydney PHN - Medicare Mental Health Intake

medicare Mental Health
1800 595 212

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221, Hme 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000

Referred by: Sam Entwistle, Millstone Family Practice, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Important Information

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- Medicare Mental Health (1800 595 212) provides a free, confidential referral service for anyone seeking mental health support.
- Medicare Mental Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays).
- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000

Step 4: Previewing, Submitting and Parking

Parking

F And if you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.

SubmitPreviewParkHelp

medicare Mental Health

1800 595 212 Central and Eastern Sydney PHN - Medicare Mental Health Intake

Requested Information

Central and Eastern Sydney PHN

Attachments / Reports

No reports selected
No files attached

Medications, Allergies, Alerts

2 long term medications specified
8 medications specified
No medical warnings specified

Patient Information

MICKEY HEATLEY
No patient ID available
17/12/1941

Referrer Information

Sam Entwistle
No Different Regular GP

Form has been auto-saved.

Patient Information

Date of birth*
17/12/1941

Name*

Gender*
Male

Gender Identity

Residential Address
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

Postal Address
Same as residential

Patient's Indigenous status*
Neither Aboriginal nor Torres Strait Islander origin

Country of Birth

Step 5:

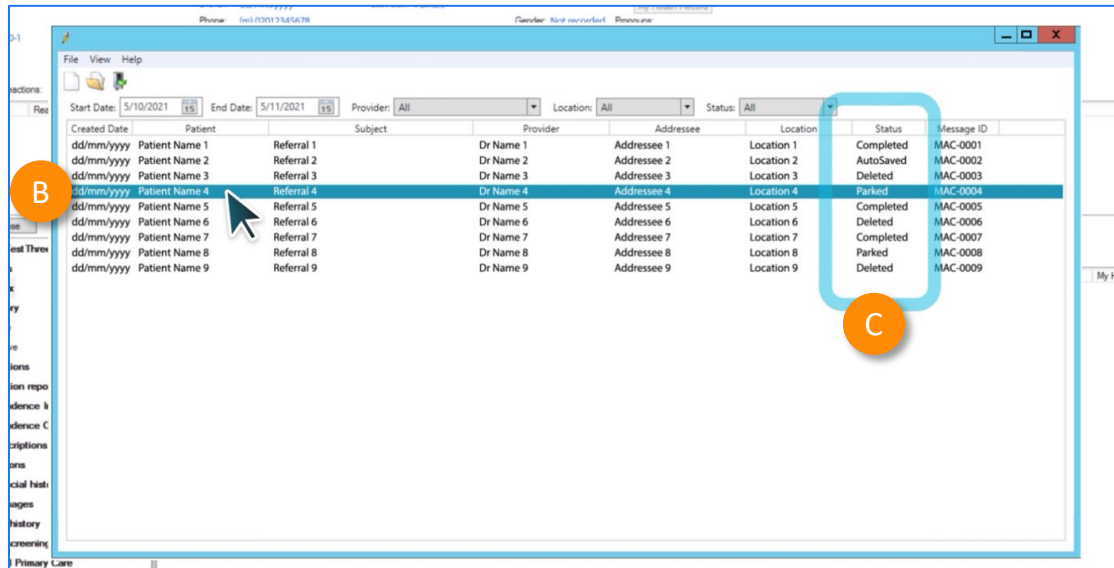
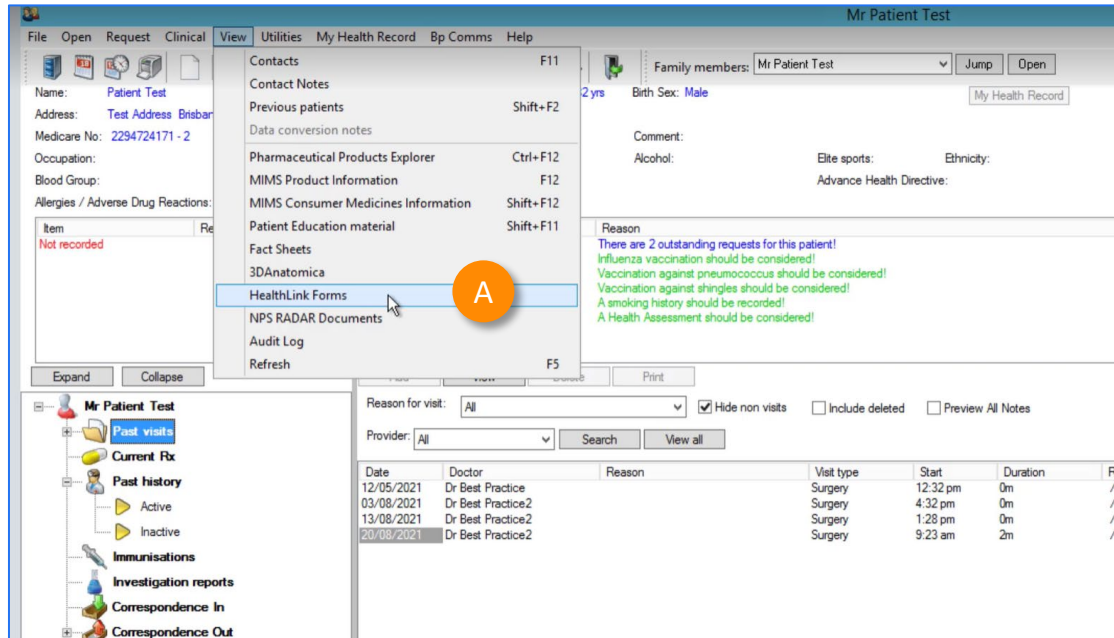
Accessing parked and auto-saved forms

