

# HealthLink SmartForms for Medtech Evolution

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

Your practice must be running Medtech Evolution 10.4.4 or above to access the HealthLink SmartForms.

# Submitting eReferrals from Medtech Evolution

## Using HealthLink SmartForms

SmartForms enable **Medtech Evolution** 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.

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### HealthLink Technical Support

Email: [helpdesk@healthlink.net](mailto: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 patient forms**

Step 6:

**Accessing all submitted forms**

Step 7:

**What happens after a referral has been made?**

## Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your  
Medtech software...

- A First, search for the patient and open their electronic medical record.
- B Then from the menu click **Module**
- C **Advanced Forms > New Form**
- D Then under the **HealthLink Forms** folder select **Aduro Forms**
- E Click **OK**.

The screenshot shows the Medtech Evolution Medtech-Aduro application. The 'Patient' menu is open, showing options like Search (F2), Family (Shift+F2), Close active patient, and Open last active patient. An arrow points from the 'Search' option to the 'Search Patient/Company' dialog box. The dialog box has a 'Quick' tab and an 'Advanced' tab. The 'Name/Pat No/Medicare No' field contains 'TEST'. There are 'Search' and 'Swipe Card' buttons. Below the search fields, there are checkboxes for 'Patients Only', 'A/c Holders Only', 'Companies Only', and 'Include Inactive'. A table below shows search results:

Name	Address	Prov	Age	DOB	A/c	Balance
TEST Medtech		ADM	R 64y	23 Jan 1959	P	
TEST Tester (152)	2345 Test Street	TESP	R 4y	3 Sep 2019	P	45.00

Patient record open.

The screenshot shows the patient record for 'MOUSE Mickey (157)' at '1 Testing Street, WOONONA'. The record includes a redacted phone number, date of birth (30 Jan 1981), age (42 yrs), sex (Male), ethnicity (Indian), and a balance of 0.00. The patient is identified as 'TESP' and 'Aboriginal but not Torres Strait Islander'.

The screenshot shows the Medtech Evolution Medtech-Aduro application. The 'Module' menu is open, showing options like Accounts, Advanced Forms, Alerts, Appointments, Clinical, Extended Primary Care, Medical Device Interface, Medical Calculator, Immunisations, AIR Submissions, AIR Individual Details, Inbox, Labels, Outbox, Patient Register, Status Screen, Recall/Screening, Task Manager, Send SMS, Provider Dashboard, and Theatre List. An arrow points from the 'Advanced Forms' option to the 'New Patient Form' dialog box. The dialog box has a title bar 'New Patient Form' and a close button. The main area says 'Select the form type to create for this patient :-'. There is a tree view on the left with folders: Common Forms, My Forms, Manage My Health, Corporate Health Group, HealthLink Forms, and Aduro Forms. The 'Aduro Forms' folder is selected. At the bottom, there are 'OK' and 'Cancel' buttons.

## 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  
TINSW 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

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

B

### 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>
<b>Next of Kin or Emergency Contact</b>	
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

 **Form has been auto-saved.**

**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

#### Patient Information

Date of birth\*

17/12/1941

Name\*

MICKEY Disney HEATLEY (Mmouse)

Gender\*

Male

Gender Identity

Patient's Indigenous status\*

Neither Aboriginal nor Torres Strait Islander origin

Country of Birth

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



## 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.

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

Requested Information  
General Surgery

**Attachments / Reports**

Medications, Allergies, Alerts

Medical, Social and Family History

Diagnostic Reports / Patient Documents

Browse for Patient Document Browse for Local File

Attach file from EMR supports: gif, html, jpeg, doc, docx, pdf, txt, rtf, tiff  
Attach file from Computer supports files that end in types: doc, docx, gif, htm, html, jpeg, jpg, pdf, rtf, tif, tiff, txt  
Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	01/09/2021	File_123		rtf	80 KB	
<input checked="" type="checkbox"/>	01/10/2021	File_456		rtf	8 KB	
<input checked="" type="checkbox"/>	01/11/2021	File_789		rtf	90 KB	

Diagnostic Reports / Patient Documents

Browse for Patient Document Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to all authorised users.

