

## User Guide

06.11.2023-A-MT

# HealthLink SmartForms for Medtech Evolution

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

For more information on your Local Health District (LHD), go to:  
<https://health.nsw.gov.au/ereferral>

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 NSW LHDs, 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. And what's more, they are free for you to use.

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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?**

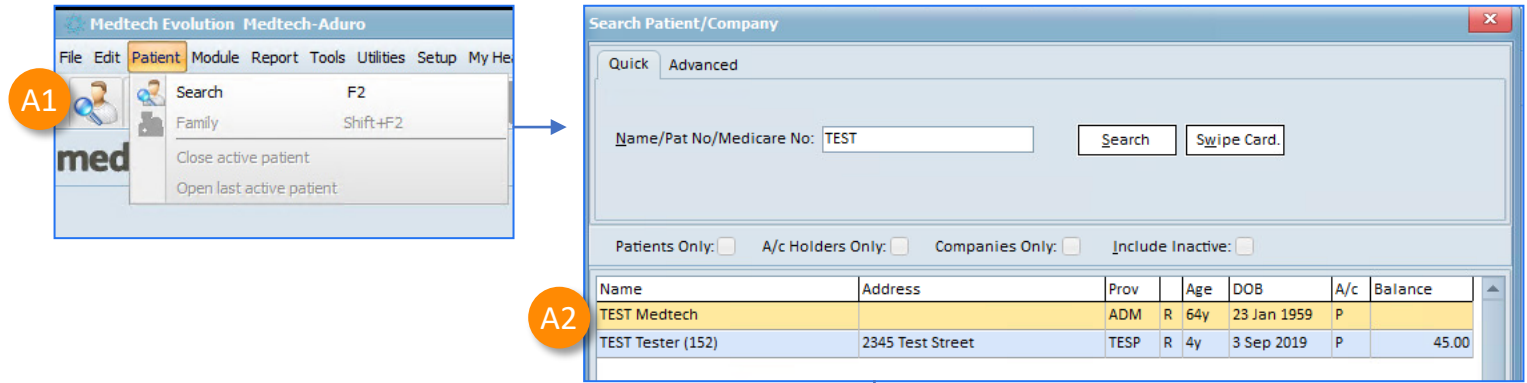
Step 8:

**What if the LHD wants additional information?**

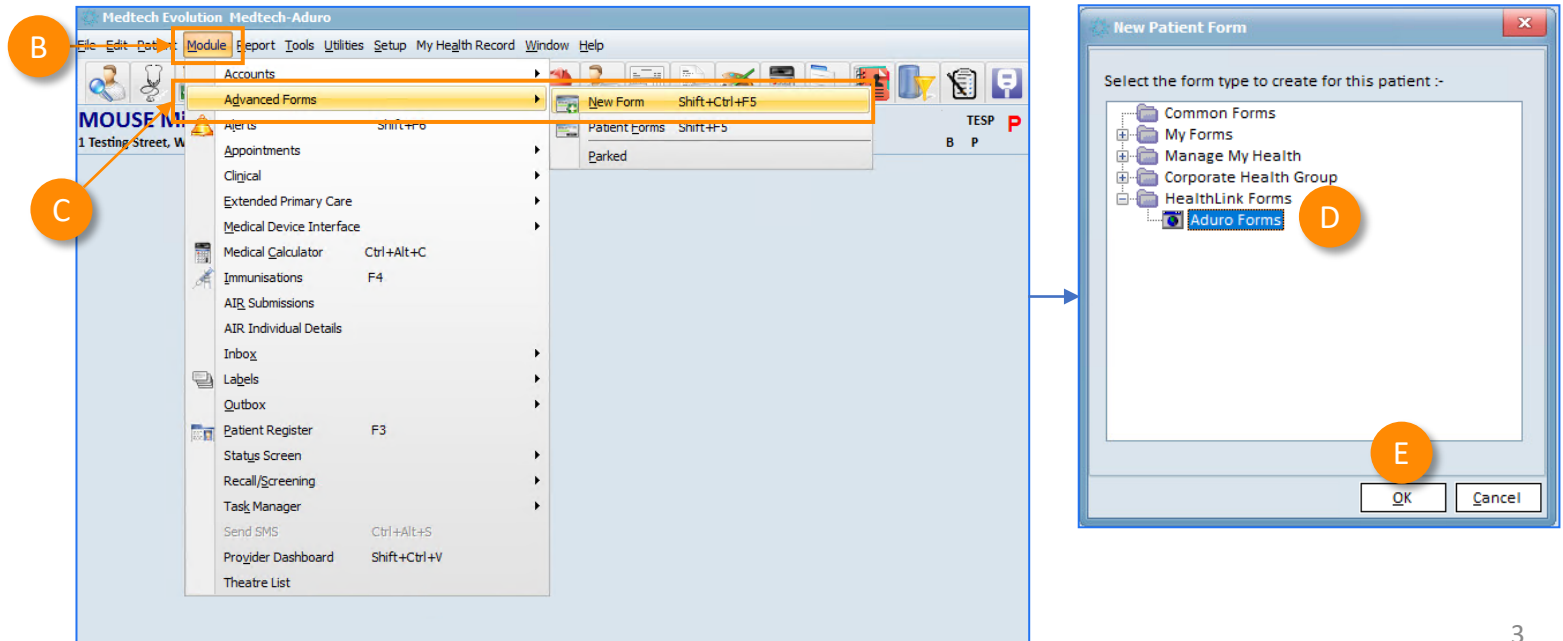
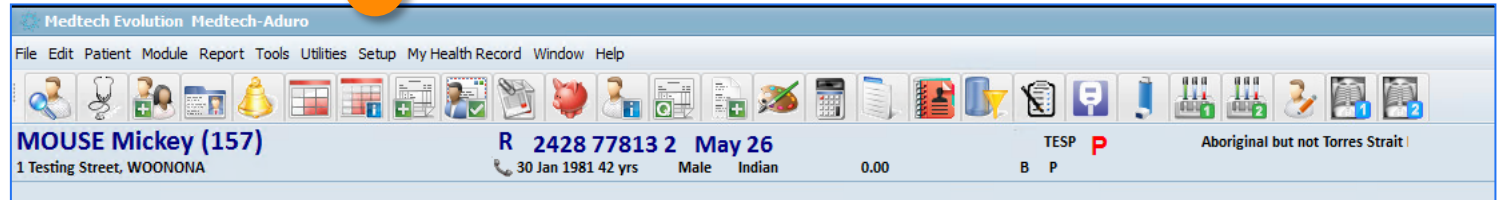
# Step 1: Accessing HealthLink SmartForms (eReferrals)

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**.