A To access parked or auto-saved forms, from the patient's record, select **HealthLink Forms** under the **View** menu.

B From the available list, **double-click on the Parked or AutoSaved** form you would like to open.

Note: when returning to a parked or auto-saved form, due to security policy, any previously added attachments will need to be re-added.

C You can also use this area to see **completed** and **deleted** forms.



Step 6: Accessing submitted forms

- A** A copy of the submitted form can be found in the **Correspondence Out** section of the clinical record for the patient. You can use the **F5** key to refresh this section.
- B** To view a submitted or saved/parked messages in the Correspondence Out section, highlight the message,
- C** Then click **View** and it will display the form.

The screenshot displays a medical software interface for a patient named Patty Smith. The left sidebar contains a tree view with categories like 'Today's notes', 'Past visits', 'Current Rx', 'Past history', 'Immunisations', 'Investigation reports', 'Correspondence In', 'Correspondence Out', 'Past prescriptions', 'Observations', 'Family/Social history', 'Clinical images', 'Obstetric history', 'Cervical screening', and 'Enhanced Primary Care'. The 'Correspondence Out' section is expanded, showing a list of messages. One message from 'shdhaem - Sydney Local Health District Services' dated 21/08/2023 is highlighted. A 'View' button is visible next to this message. The main area displays the details of the selected message, including patient information, clinical referral information, important information, and consent.

Patient Information:

- Name: Patty Smith
- Address: 1 Baggot Drive, Hoppers Crossing 3029
- Medicare No.: 000000000 - 1
- Record No.:
- Pension No.:
- Occupation:
- Blood Group:
- Birth Date: 25/08/1954
- Age: 69 yrs
- Birth Sex: Female
- Comment:
- Alcohol:
- Pregnant: No
- Elite sports:
- Ethnicity:
- Advance Care Directive:

Notifications:

| Type | Due | Reason |
|-------------------|------------|--|
| Preventive health | 03/10/2023 | There are no recorded breast screenings for this patient. |
| Preventive health | 03/10/2023 | There is no record of any cervical screening for this patient! |
| Preventive health | 03/10/2023 | Influenza vaccination should be considered! |
| Preventive health | 03/10/2023 | Vaccination against shingles should be considered! |
| Preventive health | 03/10/2023 | A smoking history should be recorded! |
| Preventive health | 03/10/2023 | There are no recorded bowel screenings for this patient. |

Correspondence Out:

- 28/10/2022 wemhosp - Wentbee Mercy Hospital
- 23/11/2022 nawmama - Transport for NSW
- 21/08/2023 shdhaem - Sydney Local Health District Services
- 21/08/2023 shdhaem - Sydney Local Health District Services
- 12/09/2023 acshcpc - Caribarra Health Services
- 28/09/2023 shdhaem - Sydney Local Health District Services

Message Details:

Form sent on 21/08/2023 10:29 AEST

Sensitive: Personal

Central and Eastern Sydney PHN - Medicare Mental Health Intake

1800 595 212

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wk 03 9 23423221, Hme 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000

Referred by: Sam Entwistle, Millstone Family Practice, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Important Information

The following information **MUST** be understood by the referring clinician and the patient:

- Medicare Mental Health (1800 595 212) provides a free, confidential referral service for anyone seeking mental health support.
- Medicare Mental Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays).
- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Medicare Mental Health team and allocated to an appropriate service. Medicare Mental Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an appointment

Consent

The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Medicare Mental Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care.

They understand that this information will be kept safe and private and will be used to determine what support they need.

The patient, or guardian, has consented to share their de-identified data with the Commonwealth Department of Health and Aged Care, for the purpose of research, planning and evaluation. This de-identified data includes:

What happens after a referral has been made?

- ## Viewing incoming reports (Using the shortcut)

B This will take the **logged-on provider** to **their inbox** and show their incoming correspondence.