Attach File

Name

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

Attach Cancel

<input type="checkbox"/>	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

## 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

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

Submit Preview

## 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  
HPI-I  
Name  
Full name

Medical Registration Number  
123456  
HPI-O  
123456789098765  
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

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

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

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

Gender Identity

Country of Birth

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

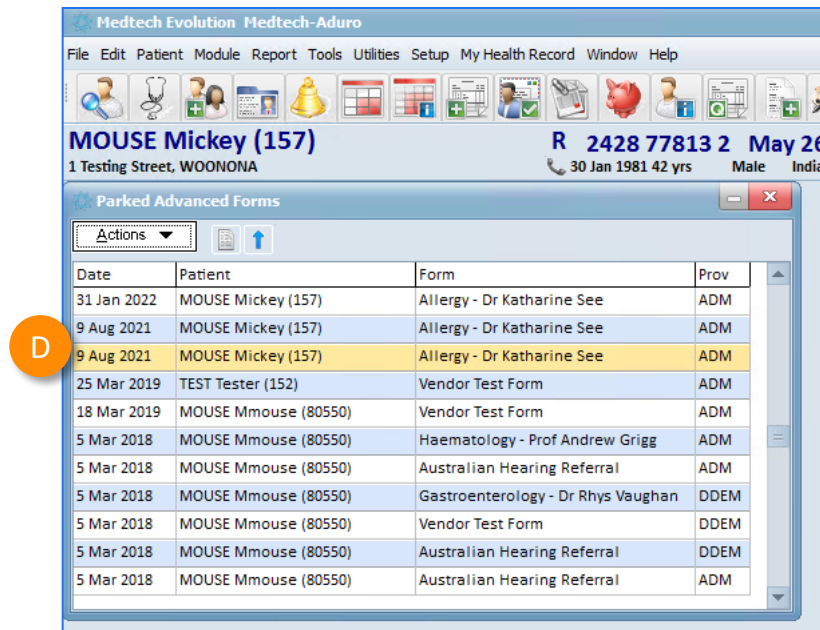
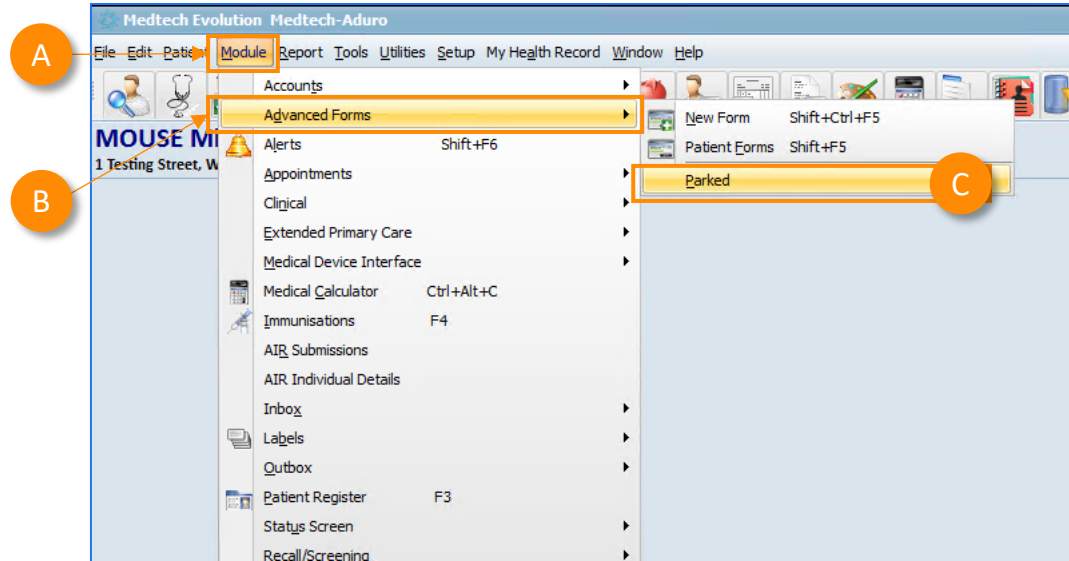
## Step 5: Accessing parked and patient forms

### Accessing all parked forms

To access all parked forms to be completed and submitted...