Patient record open.



## 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 **Health Outpatient Referrals -** followed by the name of the **LHD** you wish to send to.

(e.g. *Health Outpatient Referrals – Western Sydney LHD*)

To launch the smart form, **NSW Health Outpatient Referrals** require you to then:

- C • **select a specific service** and
- D • **facility** (only if there's multiple facilities for that service)
- E Then click **Continue** to launch the form.

For more information on your Local Health District (LHD), go to: <https://health.nsw.gov.au/ereferral>

HealthLink connecting with care

Make a referral | Update a referral

### Search a Private Specialist or Allied Health Provider to Refer Patient

Type individual / practice name, or specialty then enter | Search | Help | Clear | State: Tasmania

#### Referred Services

Aged Care Referral	Medical Certificate for Insurance Claim
Cardiometabolic Health in Psychosis	<b>NSW Health Outpatient Referrals – [LHD Name]</b>
Certificate of Capacity	Online Medical Certificate
Community Health	Outpatient and Community Referral Form
Fitness to Drive Assessment	Radiology Referrals
General Health	Regional Health Service
Health Specialist Consulting Clinics	
Hearing Medical Certificate	
Hospital Services	

NSW Health

Type here to search for a service | Facility\*

- Allergy
- Antenatal
- Bariatric Surgery
- Breast Surgery
- Cardiology
- Colorectal surgery
- Dermatology
- ENT Surgery
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery**
- Gynaecology
- Haematology
- Infectious Disease
- Neurology
- Neurosurgery
- Oncology
- Orthopaedics
- Paediatric Allergy

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.

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.

B

**Mandatory Fields** must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

**Note:** Please use HealthPathways where available to identify LHD specific referral information.

NSW Health [Service] Submit Preview Park Help

**Requested Information** (General Surgery) Referred To\* Specialist - unnamed referral

*Patients presenting at NSW public hospitals can choose to be treated as a public (hospital funded) or private (Medicare bulk-billed) patient. Public hospitals do not control referral pathways to deny access to free public hospital services. Patients will be provided with further information and will be asked to make an election when they present to the outpatient clinic for their appointment. Patients will require a named referral to a medical specialist if they choose to be a private patient*

**Attachments / Reports**

**Medications, Allergies, Alerts**

**Medical, Social and Family History**

**Patient Information**

**Referrer Information**

Referral Date\* 13/08/2023

Referral Type\*  New  Updated  Continuation

Referral Period\* 12 months

Referral Priority Non-Urgent (365 days)

Patient available for appointment at short notice  Yes  No

Is patient suitable for virtual care?  Yes  No  Unsure

Health insurance/third party compensable?  Yes  No

**HealthPathways**  
As outlined in the NSW Health (Adult) HealthPathway linked [here](#) please attach all relevant information to this referral to assist with triaging processes.

**Requested Information** (General Surgery)

**Attachments / Reports**

**Medications, Allergies, Alerts**

**Medical, Social and Family History**

**Patient Information**

**Referrer Information**

**Patient Information**

Date of birth\* 17/12/1941

IHI 8003602345688835

Medicare/DVA Eligible\*  Yes  No

Medicare number\* 6288253442 2

Medicare expiry

DVA number QX901226

Pension number

Private health fund name

Patient membership number

Safety net number

Country of birth

Name\* MICKEY Disney HEATLEY

Gender\* Male

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

Residential Address 95 Pitt Street, Apartment, Sdney, NSW, 2000

### Step 3: Completing the form

**C** It will also display a **warning** for some information taken from your Practice Management Software that needs reviewing.

For example, if a contact phone number does not include an area code.

**D** If you need more context on the questions, you can click on the **information icons**.



The screenshot shows a patient form with several sections: Family History, Patient Information, Referrer Information, Residential Address, Postal Address, and Contact Details. A red triangle warning icon is present in the Patient Information section, with an orange circle 'C' and an arrow pointing to it. The Patient Information section includes fields for Name (MICKEY Disney HEATLEY), Gender (Male), Patient's indigenous status (Neither Aboriginal nor Torres Strait Islander origin), and Residential Address (95 Pitt Street, Apartment, Sydney, NSW, 2000). The Contact Details section has a dropdown menu and radio buttons for Work, Home, Mobile, and Other, each with a corresponding phone number field. The Home phone number field contains '98765432' and is highlighted with a red border.

The screenshot shows a referral form with several sections: Referral Type, Referral Period, Referral Priority, Patient available for appointment at short notice, Health insurance/third party compensation, HealthPathways, Reason for referral, and Additional referral information. An information icon (i) is present in the 'Is patient suitable for virtual care?' field, with an orange circle 'D' and an arrow pointing to it. An information dialog box is open, displaying the following text: 'This may include telephone consultation, video conference consultation, or remote monitoring. Appropriateness will be determined by the receiving outpatient clinic.' The dialog box has an 'Ok' button.

## Step 3: Completing the form

### Reason for referral

**E** In some forms there may be drop down to select the reason for referral conditions.

**Tip:** You can start typing the condition name in the search box to narrow the list down.

Also, there will always be an option 'Other condition' if the condition you are looking for is not noted in the selection list.

#### HealthPathways

Please refer to HealthPathways linked [here](#) to assist you with completing this referral.

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Reason for referral\* **E**

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#### Considerations / risks / barriers to access

Does the patient have primary carer / guardian?\*

Interpreter required?\*

Special needs/reasonable adjustments required for disability?

