



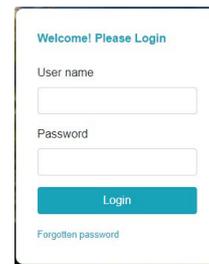
Digital Fitness to Drive Medical Assessment SmartForm Quick Start Guide

MyHealthLink Portal



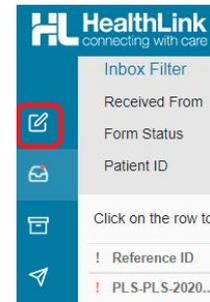
1. Login to MyHealthLink Portal

In your preferred Web Browser go to <https://auportal.healthlink.net/hlkportal/login> and log-in using your account username and password.



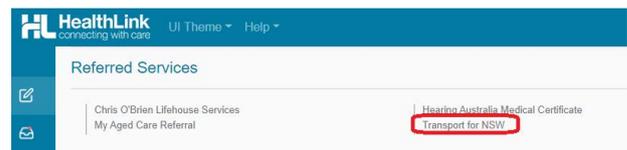
2. Launch HealthLink Homepage

Click on the Compose icon on the left hand side to open the HealthLink homepage.

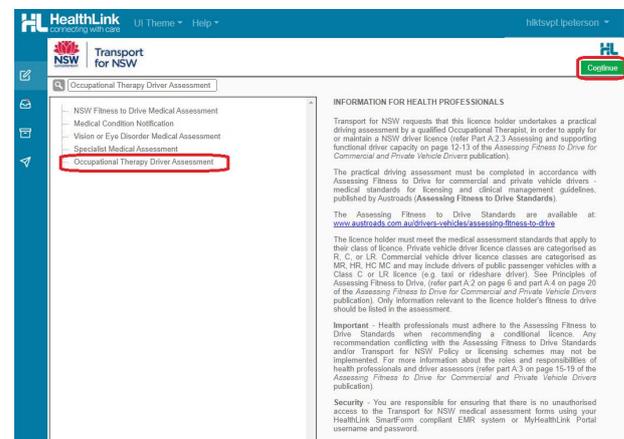


3. Launch the service landing page of Transport for NSW

Under Referred Services you will see a list of the HealthLink SmartForms available to you. Select the Transport for NSW link, and the service landing page will open displaying the list of on-line medical forms available to you.

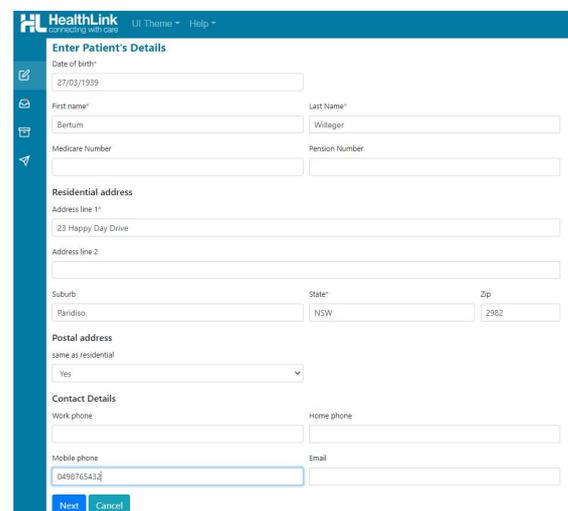


If you are unsure of which form to select, hover over each option for an explanation of the forms purpose. Once you have selected a form, handy information for health professionals will display to the right. Click on the 'Continue' button to proceed. The relevant medical assessment form will be launched. Once displayed you will have access to all the information necessary to complete the form for submission.



4. Complete the Patient Details page

The Patient Details page will be presented requiring the user to input patient information that is relevant to the form. Ensure that you have entered the required fields. Click on 'Next'



5. Validate Licence Details

Enter the patient's NSW Licence Number in the Driver Licence Verification field displayed on the 'Medical Assessment' tab and confirm that you've obtained 'Patient consent' by ticking on the check box and click on the 'Validate / Retrieve' button. A validation of the Driver Licence Number will be initiated.