- A In the menu, click **Module** -
- B **Advanced Forms** -
- C Then click **Parked**.
- D You'll see a list of parked forms created for patients at your practice. Forms for the patient you have open will display first.

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



## Step 5: Accessing parked and patient forms

### Accessing a specific patient's forms

To view forms for a specific patient, once the patient file is open...

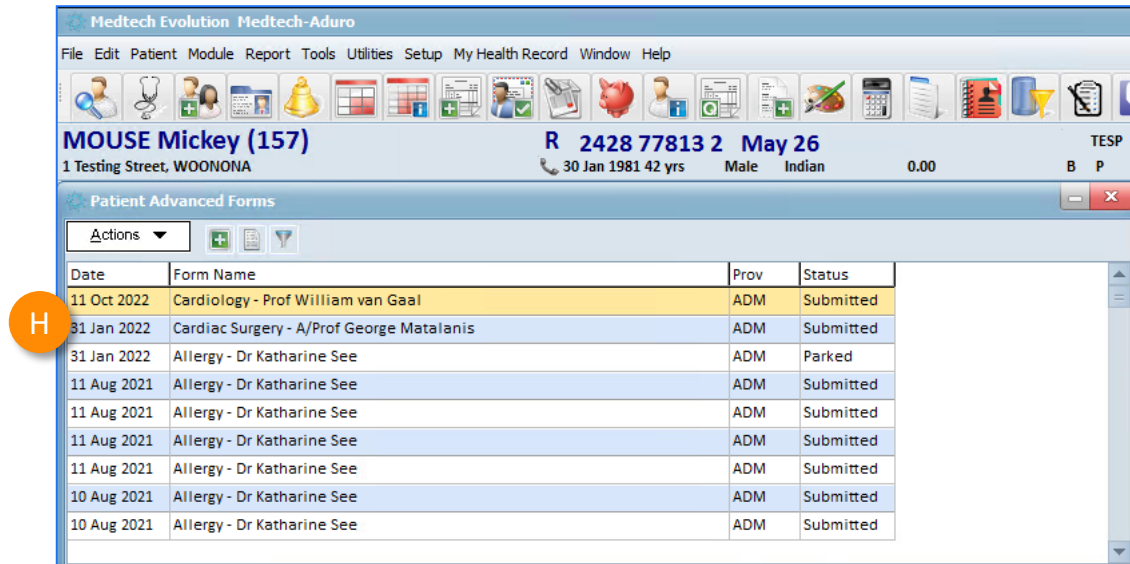
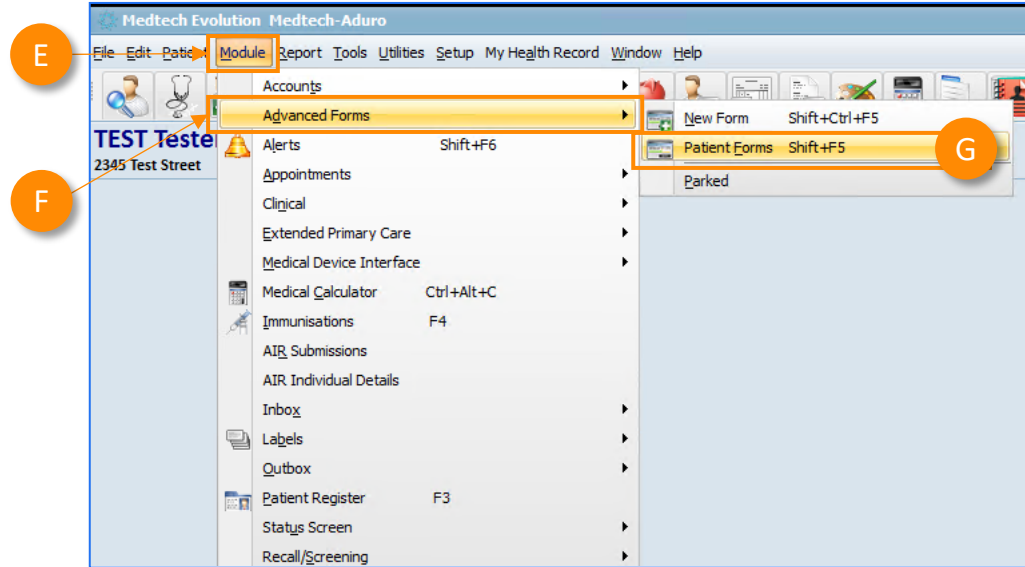
**E** In the menu, click **Module** -

