

HealthLink

User Guide

14.04.2025 MHP

HealthLink SmartForms for MyHealthLink Portal

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

medicare

Mental Health
1800 595 212

HealthLink

Submitting eReferrals from MyHealthLink Portal

Using HealthLink SmartForms

SmartForms enable **MyHealthLink Portal** 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.

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
MyHealthLink Portal...

- A** Log in with your username and password* - Each user is given an individual log in so that their provider details are prepopulated.
- B** Once logged in you're taken to the home screen (Inbox).
- C** Click on the **Compose New Message** icon to launch the HealthLink home page.

*Note: You will need to apply for a HealthLink account where you will be issued with login details, once set up. Go the HealthLink website and click Sign Up to start this process.

Welcome! Please Login

User name
pandafiv.lwright

Password
.....

Login

[Forgotten password](#)

HealthLink connecting with care Settings Help pandafiv.lwright

Inbox Filter

Received From dd/mm/yyyy To dd/mm/yyyy Patient Name enter first and/or last name

Form Status New Ref ID enter reference ID Description enter description here

Patient ID

Search Reset

Items per page 10 Page 1 of 0 - 0 records

Reference ID	From	To	Patient's Name	Patient's ID	Description	Date Received	Status	Action
There are no records matching your criteria. Please change your search criteria and try again.								

HealthLink connecting with care Setting

Inbox Filter

Received From

Compose New Message

Patient ID

Click on the row to view the r

Reference ID	F
573*HealthLi..	D

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](#).

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- ☒ 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

 **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
Medical Registration Number 123456
HPI-O 123456789098765
Dr Name

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:

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

Submit Preview

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

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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

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- 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 auto-saved forms

A To access parked or auto-saved forms, click on the **Parked** icon on the left-hand menu.



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

HealthLink connecting with care Settings Help

pandafiv lwright

Parked Filter

Created From 28/09/2023 To dd/mm/yyyy Patient Name enter first and/or last name

Form Type Ref ID enter reference ID Description enter description here

Patient ID Search Reset

Parked (Drafts) to view the record Items per page 10 Page 1 of 1 - 1 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Date Updated	Action
WSLH-20	nswheref			Gynaecology Clinics	nswwsilhd	28/09/2023 11:54 AEST	X

Form Type

Patient ID

Parked (Drafts) to view the record

Reference ID

WSLH-20

Step 6:

Accessing submitted forms

- A

To access submitted forms, click on the **Submitted Items** icon on the left-hand menu.
- B

Here you'll see a list of your submitted items.

HL HealthLink
connecting with care

Settings Help

pandafivlwright

Submitted Items Filter

Sent From28/09/2023

Todd/mm/yyyy

Patient Nameenter first and/or last name

Form Type

Ref IDenter reference ID

Descriptionenter description here

Patient ID

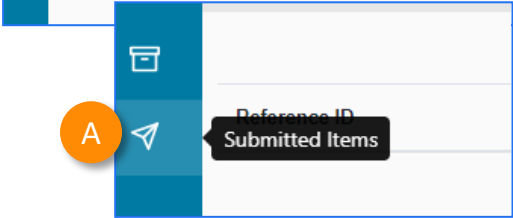
SearchReset

Items per page10Page 1 of 0 - 0 records

Submitted Items

Reference IDToPatient's NamePatient's IDDescriptionTypeAck StatusDate Submitted

There are no records matching your criteria. Please change your search criteria and try again.



HL HealthLink
connecting with care

Settings Help

pandafivlwright

Submitted Items Filter

Sent Fromdd/mm/yyyy

Todd/mm/yyyy

Patient Nameenter first and/or last name

Form Type

Ref IDenter reference ID

Descriptionenter description here

Patient ID

SearchReset

Click on the row to view the recordItems per page10Page 1 of 2 - 16 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Ack Status	Date Submitted
SAH-2799	saherefs	Monica Bing	123456792	Dental - Paediatrics	sahealth	Acknowledged	08/09/2023 14:40 AEST
SR-2754	Medical Director	Laura Wright	122345452	Specialist Referral	cervinsr	Acknowledged	08/11/2022 09:54 AEST
SR-2753	Best Practice	Laura Wright	122345452	Specialist Referral	cervinsr	Acknowledged	08/11/2022 09:53 AEST
SR-2703	Genie Solutions	Laura Wright	122345452	Specialist Referral	cervinsr	Waiting for ack	07/11/2022 09:51 AEST
SR-2664	Genie Solutions	Laura Wright	122345452	Specialist Referral	cervinsr	Waiting for ack	03/11/2022 10:23 AEST

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 MyHealthLink Portal using the same workflows when receiving Incoming Reports and Results, and Other correspondence like Discharge Summaries.