The screenshot shows the 'Driver Licence Verification' section of the 'NSW Fitness to Drive Medical Assessment' form. The form is titled 'Transport for NSW' and 'NSW Fitness to Drive Medical Assessment'. It includes a 'Submit' button, a 'Preview' button, a 'Park' button, and a 'Help' dropdown menu. The 'Driver Licence Verification' section has two radio buttons: 'Driver licence number' (selected) and 'Customer number'. Below this are fields for 'Driver licence number*' (3792KQ), 'Patient surname' (REKKAS), and 'Date of birth' (23/02/1944). There is a checked box for 'Patient consent obtained*' and a 'Validate / Retrieve' button. The 'Current medical assessment information' section includes fields for 'Name', 'Date of birth', 'Licence number', 'Licence class' (General Practitioner), and 'Medical standard*' (Please Select). There is also a 'Reason for medical' field. A blue information box at the bottom of the section contains the text: 'Consider the nature of the driving task when performing this assessment.' and a 'Continue with Medical Assessment' button.

At this point, if the entered Driver Licence Number is invalid or cannot be found, the relevant error message will be displayed. Follow the instructions and try again.

Once validated, the patient demographic and medical assessment details will be presented in a read only format. In some circumstances the information will be presented in a slightly different format based on the form option selected in the service landing page. You may change the "Field of Practice" to your relevant profession, and change the "Assessing Medical Standard" between private and commercial to meet the needs of your patient. Click on the 'Continue with Medical Assessment' button to continue with completion of the medical assessment form.

The screenshot shows the 'Driver Licence Verification' section of the 'NSW Fitness to Drive Medical Assessment' form after validation. The form is titled 'Transport for NSW' and 'NSW Fitness to Drive Medical Assessment'. It includes a 'Submit' button, a 'Preview' button, a 'Park' button, and a 'Help' dropdown menu. The 'Driver Licence Verification' section has two radio buttons: 'Driver licence number' (selected) and 'Customer number'. Below this are fields for 'Driver licence number*' (3792KQ), 'Patient surname' (REKKAS), and 'Date of birth' (23/02/1944). There is a checked box for 'Patient consent obtained*' and a 'Validate / Retrieve' button. The 'Current medical assessment information' section is fully populated with 'Name' (MR. Daniel Thomas REKKAS), 'Date of birth' (23/02/1944), 'Licence number' (3792KQ), 'Licence class' (C), 'Field of practice*' (General Practitioner), and 'Medical standard*' (Private). There is also a 'Reason for medical' field with the value 'Older Driver Med/Drv Test'. A blue information box at the bottom of the section contains the text: 'Consider the nature of the driving task when performing this assessment.' and a 'Continue with Medical Assessment' button.

6. Continue with Medical Assessment

If the patient has any existing medical condition/s (displayed under 'Reason for medical'), the relevant assessment section will be selected as 'Yes' automatically. The other medical assessment sections within the form will be unselected and will require "Yes" or "No" answers to be selected.

▶ Driver Licence Verification

VISION

Does the patient have a current vision or eye disorder?* **i** Yes No

What is the patient's visual acuity? * **i**

	Right	Left	Together
Uncorrected	6/ <input type="text"/>	6/ <input type="text"/>	6/ <input type="text"/>
Corrected	6/ <input type="text"/>	6/ <input type="text"/>	6/ <input type="text"/>

CARDIOVASCULAR DISEASE

Does the patient have a cardiovascular condition(s)?* **i** Yes No

DIABETES

Does the patient have diabetes?* **i** Yes No

EPILEPSY

Does the patient have epilepsy?* **i** Yes No

NEUROLOGICAL CONDITION

Does the patient have vestibular, neurological or other neurodevelopmental disorders?* **i** Yes No

SLEEP DISORDER

Does the patient have sleep apnoea or narcolepsy?* **i** Yes No

MENTAL HEALTH

Does the patient have mental health issues that may impact on safe driving?* **i** Yes No

MUSCULOSKELETAL DISORDER

Does the patient have a musculoskeletal disorder that may impact on safe driving?* **i** Yes No

As you progress through the form, additional questions may appear depending on the previous selections made. Note that a red asterisk means that an answer is required for that item.