**F** **Advanced Forms** -

**G** Then click **Patient Forms**.

**H** You'll see a list of parked and submitted forms specific to this patient.

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



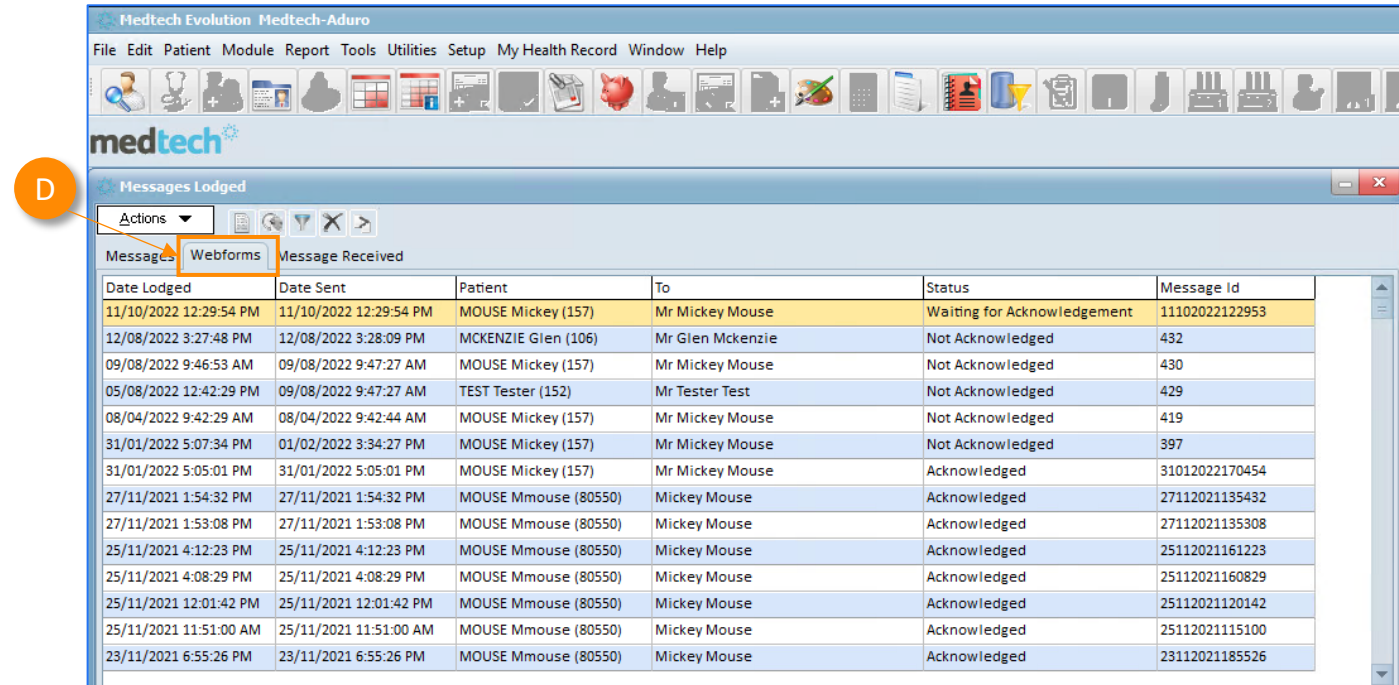
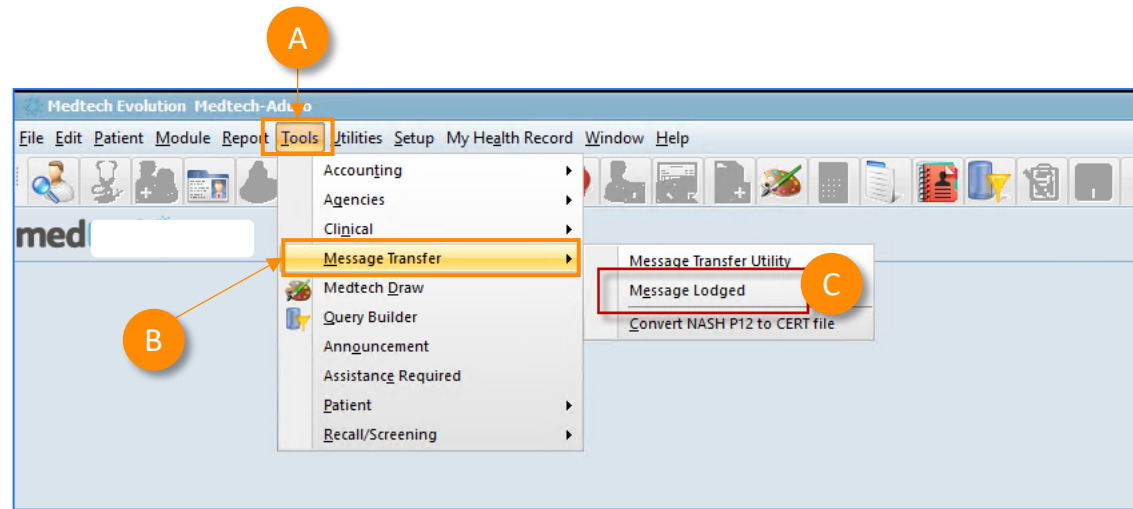