Viewing incoming reports

- A** Go to your **inbox**.
Note: The inbox will only show messages that are directly addressed to the logged-on provider.
- B** **Unread messages** will show in bold.
- C** You can apply **filters** by using the **inbox filter** at the top and you can **sort by** date/patient/status etc. by clicking on the table headings.
- D** The inbox will also show if there are **attachments**.
- E** Click on the message to open and view the message.

Reference ID	From	To	Patient's Name	Patient's ID	Description	Date Received	Status	Action
573*HealthL...	Dr Andrew Demo	Laura Wright	Patient Dummy	2346-06649-4...	Referral MED Medical	01/09/2021 14:40 AEST	Awaiting Further Information	activity
07-1234567-G...	HealthLink Client Test Message Generator...	Laura Wright	Health Link	T10101(SR)	Result	31/08/2021 14:10 AEST	Completed	activity
195-30082021	Mr Test Healthlink	Laura Wright	Patient Dummy	48(practIX)	Referral MED Medical	30/08/2021 14:10 AEST	Viewed	activity
195-TSTM20...	Mr Test Healthlink	Laura Wright	Patient HealthlinkTest	48(practIX)	Referral MED Medical	06/10/2023 11:46 AEST	New	activity attachments
SR-12-SR-122...	Medical Director	Laura Wright	CHILD TEST	4545454545(A...	Referral MED Medical	08/04/2021 12:40 AEST	Reviewed	activity attachments

Received Message: 573*HealthLink Genie Test-573 from Dr Andrew Demo to Laura Wright

Patient ID: 2346-06649-41(AUSHIC) Patient Name: Patient Dummy Status: Awaiting Further Information

Back To List View Message Record Activity View Attachments (0) Correspondence Print

From: Dr Andrew Demo
To: Mrs Laura Wright
Other Providers: Dr Test Provider
Date Received: 30/08/2021 16:40:10
Subject: Referral MED Medical

Patient

Name: Patient Dummy
Date of Birth: 01/01/1950
Sex: F
Address: 1 Smith St, Smithtown, NSW

Clinical Summary

REFERRAL LETTER

Date Requested: 30/08/2021
Effective Date: 30/08/2021 15:51

Report

Date of Letter: 30/08/21

Patient Referral Form
Referral to Northern NSW LHD ("NSWLHD") Service
Note: where available, NSWLHD prefers eReferrals sent via HealthLink SmartForms.

Mrs Laura Wright

Dear Mrs Wright
RE: Mrs Patient Dummy - DOB: 01/01/50
1 Smith St, Smithtown NSW

Thank you for referring this 71 year old lady

Reason for referral:
Clinical Information

Note: You'll receive an email notification with every new incoming portal message.

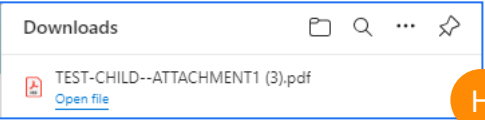
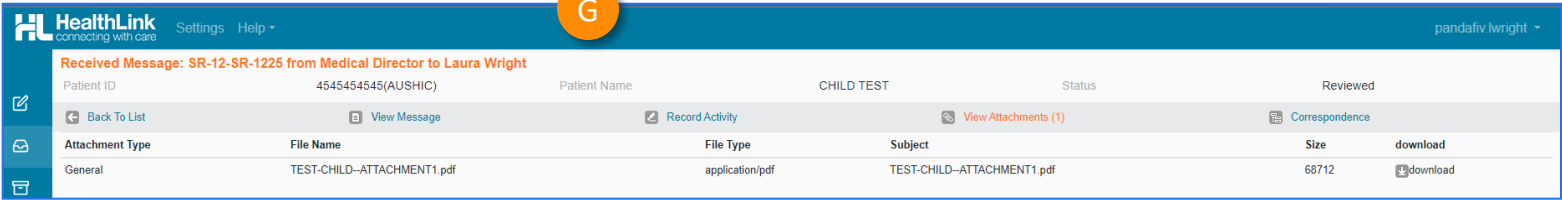
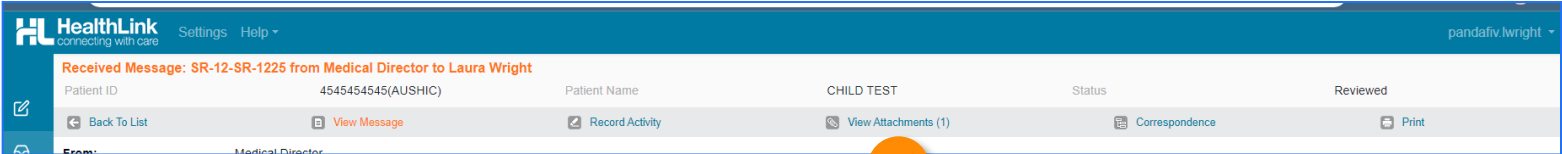
Step 7:

What happens after a referral has been made?