Once you have selected your recommendations, ensure you confirm that the declaration section has been read and accepted.

DIABETES

Does the patient have diabetes?* **i** Yes No

Please select the relevant condition(s): *

Diabetes controlled by diet only

Tablets and/or other non-insulin agents

Diabetes controlled by insulin

Is the patient compliant with medication?* Yes No

Is patient currently fit to continue driving pending compliance with medication?* Yes No

Does the patient have any end organ effects that may impact safe driving?* **i** Yes No

Does the patient need to be referred to a specialist for further review?* Yes No

RECOMMENDATIONS*

Meets the medical criteria for a conditional licence

Does not meet the medical criteria for a driver licence - unfit to drive

Review recommendation (if applicable)

TRNSW will use the default review period if review period recommendation is left unselected. Recommended review periods will be assessed by TRNSW.

Review period recommendation*

Driving assessment recommendation/s (if applicable)

Transport for NSW practical driving test

Occupational Therapist Driver assessment

None

Recommended licence condition/s (if applicable)

Downgrade to a lower class of licence

Daylight hours only

May only drive automatic vehicles

Radius restrictions

Must wear glasses or contact lenses when driving

Recommend other licence condition/s

Specialist review recommendation/s (if applicable)

Recommend other specialist/s review:
Click on the box below to show more specialist options

Any additional comments on conditions likely to affect driving? **i**

DECLARATION

Applicant declaration read and accepted*

7. Attach supporting documents

The 'Attachments / Reports' tab will allow you add any supporting documents that you may wish to attach to the form. Click the Browse for Local File button to attach supporting documents from your computer. Please note that supporting documentation must not exceed 4Mb in total.

Click the choose file button and then browse to where the file is stored on your computer and click then open to select it. Once you have chosen your file click the upload button to attach it to the assessment form.

8. Check Patient and Recipient/Referrer Information

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 incorrect you will see the validation symbol displayed on the tab. To complete it, just click on the tab and fill-in the required field.

9. Preview the form

Upon form completion, click 'Preview' to verify that the form has been completed correctly. It will highlight which tab and which fields are incomplete.

Medical Assessment ⚠
Licence class: C
Medical standard: Private

Attachments / Reports
No reports selected
No files attached

Patient Information

Submit
Preview
Park
Help

⚠ Please fix the following errors:

- Is the patient compliant with medication? is a required field
- Recommended reduction in dosage of anti-epileptic medication in a patient who satisfies the standard to hold a conditional licence? is a required field
- Planned withdrawal of one or more anti-epileptic medications in a patient who satisfies the standard to hold a conditional licence? is a required field
- Has there been a seizure in the last 12 months? is a required field
- Has the epilepsy been treated with surgery? is a required field

EPILEPSY

Does the patient have epilepsy?* i Yes No

Has there been a seizure in the last 12 months?* Yes No

Has the epilepsy been treated with surgery?* Yes No

Is the patient compliant with medication?*

Yes No Not treated with epilepsy medication

Planned withdrawal of one or more anti-epileptic medications in a patient who satisfies the standard to hold a conditional licence?* Yes No

Recommended reduction in dosage of anti-epileptic medication in a patient who satisfies the standard to hold a conditional licence?* Yes No

Date medication ceased or reduced (if applicable)

10. Submit the form

When you are ready to send the form, click 'Submit'.

