# QUICK START GUIDE My Aged Care e-Referral Form



The electronic referral form has been designed to make it easier for you to send referrals for My Aged Care. This quick start guide has been developed to help you navigate within the new digital form.

#### HealthLink Technical Support

helpdesk@healthlink.net 1800 125 036

#### Contact

For more information about My Aged Care, including the My Aged Care e-Referral solution, please visit www.myagedcare.gov.au/ health-professionals.









#### 1. Open the patient record

Search for the patient and open their electronic medical record. From the **View Menu, select HealthLink Forms**. In the HealthLink Forms window, click the **New Form** button.

<i>k</i>		HealthLink Fo	orms - Mr Fred Andrews		
File View Help					
Start Date: 11/09/2019	15 End Date: 11/10/2019 15	Provider: All	▼ Location: All	▼ Status: All	•
Created Date	Patient	Subject	Provider	Addressee	Location

#### 2. Launch the Form

Under the Referred Services section within the HealthLink Homepage, click on **My Aged Care Referral** to launch the eReferral form.

#### **Referred Services**



AU Radiology Referrals
Australian Hearing Medical Certificate
Canberra Hospital Public Outpatient and Community Referral Form
ccCHiP - Cardiometabolic Health in Psychosis
Demo - Certificate of Capacity
Eastern Health
Mater Health Referrals
Northern Health
Oculo Optometry Referral
Sydney Local Health District Services

## 3. Complete the Form

The form will be displayed. At this point, you will have access to all the information necessary to complete the form for submission. Note that some of the information taken from Best Practice may be modified for the purpose of submitting to My Aged Care - the form will display warning information if this happens and you may be asked to review the information to ensure it is correct. An example of this will be if the practice or patient contact phone numbers do not include the area code.

A	Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.
	Patient Information - Contact Details - Home

If you need to gather more information pertinent to the referral and have not received it yet, you can Park the form by clicking the Park button on the form to save what you've done so far, and come back to it later once you have all the required information to submit the referral.



## 4. Include the relevant attachments

The **Attachments / Reports** tab will give you access to all of the supporting documents that you may wish to attach to the eReferral. 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 stored in Best Practice or in your local computer's file system. You can submit files totaling up to 3.7 MB when you attach supporting documents to the e-Referral. You do not need to attach all patient information. Examples of information relevant to support an aged care assessment include: list of current medications, evidence of medical condition/ diagnosis such as specialist assessments and GP care or management plans.

You should not attach pathology reports or other detailed health reports not specific to aged care needs.

k.		Ν	/Ir Fred Andrews - HealthLink Forn	ns Browser Window			
Ġ 📀 http://uat-server-bp:	5088/fo	rm-au/referral	FormFrames.jsp?formScopeId=MAC	-2703&_fsk=700811578			
<b>myaged</b> care	My Ag	ed Care Refe	rral		<u>S</u> ubmit	Pre <u>v</u> iew	Park H
Requested Information A My Aged Care Referral	A	Information review and • Pation	n in the fields listed below has been I ensure the information is correct be ent Information - Contact Details - H	modified for the purpose of submitti fore submitting this referral. ome	ing to My A	ged Care. I	Please
Attachments / <u>Reports</u> No reports selected No files attached	Diagno Please	ostic Reports /	Patient Documents	Browse for Patient Document	Brow details, me	se for L <u>o</u> cal I dication sun	-ile nmaries
Patient Information A Fred Andrews QPCV2140F 23/02/1923	and rel informa Attach Attach	evant medical s ation will be visi file from EMR s file from Comp	summaries). This information will suppo ble to assessors. supports: bmp, docx, gif, jpeg, pdf, png uter supports files that end in types: bn	nt your patient's assessment and serv , rtf, tiff, btt 1p, docx, gif, jpeg, jpg, pdf, png, rtf, tif, Caution, larger attachments may	tiff, txt	n. Clinical	proview
Referrer Information		Date -	Name	Document Description	Type	Size	J.C.I.C.II
Practice Manager		11/10/2019	Sinusitis.JPG		jpeg	6 KB	
		11/10/2019	Anatomical Pathology.JPG		jpeg	161 KB	
		06/06/2019	Sydney Local Health District Services.HTML		html	5 KB	



## 5. Ensure patient and referrer information is correct

With the Patient and Referrer information tabs, you simply need to ensure that the information displayed is up-to-date and correct and all mandatory fields have been completed. If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

Note that you can verify that the form has been completed correctly by clicking on Preview.