Are there any considerations, risks or barriers to accessing the service?

I acknowledge that the patient, or appropriate guardian, has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. Patient consents to being contacted via SMS, phone, email or letter for this referral (subject to local practices).

Patient consent\*

Please select

- Please select
- Cirrhosis (suspected or known)
- Concern for colorectal cancer (rectal bleeding or positive faecal occult blood test)
- Hepatocellular cancer (suspected or known) or liver lesion
- Inflammatory bowel disease or irritable bowel syndrome (suspected or known)
- Iron deficiency
- Liver dysfunction
- Upper gastrointestinal dysfunction
- Other gastroenterological condition

## Step 3: Completing the form

### Attachments

**F** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

**G** 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...**

**H** • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

**I** **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

**J** • **Or** in your local computer's file system by clicking the **Browse for Local File** button.

NSW Health [Service]

Requested Information: General Surgery

Attachments / Reports

Medications, Allergies, Alerts

Medical, Social and Family History

Diagnostic Reports / Patient Documents

Browse for Patient Document (H) | Browse for Local File (J)

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 staff.

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	Aged Care Referral	...	43 KB
	09/10/2019	File_Two	Aged Care Referral	...	52 KB
	01/10/2019	File_Three	Aged Care Referral	...	48 KB
	24/09/2019	File_Four	Aged Care Referral	...	44 KB



## Step 3: Completing the form

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.



**NSW Health**

Cardiology Clinic

**Requested Information** ▲

Cardiology Clinic

**Attachments / Reports**

No reports selected  
No files attached

**Medications, Allergies, Alerts**

7 long term medications specified  
No medications specified  
2 medical warnings specified

**Medical, Social and Family History**

Medical history specified

**Patient Information**

Patient's name  
CX901228  
20/08/1954

**Referrer Information**

Referrer's name  
0000000Y  
No Different Regular GP

**Long Term Medications** i

Date	Details	Dose	Units	Instructions	
	Vita-D 1000IU Gel Caps			1 Capsule Once a week on an empty stomach As directed p.r.n	✕
	Ibuprofen 100mg Tablet			1 Tablet Twice a day with meals	✕
	Betnovate 0.1% Cream			1 Application In the morning before meals As directed BP 1.8.6.776 VVT	✕
	Ventolin CFC-Free 100mcg/dose Inhaler			2 puffs Inhalation Twice a day As directed	✕
	Panadol 500mg Tablet			1 Tablet Every 4 hours with meals As directed	✕
	Panadol 500mg Tablet			1 Tablet Four times a day with meals Stat	✕
	Omnitest Plus Test Strip			½ Dose In the morning with meals As directed	✕

**Other Medications** i Browse for More Medications

Date	Details	Dose	Units	Instructions	
No records found.					

**Medical Warnings**

<input type="checkbox"/>	Date	Description	Comments
<input checked="" type="checkbox"/>	18/12/2014	Penicillin	Rash
<input checked="" type="checkbox"/>	18/12/2014	Oestradiol	Vomiting

**Attachments / Reports**

No reports selected  
No files attached

**Medicare Provider Number\***

889843

**Medical Registration Number**

**Medications, Allergies, Alerts**

7 long term medications specified  
No medications specified  
2 medical warnings specified

**HPI-I**

8003611566681627

**HPI-O**

123456

**Medical, Social and Family History**

Medical history specified

**Name**

Full name Sam Entwistle i

▶ Sam Entwistle

**Practice name**

Millstone Family Practice

**Patient Information**

Patient's name  
CX901228  
20/08/1954

**Practice Address**

▶ 155 George Street, Galleria, Sydney, NSW, 2000

**Practice telephone\***

03 9 358 0116

**Referrer Information**

Referrer's name  
0000000Y  
No Different Regular GP

**Email**

zongjun@gmail.com

**Practice fax**

03 9 4433456

**Referrer Information**

Referrer's name  
0000000Y  
No Different Regular GP

**EDI\***

ma65test

## 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.

NSW Health [Service]

Requested Information: General Surgery

Medical Practitioner Information

Medicare Provider Number\*: 0000000A

Medical Registration Number: 123456

HPI-I: [Field]

HPI-O: 123456789098765

Name: [Field]

Dr Name: [Field]

Buttons: Submit, Preview, Park, Help

Preview, not submitted copy

Submit

NSW Health

**[Service]**

**Patient:** MICKEY HEATLEY, 81yrs, 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, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566681627, PH 03 9 358 0116, FAX 03 9 4433456

**Clinical Referral Information**

Referred To: Specialist - unnamed referral

*Patients presenting at NSW public hospitals can choose to be treated as a public (hospital funded) or private (Medicare bulk-billed) patient. Public hospitals do not control referral pathways to deny access to free public hospital services. Patients will be provided with further information and will be asked to make an election when they present to the outpatient clinic for their appointment. Patients will require a named referral to a medical specialist if they choose to be a private patient*

Referral Date: 14/08/2023

Referral Type: New

Referral Period: 12 months

NSW Health Gastroenterology & Liver Clinics

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

Buttons: Submit, Preview

Errors:

- Patient consent is a required field
- Reason for referral is a required field
- Referred To is a required field
- Triage category is a required field

## 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.

NSW Health [Service]

Requested Information: General Surgery

Attachments / Reports

Medical Practitioner Information

Medicare Provider Number\*: 889843

Medical Registration Number: [ ]

HPI-I: 8003611566681627

HPI-O: 123456

Name: Full name Sam Entwistle

Practice name: Millstone Family Practice

Practice Address: 155 George Street, Galleria, Sydney, NSW, 2000

Buttons: Submit, Preview, Park, Help

Form sent on 22/10/2023 09:34 AEST

Sensitive: Personal

[Service]

Patient: MICKEY HEATLEY, 81yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221

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, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566681627, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Referred To: Specialist - unnamed referral