Submit
Preview
Park
Help ▼

Once submitted, you will receive a real time instant response that can be shared with your patient confirming the submission has been securely transmitted and received by Transport for NSW. A copy of the completed submission will be stored in your patient record for future reference and review. If required you can print a copy by clicking the Print button.

[Print](#)

Assessment Summary

Report has been forwarded to Transport for NSW for processing.

For any enquires please contact Service NSW on 132213

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Privacy Statement
Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsons Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies. If your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or rideshare service providers under the Passenger Transport Act 2014 (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

Medical Condition Notification

Transport for NSW
 Patient: Maureen Rekas, 81yrs, DOB 22/06/1939
 Residential address: 32 Heavy Vehical Drive, NSW 2000
 Postal address: same as residential address
 Referred by: Lawrence Peterson, HealthLink Group Limited - Townsville, Prov. No. 0401732B, PH 007 44015650, FAX +61 7 44015652
 Referral date: 08/07/2020 11:30 AEST

Hints & Tips

Additional Help: Help for specific questions on the form can be found by clicking on the icon next to relevant question. For details about the purpose of the form and other Fitness to Drive related information, go to the 'Help' menu and click on the link provided.

VISION
Does the patient have a vision or eye disorder? * **i** Yes

An Optometrist or Ophthalmologist will need to complete this section.
Please select the relevant condition(s): *

Cataracts Macular degeneration
 Diabetic retinopathy
 Diplopia/Double vision **i**
 Glaucoma
 Other - please provide details

What is the patient's visual acuity?

Information
Does the patient experience any diplopia (other than physiological diplopia) when fixating objects within the central 20 degrees of the primary direction of gaze?
Ok

Submit **Preview** **Park** **Help** ▾

Fitness to Drive Guidelines **Ctrl+Alt+1**
Assessing Fitness to Drive **Ctrl+Alt+2**

Park the form: If you're in the middle of completing the form and you need to do something else, you can 'Park' the form to save what you've currently done so far. Just click on the 'Park' button and close the form.

NSW Fitness to Drive Medical Assessment

Submit **Preview** **Park** **Help** ▾

VISION
Does the patient have a vision or eye disorder? * **i** Yes No

An Optometrist or Ophthalmologist will need to complete this section.

Access parked NSW Fitness to Drive Medical Assessment: To access a previously parked form click on the parked section of the portal menu on the left. From the available listing, click on the form you would like to open.

HealthLink connecting with care | UI Theme | Help | hsktvpj.peterson

Parked Filter
Created From: dd/mm/yyyy 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

Click on the row 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
RMS-330203	nswrmsma	Bertum Willeger		Medical Condition Notification	nswrmsma	07/10/2020 08:09 AEST	

Access submitted NSW Fitness to Drive Medical Assessment: A copy of the NSW Fitness to Drive Medical Assessment submitted for the patient can be found by selecting the Submitted section. Click on the required form to open it.

HealthLink connecting with care | UI Theme | Help

Submitted Items Filter
Sent From: dd/mm/yyyy 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

Click on the row 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	Ack Status	Date Submitted
RMS-10030	nswrmsma	Lawrence Peterson		Medical Condition Notification	nswrmsma	Acknowledged	22/09/2020 09:16 AEST

Transport for NSW is using HealthLink SmartForm technology to help you get on with your passion for providing quality healthcare that makes a difference.

Now, more than 400,000 patients within NSW will no longer need to visit a Service NSW centre to hand in a paper medical form. For your patient, a real time instant response confirming their medical assessment has been securely transmitted to Transport will provide peace of mind. For you, this means faster case reviews, less delay, and more time to get on with what you do best.

**For all queries, please call the
HealthLink Customer Support
Monday to Friday (except public holidays) 8am- 6pm
Email - helpdesk@healthlink.net
Phone - 1800 125 036**

Customer Feedback
Transport NSW
Locked Bag 928
North Sydney 2059

www.transport.nsw.gov.au



Customer Support
HealthLink
au.healthlink.net
helpdesk@healthlink.net