

HealthLink connecting with care

Clanwilliam

QUICK START GUIDE

MONASH HEALTH REFERRAL SMARTFORM

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

HealthLink Technical Support E: helpdesk@healthlink.net P: 1800 125 036









1. Open the patient record

Search for the patient and open their electronic medical record. Then click on the HealthLink Forms tab. In the HealthLink Forms window, click the New Form button.



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314 Hope Street. Bundaberg. Qld 4670 Ph: 0417728660 (mobile) Record No:	ATSI:	Neither Aboriginal nor Torres St	rait Islander	
Allergies & SULFONAMIDES	Pension No:	561-388-922-HL Ethnicity:			
Reactions:	Smoking Hx:	20 Daily IHI No:			CLINICAL
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2. Launch the Form

Under the Referred Services section, click on Monash Health Specialist Consulting Clinics

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3. Select the Monash Health Service you wish to refer to

Select the service you wish to refer the patient to from the list. If the service is available at both Monash Health and Monash Children's Hospital, please select the appropriate facility you wish to refer the patient to. Click the **continue** button on the top right. Should you wish to narrow down the list, you can enter the service (or part of the service) 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 or are awaiting on lab results not yet available, you can **Park** the form to save what you've currently done so far, and come back to it later to complete it.

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and meanin	Referral to Cardiology				Submit	Preview Park Helps
Requested Information	Referral Date*	02/04/2020				
to Cardiology	Referral Continuation*	New		O Amend/upda	ate previously sent refer	ral
	Referral Period*	12 months				
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No files attached	Consider for Telehealth consultation	O Yes 💿 No				
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Medical History Medical history specified	Patient Consent (Pleas I acknowledge that patient ha they are being referred to.	e Tick)* s agreed to the referral and the sl	naring of their personal	and health informa	ation with the health servi	ice
	Referral Details* Browse	for Consultation Notes				
Patient Information Melissa Andrews 8979874654 04/11/2003						
Referrer Information Medical Director 3340332Y	Social History and Uther Into	rmation: Please include social r	istory, patient services	and any other rele	evant information as app	ropnate
	Special Needs / Reasonable	Adjustments for Disability*	O Yes	No		
	Does patient have a carer/su	pport person?*	O Yes	O No		
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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 today's and previous progress notes from 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 reports, diagnostic tests, scanned documents or referrals from the last six months. You can browse for additional reports or documents stored earlier in the clinical record or on your computer which have not been stored in the patient clinical record.

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		Date -	Name	Comments	Туре	Size							
Medications, Allergies, Alerts		31/03/2020	AduroForm.html	Sydney Local Health District Services	html	36 KB							
2 long term medications specified No medications specified		31/03/2020	HAEMATOLOGY RESULTS		rtf	1 KB							
5 medical warnings specified		25/03/2020	AduroForm.html	Sydney Local Health District	html	26 KB							
History Medical history specified Patient Information Melissa Andrews 8979874854 04/11/2003													
Referrer Information Medical Director 3340322Y									v				
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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.

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7. Ensure patient and referrer information is correct

With the 'Patient Information' and 'Recipient/Referrer' tabs, you simply need to ensure that the information displayed is up-to-date and correct. If a piece of required information is missing you will see the validation symbol displayed on the tab. To complete it, just click on the tab and fill-in the required field.

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Monash Health	Referral to Cardiology		Submit Preylew Park Help~	Monash Health	Referral to Cardiology		Submit Preylew Park Help~
Requested Information A Monash Health - Referral to Cardiology	Patient Information Date of birth* 04/11/2003	IHI	^	Requested information A Monash Health - Referral to Cardiology	Medical Practitioner Information Medicare Provider Number* 3340332Y	Medical Registration Number	^
Attachments / Reports No reports selected No files attached	Medicare/DVA Eligible* Ves O No Medicare number 3500265121 5	Medicare expiry		Attachments / Beports No reports selected No files attached	Name Full name Dr Medica	8003629900026770	
Medications / Warnings 2 long term medications specified No medications specified 5 medications specified	DVA number 8979874654 Private health fund name	Pension number 987976546 Patient membership number		Medications, Allergies, Alerts 2 long term medications specified No medications specified 5 medications specified	Medical Director Practice name Healthlink (Marketplace Partner)		
Medical History Medical history specified	Name* Melissa Anne Andrews			Medical, Social and Family History Medical history specified	Practice Address Healthlink Test Environment, North V	Vard, QLD, 4810	
Patient Information Melssa Andrews 8979874654 04/11/2003	Gender* Female Residential Address	Patient's Indigenous status* Neither Aboriginal nor Torres Strait Islander origin		Patient Information	Practice telephone* 0744015650 Email hlk.uat@test.com	Practice fax	
Referrer Information Medical Director 3340332Y No Different Regular GP	Y Kennedy Road, Bundaberg, QLU, 4670 Postal Address Same as residential			04/11/2003 Referrer Information Medical Director 334/0332Y	EDI* hkmdnuat		
	Yes Yes X Kennedy Road, Bundaberg, QLD, 4670				J		
	Contact Details (Select preferred phone co	ntact)					
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	Next of Kin No patient next of kin specified						
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			Close				Close



8. Submit the Referral

To preview the referral, click **Preview** to verify that the form has been completed correctly. The form will highlight which tab and which fields are incomplete if you have missed some mandatory information for the referral. When you are ready, click on **Submit** to send your referral. This will safely and securely send the form directly to Monash Health and you will see a copy of the completed form containing an acknowledgment of receipt. If required you can print a copy by clicking the **Print** button. Note that it is not necessary for the printed copy to be sent or taken to the hospital.

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Referral Sent an	d Acknowledged on 20/04/202	0 12:47		
Dichotoo				Monash
Diabetes				- Health
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Patient: MAURE	EN ANDREWS, 96yrs, F, DOB 2	23/06/1923,	PH: Mol	0417728660
Residential addr	ess: 314 HOPE STREET, BUNI	DABERG, C	QLD 467	0
Postal address:	same as residential address	alars Date		
Referred by: Me PH 0744015650	dical Director, Healthlink (Markel	tplace Partr	ner), Prov	/. No. 3340332Y, HPI-O 8003629900026770,
Referral date: 20	0/04/2020 12:47 NZST			
Clinical Refer	ral Information			
Referral Date:	20/04/2020			
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Access Parked Referrals

To access a parked referral from the patient's record, click on the HealthLink tab of the clinical record. From the available listing, double-click on the parked form you would like to open. Complete the form and then click submit to submit the referral.

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Viewing or Printing Submitted Referrals

A copy of the submitted form can be found in the Letters section of the patient clinical record. Select the referral from the list, then in the display window click open externally to display or print the referral.

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27 of 27 Records																	Select All
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30/03/2020	Additional Inform	ation					Primary H	lealth Tas	mania Ad		Patient: MAL	REENAN	DREWS, 98yrs	F, DOB 23	3/06/1923, F	PH: Mob	

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

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