Referral Date: 14/08/2023

Referral Type: New

Buttons: Print

## 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.

The screenshot shows the NSW Health referral form interface. At the top left is the NSW Health logo and the text "NSW Health [Service]". At the top right are buttons for "Submit", "Preview", "Park", and "Help". A green message box at the top right contains a checkmark icon and the text: "Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form." An orange circle with the letter 'F' and an arrow points to the "Park" button. The form is divided into several sections on the left: "Requested Information" (General Surgery), "Attachments / Reports", "Medications, Allergies, Alerts", "Medical, Social and Family History", "Patient Information", and "Referrer Information". The main content area displays the following information:

- Recipient**
  - Referral number\*: NSWH-1362
  - Referral creation date\*: 14/08/2023 13:24 NZST
  - Facility\*: Western Sydney Local Health District
- Medical Practitioner Information**
  - Medicare Provider Number\*: 889843
  - Medical Registration Number: [empty]
  - HPI-I: 8003611566681627
  - HPI-O: 123456
- Name**
  - Full name: Sam Entwistle
  - Practice name: Millstone Family Practice
  - Practice Address: 155 George Street, Galleria, Sydney, NSW, 2000

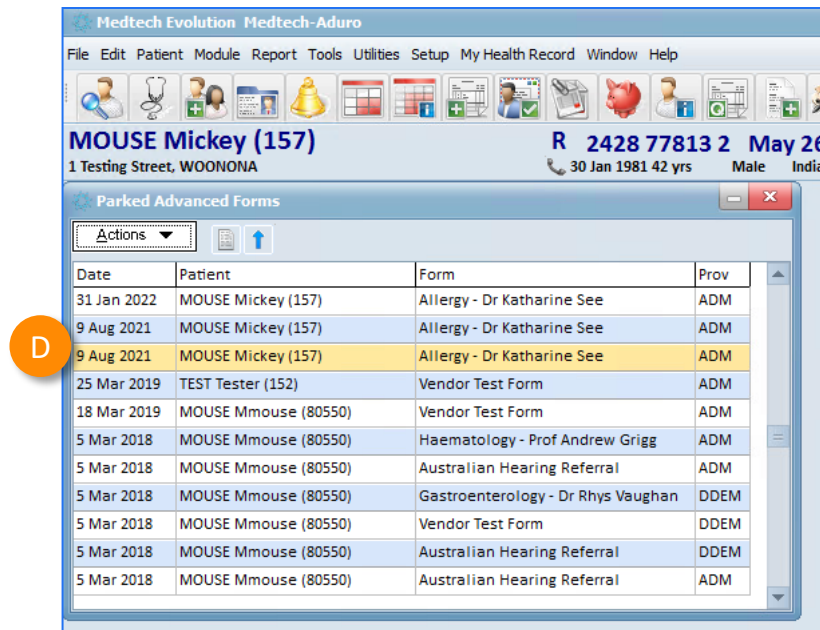
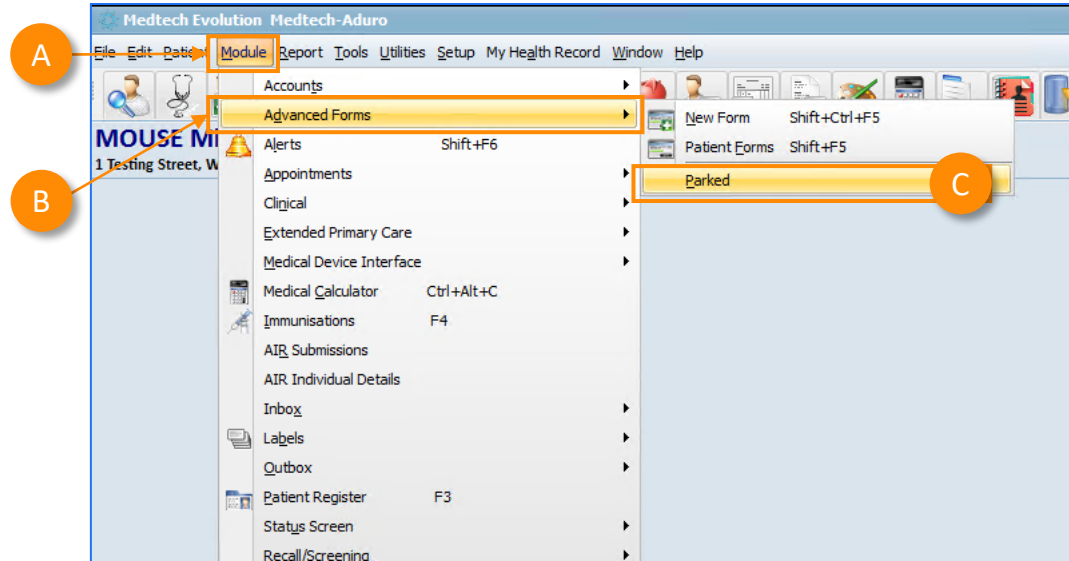
## Step 5: Accessing parked and patient forms