## Step 6:

# Accessing all submitted forms

To view all submitted forms...

- A In the menu, go to **Tools**
- B Then **Message Transfer**
- C Now click **Message Lodged**
- D From Message Lodged screen click on **Webforms** tab to view list of all submitted forms.





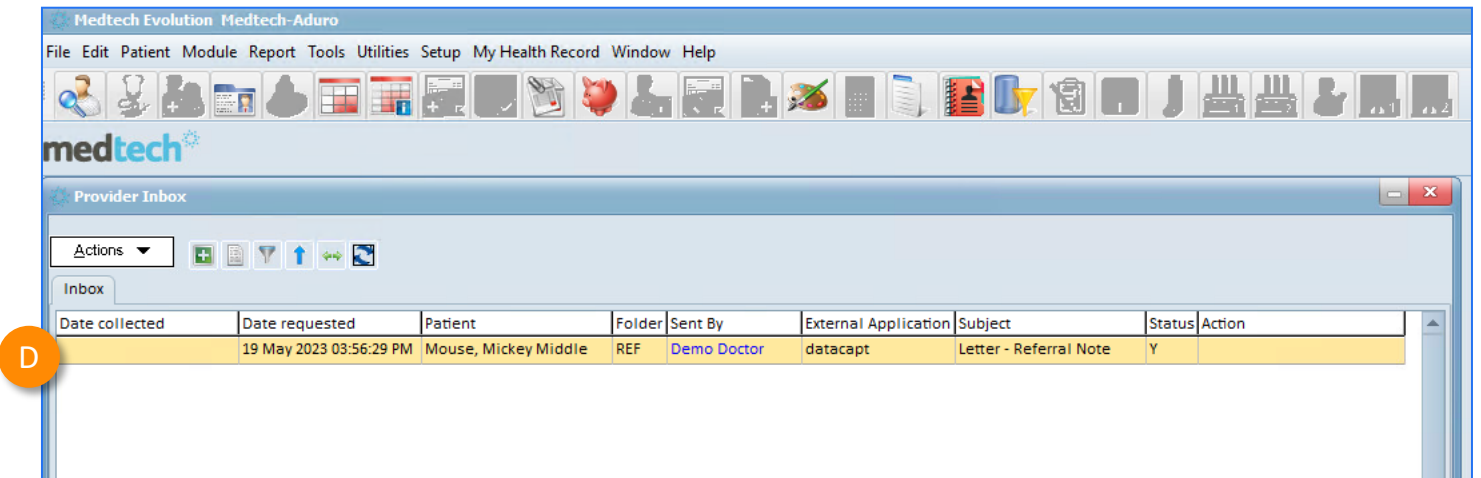
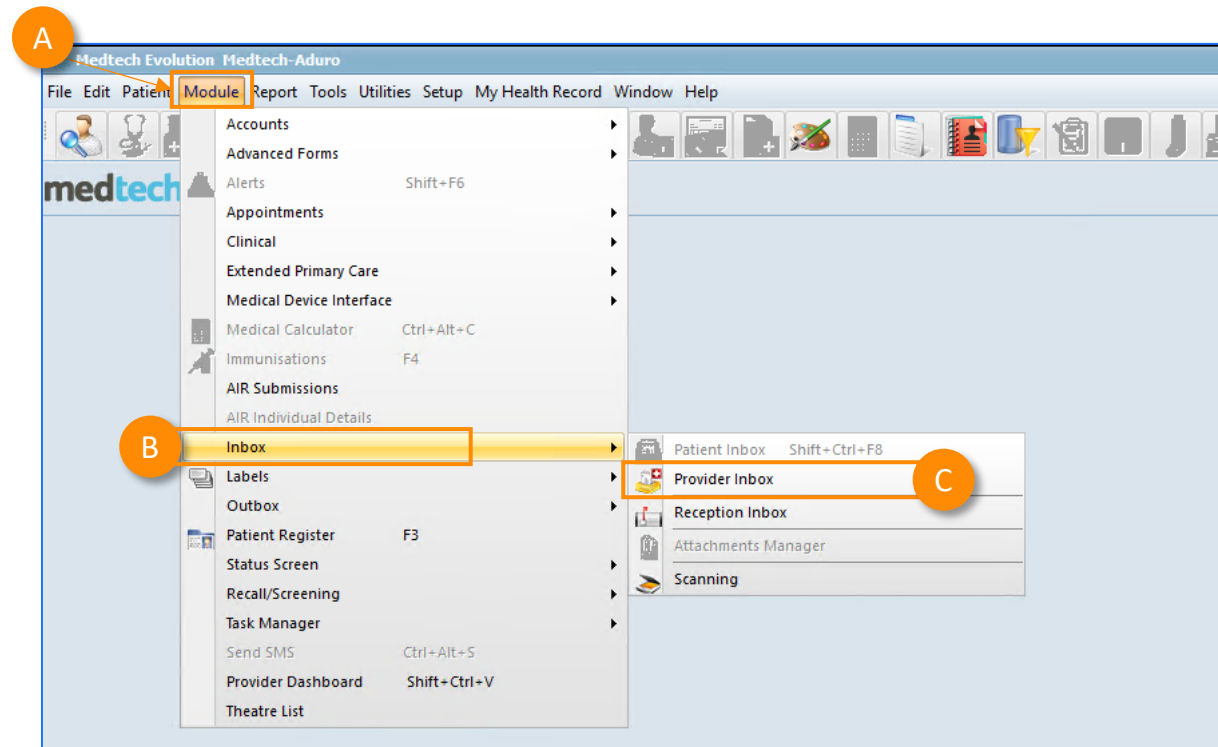
## Step 7:

# What happens after a referral has been made?

- Medicare Mental Health will respond with a **Status Message** regarding the **Referral Acceptance** or **Referral Rejection** with reasons.
- These Status Messages will be received back into your Practice Software using the same workflows when receiving Incoming Reports and Results, and Other correspondence like Discharge Summaries.

## Viewing incoming reports

- In the menu, click **Module**
- Select **Inbox**
- And choose **Provider Inbox**
- Any messages waiting to be reviewed will be shown – click on the message to view it.