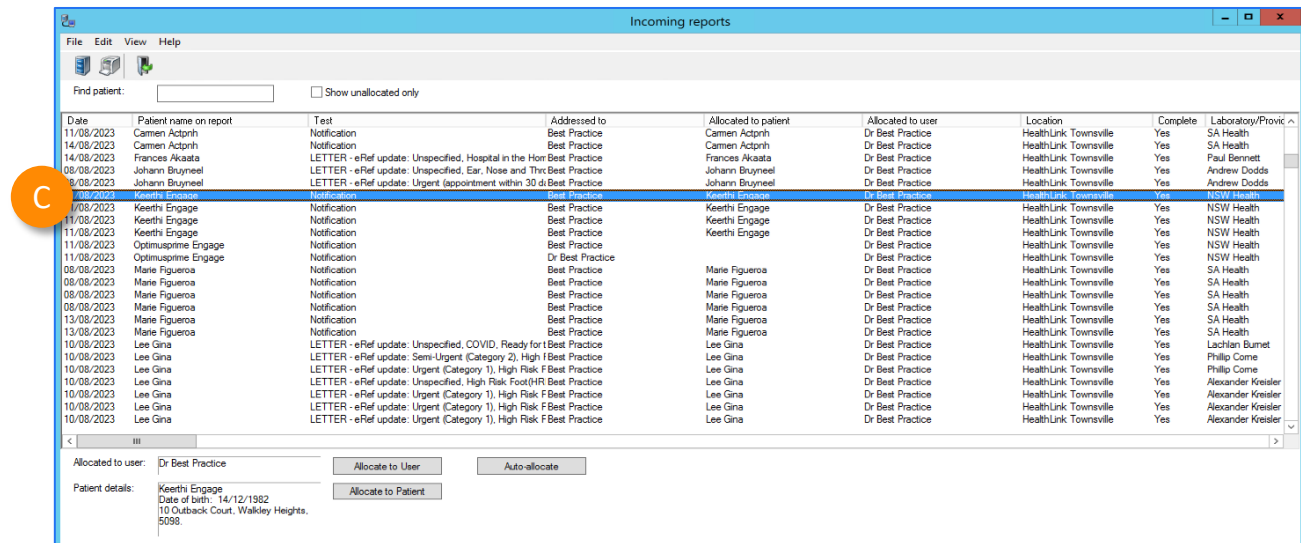
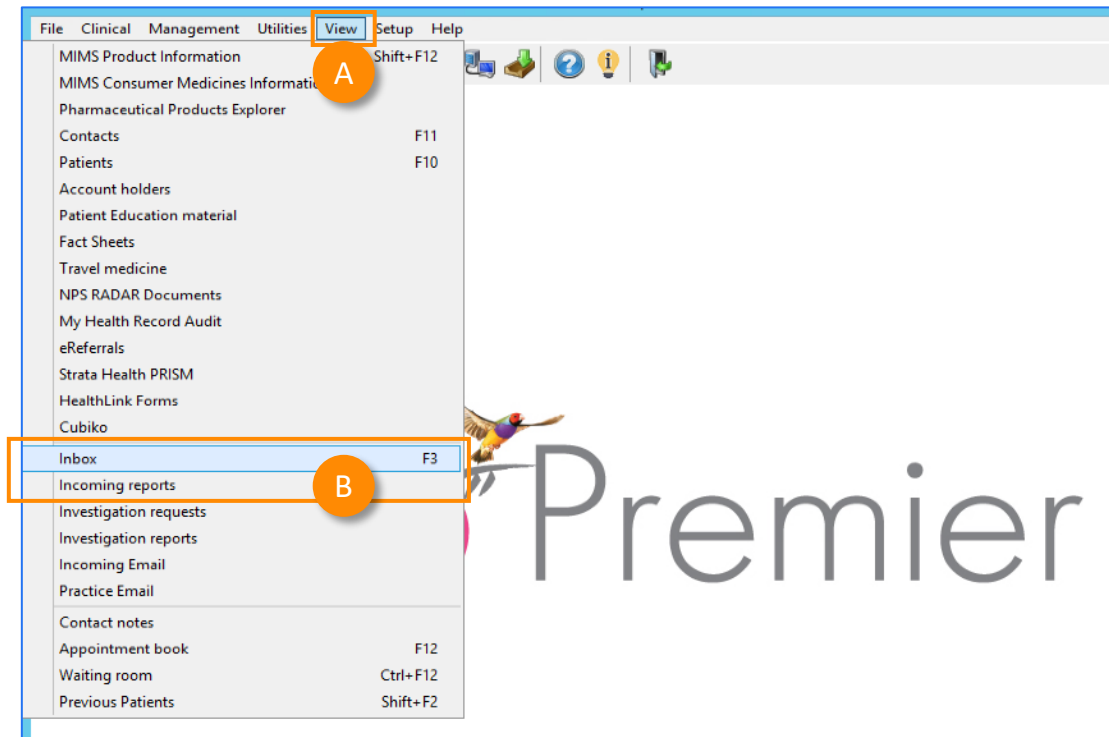


Step 7: What happens after a referral has been made?

Viewing incoming reports (via the View menu)

To view **all** incoming reports that have been received **into your practice...**

- A Click **View** from the menu
- B Select **Inbox** or **Incoming reports**
- C Here you can open and view incoming reports and allocate them to other users or to the patient.



Customer Care

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

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