### 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.



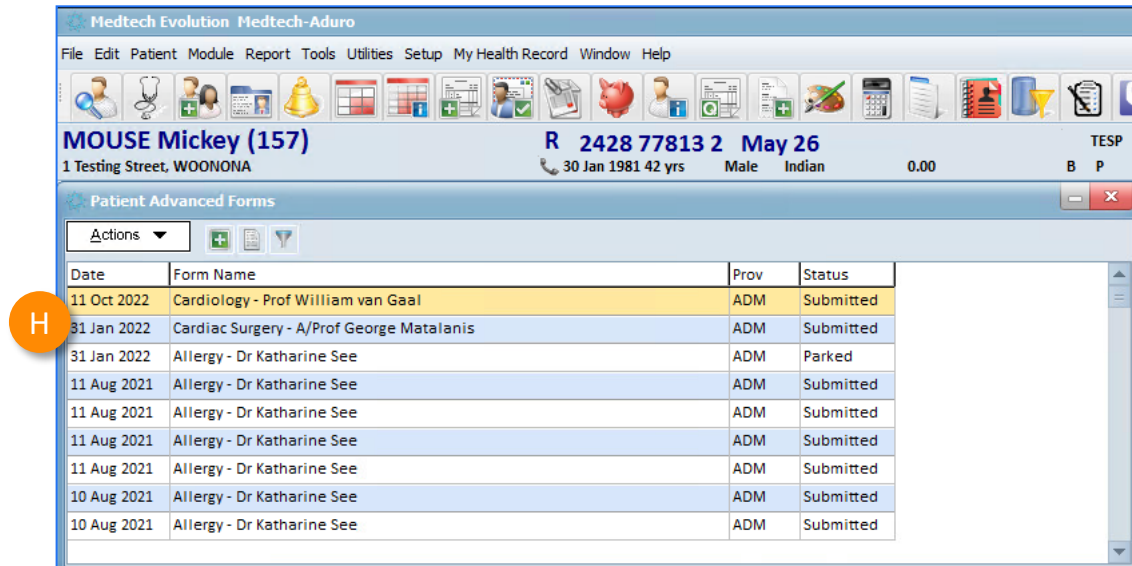
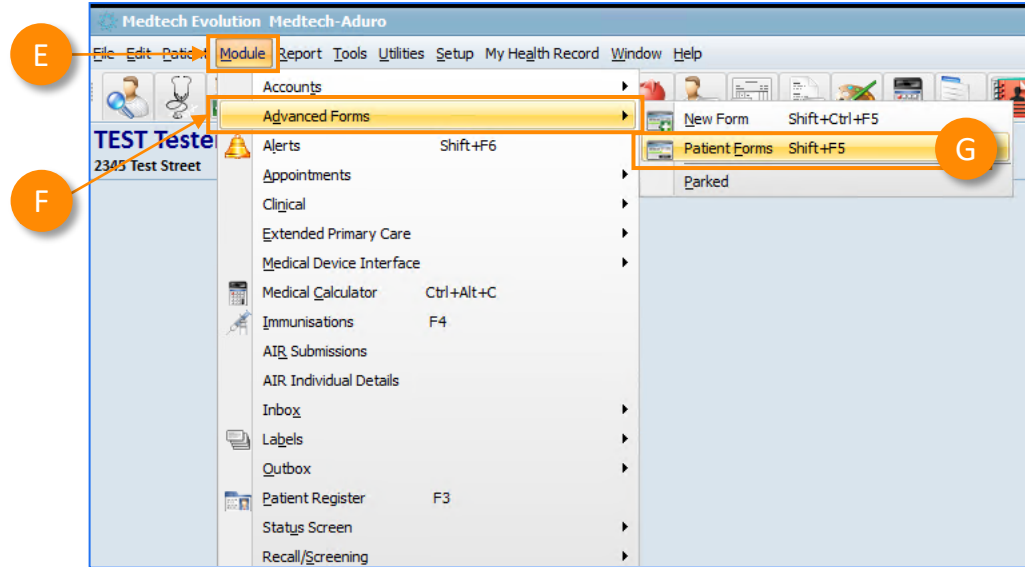
## Step 5: Accessing parked and patient forms

### 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.

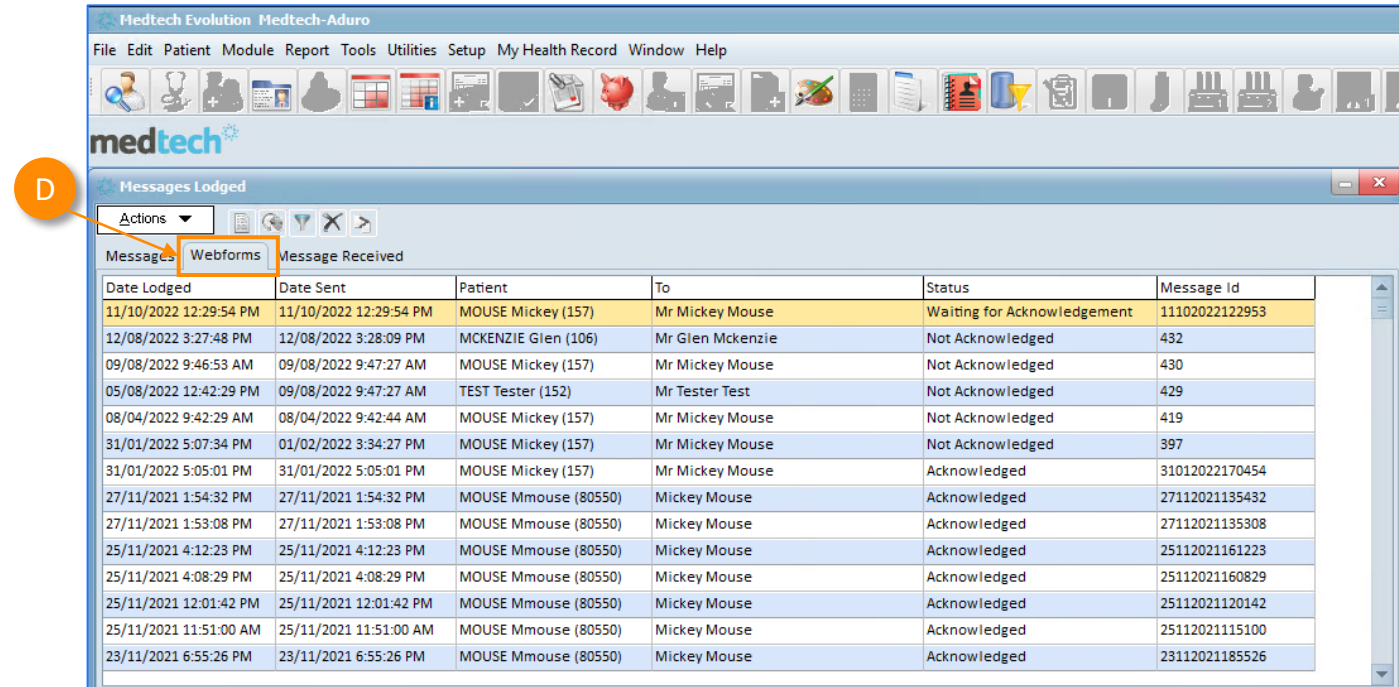
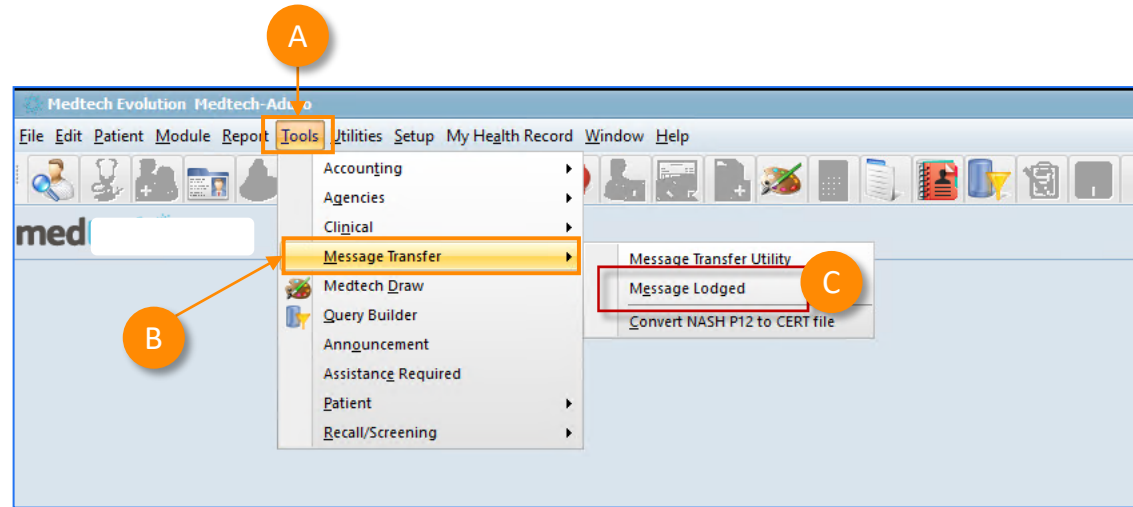