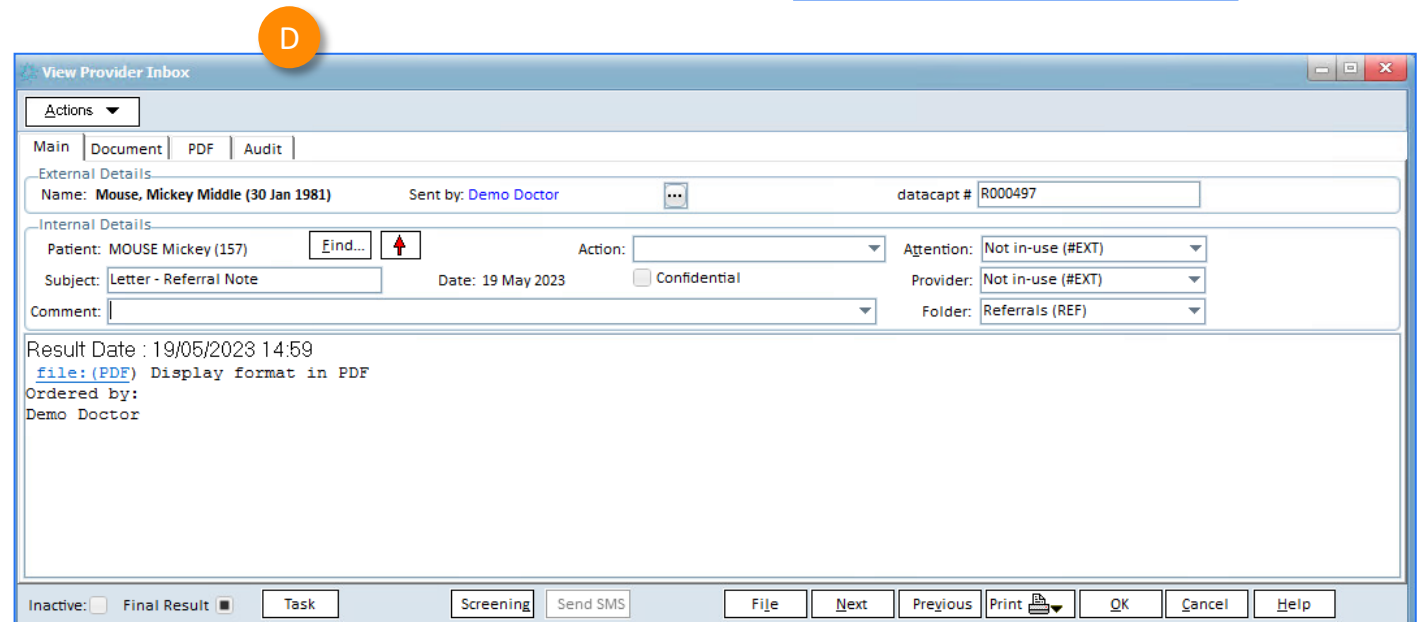
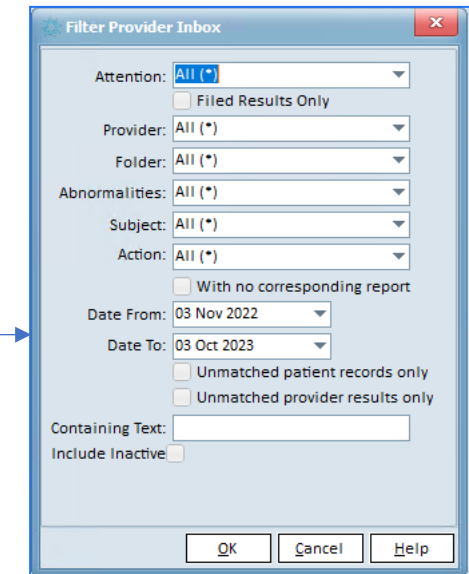
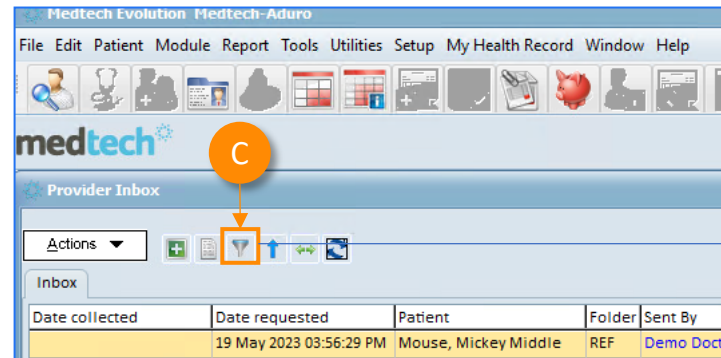


