

Health Certainty in Care

# QUICK START GUIDE

#### ACT HEALTH REFERRAL SMARTFORM

The ACT Health Referral SmartForm has been designed to make it easier for you to refer your patients electronically for services provided by ACT Health. This quick start guide has been developed to help you navigate the new digital form.

#### HealthLink Technical Support

helpdesk@healthlink.net 1800 125 036

#### Contact

To be provided





Canberra Health Services



# 1. Open the patient record

Search for the patient and open their electronic medical record. Open the Best Practice Word Processor by clicking on the Letter icon (or use the F4 on the keyboard). Then click on the HealthLink Forms icon. In the HealthLink Forms window, click the New Form button.

Bp Premier Word	Processor - Untitled			
<u>File E</u> dit <u>V</u> iew <u>I</u> ns	ert For <u>m</u> at Ta <u>b</u> le <u>T</u> emplates	Utilities Help		
	🔊 🦔 🖗 🔛 ABP			
🤾 HealthLink F	orms - Mr MICKEY Disney M0	DUSE		_ 🗆 ×
<u>File Vie</u> v <u>H</u> elp				
	۶			
Start Date: 19	9/06/2016 15 Provider: A	I 🗾	Location: All	Status: All
Created Date	Patient	Subject	Provider	Addressee

#### 2. Launch the Form

Under the Referred Services section, click on Canberra Health Services.

Compose	General Services	
Inbox (0)	This is the UAT Environment	
G Submitted	Referred Services	
Profile		



### 3. Select the Canberra Health Service you wish to refer to

Select the required service and recipient provider from the Canberra Health Services list and click the **continue** button on the top right. Should you wish to narrow down the list, you can enter the clinic or provider name you are looking for into the search field directly above the list.



## 4. 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. If you need to do something else, you can **Park** the form to save what you've currently done so far.

Canberra Health								
	Cardiothoraci	c Surgery					<u>S</u> ubmit	Pre <u>v</u> iew <u>P</u> ark <u>H</u> el
equested Information	Referral Date*		09/04/2019					
Cardiothoracic Surgery	Referral Type*		New	Existing	g			
	Referral Period	e	Please Select	Ŧ				
Attachments / <u>R</u> eports No reports selected No files attached	Interpreter Req	uired*	Yes	No				
	Reason for Pati	ent Referral*	Browse for Con	sultation No	tes			
No long term medications specified No medications specified No medical warnings specified								
Aedical History No medical history specified				.g. patient,	aren, parent, guar			
Patient Information	HealthPathwa	vs						4
lo patient ID available	For pathways a	dvice see Healt	hPathways.					
No date of birth	GP HealthNet							
Referrer Information AuPortal DemoAccount 402487LY	For service spe Please note, yo	cific information u may need to I	see <u>GPHealthi</u> ogin to GP Hea	<mark>vet</mark> IthNet first b	efore navigating to	the speciality spe	cific page link	above.
	Measurement	Details						
	Date	Code	Value		Date	Code	Value	
		Height				BMI		
		Weight				BP		
	Please ensure t	he following for	ms are attached	if applicab	e:			
	<u>Treatment</u> <u>Urinary (</u> Medical)	nt Order Form Catheter Manag	ement Form	ministration	Form (Indicate dat	e and time that fin	st dose was a	dministered by GP)

Depending on the selections you've made, additional fields will appear allowing you to include the relevant information necessary.

The button **Browse for Consultation Notes** will give you access to the clinical notes in the patient's medical records. You can add clinical notes to the form by selecting the relevant records.



#### 5. 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 form. 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.months. Or you can browse for files stored in Best Practice or in your local computer's file system.

Government Services	Cardiothoracic Surgery	
Requested Information	Form has been auto-saved.	
Cardiothoracic Surgery	Diagnostic Reports / Patient Documents	Browse for Local F
	Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, txt	
Attachments / <u>R</u> eports		
No reports selected		
no mes attached		
Medications / Warnings		
No long term medications		
specified No medications specified		
No medical warnings specified		
Medical History		
No medical history specified		
Potiont Information		
No patient name		
No patient ID available		

#### 6. Select relevant medications, warning and medical history items

The **Medications / Warnings** and **Medical History** tabs will give you access to the relevant pre-populated records. Just select those records that are relevant to the referral or add your specific notes if necessary.

Government Canberra Heal Services	th Cardiothoracic	Surgery		
Requested Information			Form has be	een auto-saved.
	Long Term Medic	cations		
Attachments / <u>Reports</u> No reports selected	Date 👻	Details	Dose	Units
No files attached	No records foun	d.		
Madications / <u>Warnings</u>	Other Medication	ns 🚺		
specified	Date 👻	Details	Dose	Units
No medications specified	No records foun	d.		
Medical History	Medical Warning	s / Allergies		
,	Date -	Description		
	No records foun	d.		
Pa <u>t</u> ient Information 🖻 No patient name No patient ID available	Clinical Medicatio	on Comments		

	Cardiothoracic Surgery		<u>Submit</u> Pre <u>v</u> ie	w <u>P</u> ark <u>H</u> e
Requested Information 🖻 Cardiothoracic Surgery		Form has been auto-sa	ved.	
	Current Medical Conditions			
Attachments / Reports	Code 👻	Description	Comments	-
No files attached	No records found.			
Madications / Warnings	Past History			
No long term medications	Code 👻	Description	Comments	-
No medications specified No medical waggings specified	No records found.			
Medical History	Family History			
No medical history specified	Code 👻	Description	Comments	
	No records found.			
Patient Information No patient name No patient ID available No date of birth	Smoking History and Additio	onal Information		
Referrer Information AuPortal DemoAccount				A