## Step 6: Accessing all submitted forms

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.



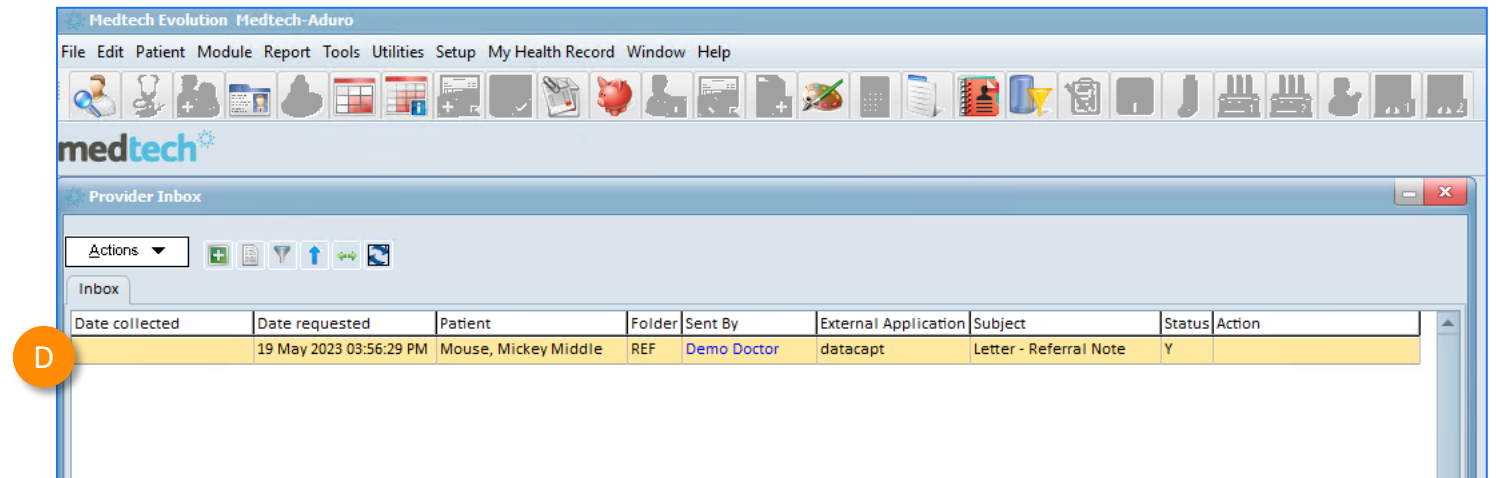
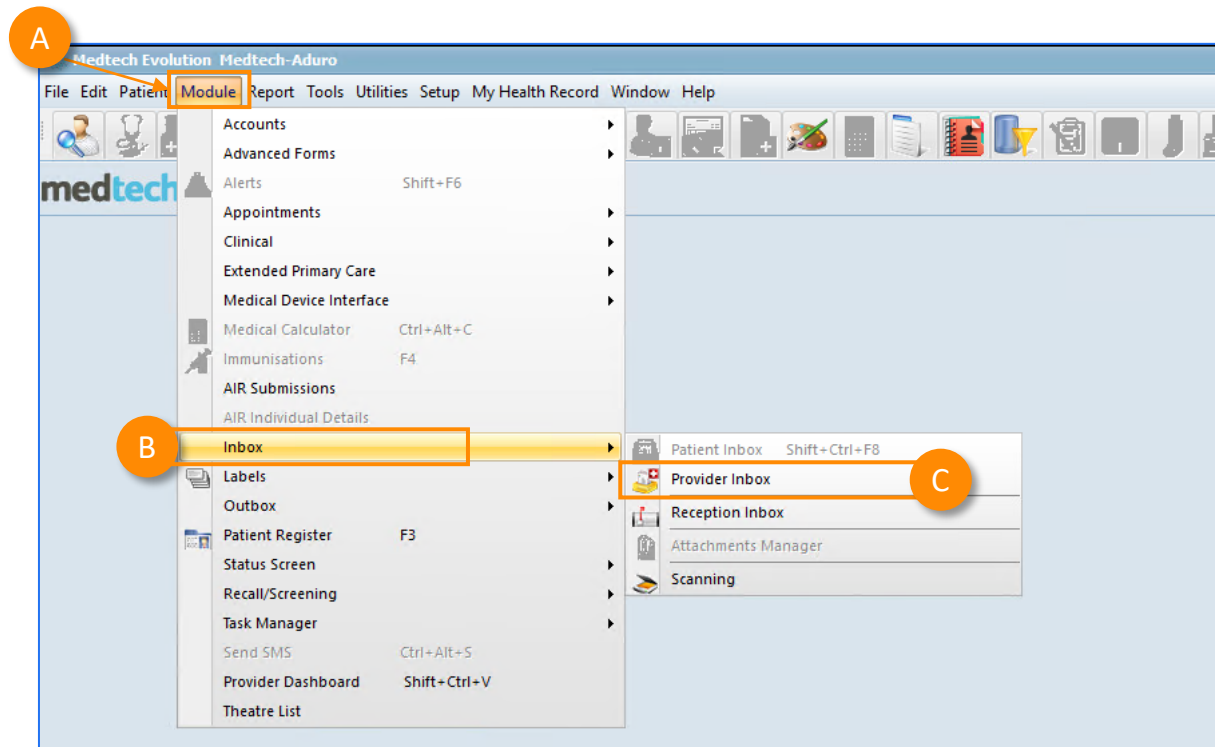
## Step 7:

# What happens after a referral has been made?

- NSW Health Outpatients 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.

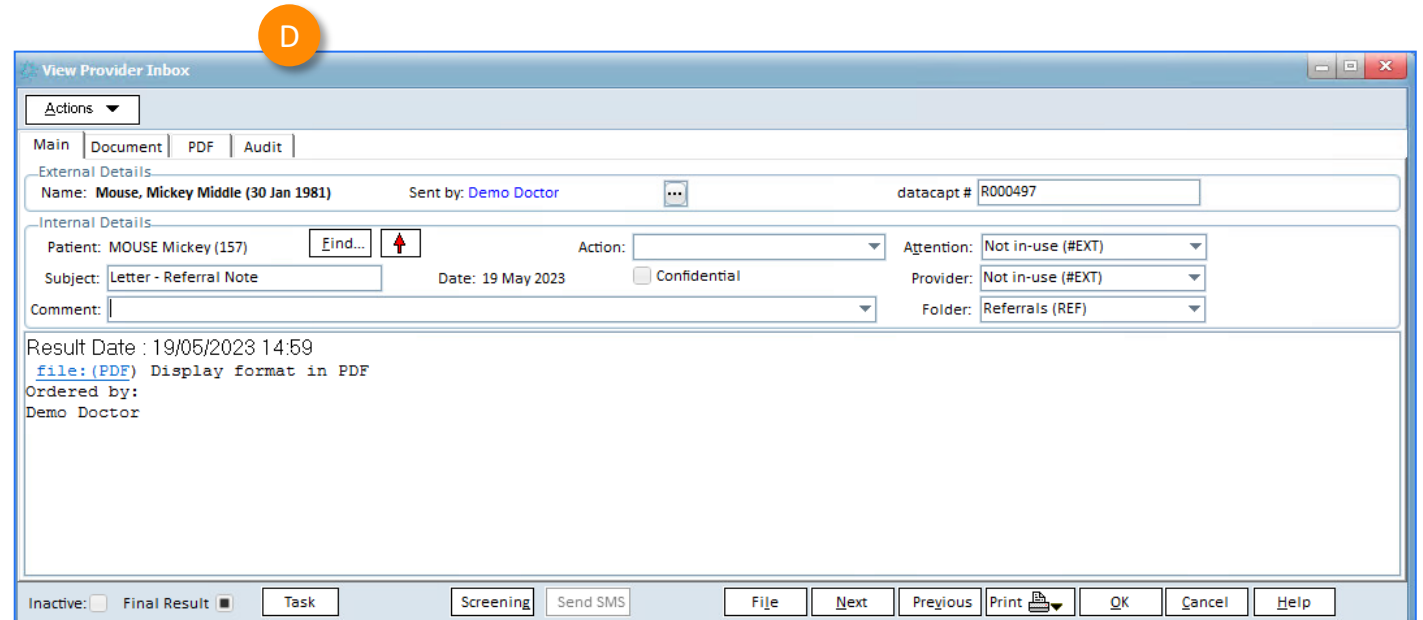
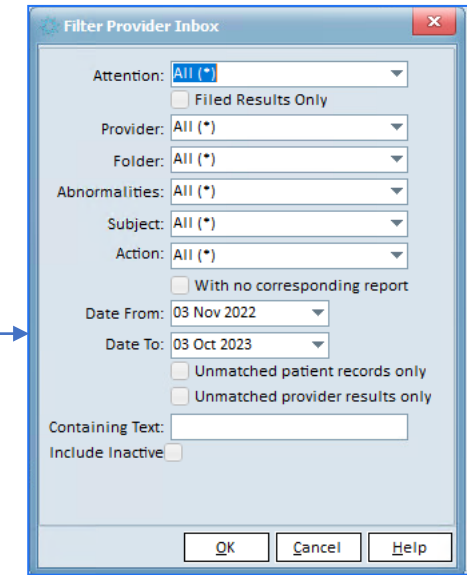
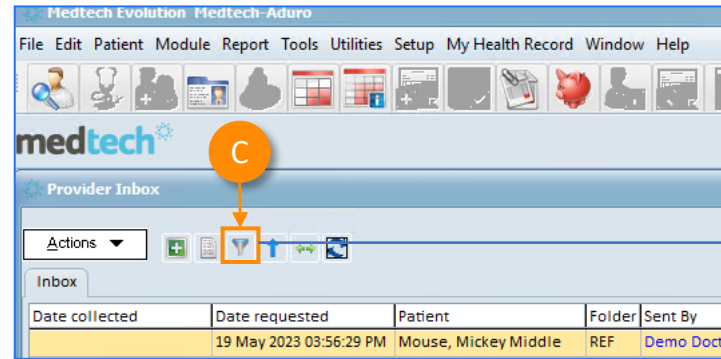