Viewing incoming reports (continued)

Once you’ve opened a message...

- F If there are any attachments, you will be able to view them by clicking the **View Attachments** heading (this will also show the number of attachments)
- G Once you’ve clicked View Attachments, it’ll open a screen showing a **list of attachments**.
- H You will need to **download** an attachment to view it.

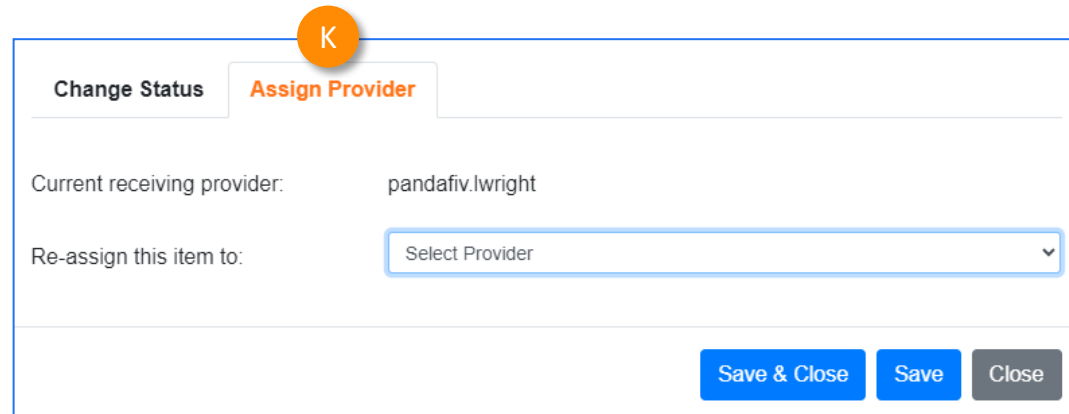
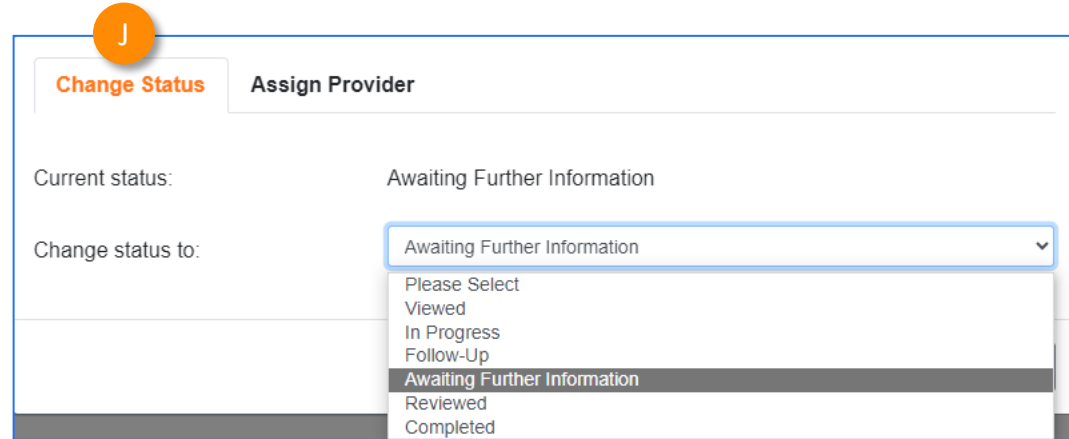
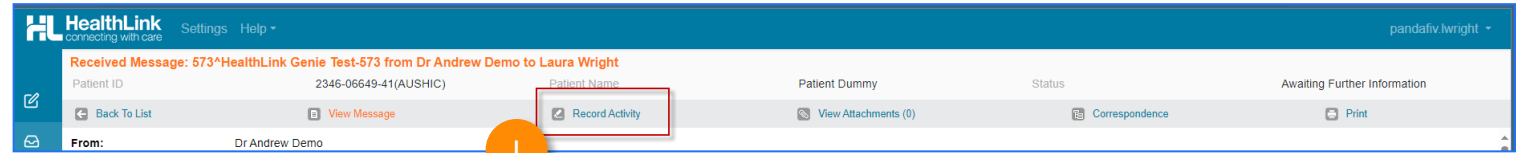


Step 7:

What happens after a referral has been made?

Viewing incoming reports (continued)

- I When viewing a message, you can click **Record Activity...**
- J This allows you to '**Change Status**' of the message
- or
- K **Assign** the message to another provider via the "Assign Provider" tab.



Customer Care

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

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