# 7. Ensure patient and referrer information is correct

With the Patient Information and Referrer Details tabs, you simply need to ensure that the information is correct. If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

Requested Information		Form has been auto-saved.	=
Cardiothoracic Surgery	Patient Information		-
	Date of birth*	IHI	
Attachments / Reports			
No files attached	Medicare/DVA Eligible*	Reason*	
	Yes No		Direct forthe following energy
Medications / <u>Warnings</u> No long term medications specified	Pension number		Patient Information
No medications specified No medical warnings specified	Private health fund name	Patient membership number	Medicare Number* Date of birth*
Medical History		•	Medicare Expiry
No medical history specified	Safety net number	Country of birth	
			DVA Number Pension Number
Patient Information	Name*		
No patient name	<ul> <li>No patient name specified</li> </ul>		_
No date of birth			
	First name* M	liddle name(s)	



## 8. 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. If needed, you can print 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 the hospital.





#### 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.

art Date: 19/05/2016 5 Provider: All Location: All Status: All		Dationt	Subject	Provider	Δddressee	Statuc
L) 🔌 🦻	art Date: 19	/06/2016 15 Provider:		Location: All	Status: All	•
	) 🔌 🛛	\$ <u></u>				

You can also use this area to see previously submitted or deleted forms.

#### **Accessing Submitted Forms**

A copy of the submitted form can be found in the Correspondence out section of the patient clinical record. The entry will not display automatically in this area until you have exited and come back into the patient record. You can refresh the correspondence out section if you wish to view the sent referral straight away by pressing the F5 key on the keyboard.

34 (market) - Andrew (market	Mr Alfre 🔍   Idridge	
File Open Request Clinical View Utilities My Health	a Record Help	
3 🖫 🌢 🗋 🖗 🗍 🕫 🖓 🖳	🤊 🤹 😢 🌑 📶 🚨 💽 📓 💺 Family members: 🔍 🗸 Junp Open	
Name: Alfred Charles Aldridge	D.O.B.: 24/01/1908 Age: 110 yrs Sex: Male 19m 45s 18 Finalse vist	
Address: Lazy Lakes Nursing Home, 4 King St Launceston 725	250 Phone: 03.96781510 Mobile: Work:	
Medicare No: 5500064971 - 1 07/07 Record No.: 781	DVA No.: TX4687 Comment:	
Occupation	Tobacco: Acohol: Elte spots: Elthnicty:	
Blood Group:	Advance Health Directive:	
Allergies / Adverse Drug Reactions: Reactions	Notifications:	
tem Reaction Severity	Type Due Reason	
Not recorded	Outstanding requests 23/03/2004 There is outstanding request on this patient: Preventive health 21/08/2018 Influenza vaccination is due!	
	Preventive health 21/08/2018 Vaccination against pneumococccus is due!	
	Preventive health 21/08/2018 Vacchation against shingles should be considered	_
Emand Column	Intere are unchecked reports for this patient!	-
Change Construction	VIEW DOUGO PIER CHEVROL DOLLA	
E- Ar Alfred Charles Aldridge		
- Marca Today's notes	Determine front and Antonin fordered on AADD 20040 AD EXT	
B-O Past visits	Referral Sent and Acknowledged on 14/06/2018 10:50 AEST	
Current Rx	General Surgery - Dr C Pyke	
Accupit 10mg Tablet 1 Twice a day	Eventual Parale Learning Con	
Assess For dates 10.15mls Padars had	Patient: Alfred Charles Aldridge, 110yrs, M, DOB 24/01/1908, PH: Hme 03 96781510	
Agarol Emulsion 10-15ms before bed	Residential address: 4 King St, Lazy Lakes Nursing Home, Launceston, TAS 7250	
Dilatrend 3.125mg Tablet 1 Twice a da	Postal address: same as residential address	
Ebixa 10mg/g Oral Drops 10mgs Twice	Referred by: Best Practice, Main surgery, Prov. No. 0000000Y, PH 07474015650	
- Dialy Lasix M 20mg Tablet 1 Daily	Referral date: 14/08/2018 10:50 AEST	
Nomison 10mg Tablet 1 Before bed p a		
⊪- 🧏 Past history ≡	Clinical Referral Information	
B- Immunisations	Referral Date: 14/08/2018	
🖲 📥 Investigation reports 🛛 💡	Referral Continuation: New	
Correspondence In	Referral Period: 12 months	
Correspondence Out	Feedback Requested: Yes	
04/08/2004 Becal letter	Interpreter Required: No	
▶ 14/08/2018 materim Mater Health S	Consider for Telehealth No consultation:	
Past prescriptions		
- / Observations	Reason for Patient Referral.	
Family/Social history	Date: 13/08/2018 00:00 Examination: General	
Clinical images	BP (statisting): 130/90 BP (statistic): 130/90 BP (statistic): 130/90 BP (statistic): 110/70	
A	BP (lying): 120/80	
	Pulse: 92 Regular	

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

#### HealthLink

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