## Step 7: What happens after a referral has been made?

### Viewing incoming reports (continued)

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

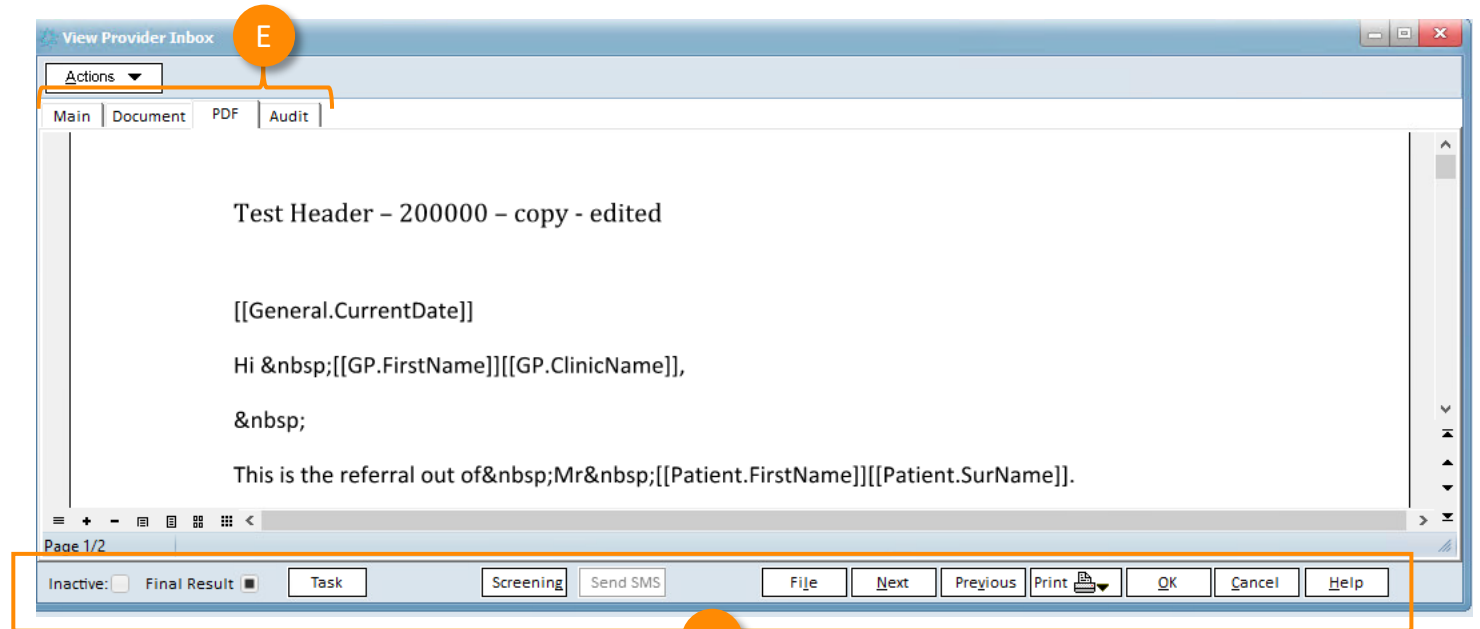


## Step 7:

# 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.



## Step 8:

# What if the LHD wants additional information?

If you receive a correspondence from the LHD to send additional information, please send a new referral through with the additional information:

**A** Launch a **new HealthLink form** from the patient's file.

**B** In the new form, for **Referral type\***, Select **'Updated'**

Then complete the form with the additional information that was requested by the LHD.

HealthLink connecting with care

Make a referral | Update a referral

Search a Private Specialist or Allied Health Provider to Refer Patient

Type individual / practice name, or specialty then enter | Search | Help | Clear | State: Tasmania

### Referred Services

Aged Care Referral	Medical Certificate for Insurance Claim
Cardiometabolic Health in Psychosis	<b>NSW Health Outpatient Referrals - [LHD Name]</b>
Certificate of Capacity	Online Medical Certificate
Community Health	Outpatient and Community Referral Form
Fitness to Drive Assessment	Radiology Referrals
General Health	Regional Health Service
Health Specialist Consulting Clinics	

NSW Health Gastroenterology & Liver Clinics

Submit | Preview | Park

**Requested Information** ⚠️ Gastroenterology & Liver Clinics

Referred To\* Please Select

*Patients presenting at NSW public hospitals can choose to be treated as a public (hospital funded) or private (Medicare bulk-billed) patient. Public hospitals do not control referral pathways to deny access to free public hospital services. Patients will be provided with further information and will be asked to make an election when they present to the outpatient clinic for their appointment. Patients will require a named referral to a medical specialist if they choose to be a private patient*

Referral date\* 17/10/2023

**Referral type\***

- New
- Updated
- Continuation

Referral period\* 12 months

Referral priority Non-urgent (365 days)

Patient available for appointment at short notice?  Yes  No

Is patient suitable for virtual care? ⓘ  Yes  No  Unsure

Third party compensable?  Yes  No

**HealthPathways**

Please refer to HealthPathways linked [here](#) to assist you with completing this referral.

**Referral Information** Reason for referral\* Please select

**Attachments / Reports**  
No reports selected  
No files attached

**Medications, Allergies, Alerts**  
No long term medications specified  
No medications specified  
2 medical warnings specified

**Medical, Social and Family History**  
No medical history specified

**Patient Information** ⚠️  
Test ERMS  
6950539691 1  
01/02/1982

## 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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HealthLink is part of Clanwilliam, a vast network of healthcare enterprises spanning across the United Kingdom, Ireland, New Zealand, Australia, and India. Together, we're working collectively to create safer, more efficient and better healthcare for everyone.