## Step 7:

# What happens after a referral has been made?

## Viewing incoming reports (continued)

- C** You can use the filters to sort incoming correspondence.
- D** This is how a message is viewed

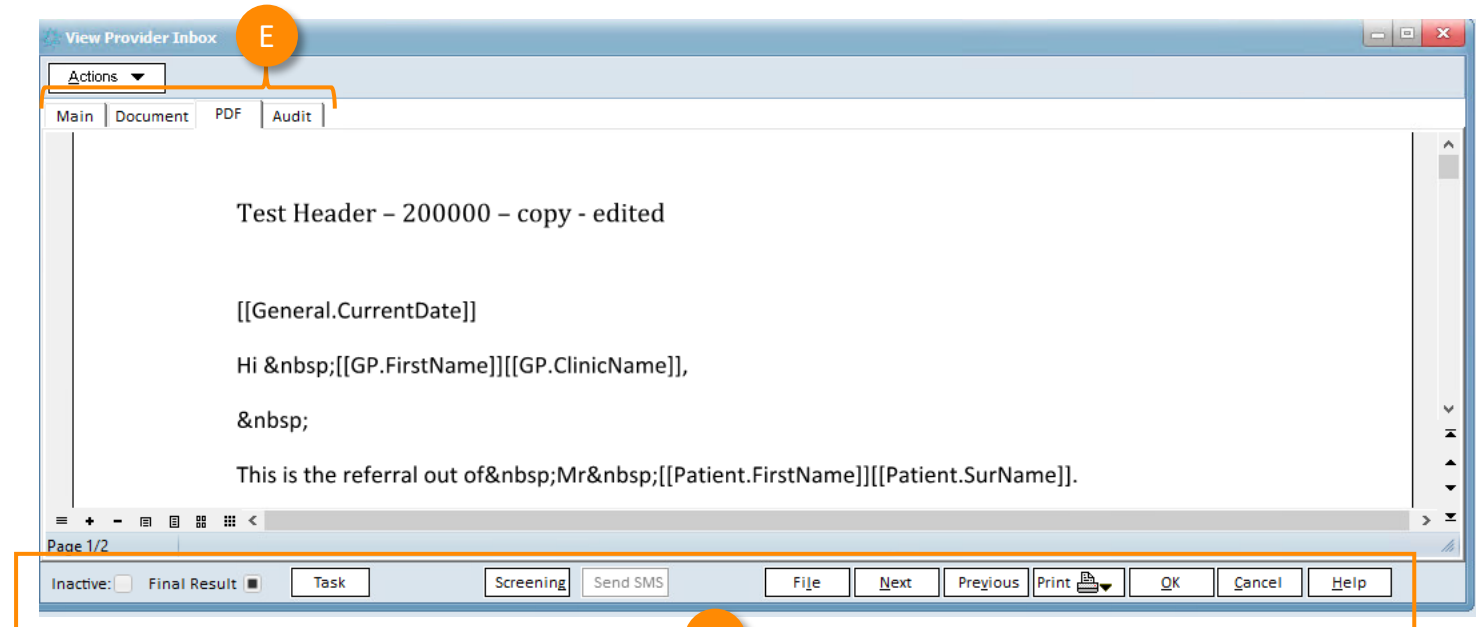


## Step 7:

# What happens after a referral has been made?

## Viewing incoming reports (continued)

- E** Depending on the message type that is sent through, you can use the tabs at the top to change the message view e.g. PDF, Plain Text, etc.
- F** From this screen you can process the message as required e.g. File, Print etc.



## Customer Care

Phone: 1800 125 036

Email: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

[www.healthlink.com.au](http://www.healthlink.com.au)

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