X.	Mr Fred Andrews - HealthLink Forms Br	owser Window	D X					
Ġ 📀 http://uat-server-bp:5	088/form-au/referralFormFrames.jsp?formScopeId=MAC-270	3&_fsk=700811578		]				
<b>myaged</b> care	My Aged Care Referral	Submit Preview Par	HL rk <u>H</u> elp∼	-				
Requested Information A My Aged Care Referral Attachments / Reports	Please fix the following errors:         Accommodation type is a required field.         Please indicate if you have the patient's	consent to make this referral.		•				
No reports selected No lies attached Patient Information Fred Andrews GPCV2140F 23/02/1923 Referrer Information Practice Manager	Details of patient consent By submitting this form, I will provide the Information in HealthLink, Pty Lid (HealthLink), a secure messaging so Care. For further details please see HealthLink's <u>Privac</u> My Aged Care will use this information to determine yo Once received by My Aged Care, the information will be <u>Privacy Policy</u> . This will include validation with the Depi information to My Aged Care assessors and service pro I will also be able to see your Client Journey Dashboar Aged Care, including your assessments, approvals and	Details of patient consent By submitting this form, I will provide the information in it about you to My Aged Care. My Aged Care has contract HealthLink Pty Ltd (HealthLink), a secure messaging service provider to securely transmit the information to My A Care. For further details please see HealthLink's <u>Privacy Policy</u> . My Aged Care will use this information to determine your level of need and/or to provide you with aged care servic Once received by My Aged Care, the information will be used and disclosed in accordance with the My Aged Care <u>Privacy Policy</u> . This will include validation with the Department of Human Services, and potential disclosue of the information to My Aged Care assessors and service providers, and other health professionals who are caring for y I will also be able to see your Client Journey Dashboard, which will let me know how you are progressing through Aged Care, including your assessments, approvals and contact Information of these associated with your care.						
	I confirm that the patient understands the above and has give If not patient, consent is provided by About the patient Interpreter Required* Preferred Language Can patient be contacted by phone?* Usual living arrangement Accommodation type*	en his/her consent.* Yes No Please Select V Please Select V Please Select V						
		e v	>					

#### 6. Submit the Form

Click on **Submit** when you are ready to send your form. This will safely and securely send the form electronically via HealthLink and you will see a copy of the completed form containing an acknowledgement of receipt. You may wish to provide the patient with a copy by right-clicking on any area of the submitted forms and choosing Print. Note that it is not necessary for the printed copy to be sent or taken to My Aged Care.



#### Access parked forms

To access a parked form from the patient's record, select **HealthLink Forms** under the **View** menu. From the available listing, double-click on the **Parked** form you would like to open. You can also use this area to see previously submitted or deleted forms.

e View He	lp				0.00000000							
) 실 🐌 (												
Start Date: 9/	07/2018 15 Pro	vider: All		-	Location:	All 🔻	Status:	All				
Created Date	Patient		Subject		Provider		Addressee		Location	Status	Message ID	
23/04/2019	Maureen Andrews		later Health Services			Dr Best Practice		materfrm		HealthLink Townsville	Parked	MHS-2351
23/04/2019	Maureen Andrews		Oculo Optometry Referral		Dr Best Practice		oculoref		HealthLink Townsville	AutoSaved	OCL-271	
09/07/2019	Maureen Andrews	N	ly Aged Care Referral			Dr Best Practice		agedcfrm	1	HealthLink Townsville (	Parked	MAC-1111

#### **Accessing Submitted Forms**

A copy of the submitted form can be found in the Correspondence Out section of the clinical record for the patient. Please note that to preview the referral before exiting the patient record one must click on the Correspondence Out section heading and use the F5 button on the keyboard to refresh the correspondence view.



HealthLink helps over 60,000 healthcare practitioners deliver certainty in care by enabling them to exchange patient information quickly, reliably and securely.

For all queries, please contact HealthLink Customer Care on 1800 125 036 or email helpdesk@healthlink.net

Monday to Friday (Except Public Holidays) 8:00 am - 6:00 pm (All Time Zones)

HealthLink

Level 17, 9 Castlereagh Street, Sydney NSW 2000 helpdesk@healthlink.net | au.healthlink.net

