HealthLink





User Guide

HealthLink SmartForms for MyHealthLink Portal

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: <u>https://health.nsw.gov.au/ereferral</u>

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 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.

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 8:

What if the LHD wants additional information?

Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within MyHealthLink Portal...

- Log in with your username and password* -Each user is given an individual log in so that their provider details are prepopulated.
- В
- Once logged in you're taken to the home screen (Inbox).
- 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
n water and the second second





Step 2: Launching a new form

Now you're on the HealthLink home page...

- Here you'll find a list of available services to refer patients.
- 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:

- select a specific service and
- **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

HL	HealthLink Settings Help -	
	Make a referral Update referral - Tasmania	
C	Specialists, Allied Health Providers and G	BPs
₽ 2	SR Specialists & Referrals Refer to Private Specialist	Refer / Contact other health providers
1	Referred Services	
	Aged Care ReferralMedicCardiometabolic Health in PsychosisNSW HCertificate of CapacityOnlineCommunity HealthOutpaFitness to Drive AssessmentRadiolGeneral HealthRegionHealth Specialist Consulting ClinicsHearing Medical CertificateHospital Services	cal Certificate for Insurance Claim Health Outpatient Referrals – [LHD Name e Medical Certificate atient and Community Referral Form logy Referrals nal Health Service



Now you've loaded the form to complete and submit.

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 referrer data and contain logic to request more specific patient information based on your selections.

Please note: When using the MyHealthLink portal, patient details will need to be entered manually.

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.

131	[Service]		Sabrine		L. and	
Requested Information General Surgery	Referred To*	Specialist - unnamed referral		v		
	Patients presenting at NSW public hospitals can choose t	o be treated as a public (hospital funded) or	private (Medicare bulk-	billed)		
Attachments / Recorts	 patient. Public hospitals do not control referral pathways t further information and will be asked to make an election require a named referral to a medical specialist if they choose 	o deny access to free public hospital service when they present to the outpatient clinic for pose to be a private patient	es. Patients will be provi r their appointment. Pati	ded with ients will		
	Referral Date*	13/08/2023				
Medications, Allergies, Alerts	Referral Type*	New				
		O Updated				
Medical, Social and		O Continuation				
Family History	Referral Period*	12 months 🗸				
	Referral Priority	Non-Urgent (365 days) 🗸				
Patient Information	Patient available for appointment at short notice	O Yes O No				
	Is patient suitable for virtual care?	O Yes O No	O Unsure			
	Health insurance/third party compensable?	🔿 Yes 💿 No				
Referrer Information]					
	HealthPathways					

Requested Information General Surgery Attachments / Reports	Patient Information Date of birth* B 17/12/1941 Medicare/DVA Eligible* Yes O No	IHI 8003602345688835
	Medicare number* 6288253442 2	Medicare expiry
Medications, Allergies, Alerts	DVA number QX901226	Pension number
	Private health fund name	Patient membership number
Medical, Social and Family History	Safety net number	Country of birth
	Name*	
Patient Information	MICKEY Disney HEATLEY	
	Gender*	Patient's indigenous status*
Referrer Information	Male Residential Address	Neither Aboriginal nor Torres Strait Islander origin \checkmark
	▶ 95 Pitt Street. Apartment. Svdnev. NS	SW. 2000

(<u> </u>
	- /

It will also display a **warning** for essential referral information that's missing or needs reviewing.



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

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HL	HealthLink Setting	is Help≁
- 2	NSW Health	Gynaecology Clinics
٢		Patient Information Date of birth* IHI
₽		
8	Attachments / <u>R</u> eports	Medicare/DVA Eligible* O Yes O No
1	No reports selected No files attached	Pension number
~	Medications, Allergies,	Private health fund name Patient membership number
Alerts No long term med No medications s	Alerts No long term medications specified No medications specified	Name*
	No medical warnings specified	✓ No patient name specified
	Medical, Social and F History No medical history specified	First name* Middle name(s)
		Last name* Preferred name
	Patient Information	
	No patient ID available No date of birth	Gender* Patient's indigenous status*
	Referrer Information	Gender Preference Country of Birth
	1000000B No Different Regular GP	Residential Address
		Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field
		✓ No address specified
		Address line 1*



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.

Reason for referral*	Please select
Considerations / risks / barriers to access	Please select
Does the patient have primary carer / guardian?*	Cirrhosis (suspected or known)
Interpreter required?*	Concern for colorectal cancer (rectal bleeding or positive faecal occult blood test) Hepatocellular cancer (suspected or known) or liver lesion
Special needs/reasonable adjustments required for disability?	Inflammatory bowel disease or irritable bowel syndrome (suspected or known) Iron deficiency
Are there any considerations, risks or barriers to accessing the service?	Liver dysfunction Upper gastrointestinal dysfunction Other gastroenterological condition
I acknowledge that the patient, or appropriate guardian, has cons- being shared between the referring clinician, the nominated GP, th required to facilitate their treatment or care. Patient consents to be (subject to local practices).	ented to the referral and to their personal and health information he health service staff and other health service providers as eing contacted via SMS, phone, email or letter for this referral
Patient consent*	

Attachments

To browse and attach files (e.g. reports) from your local computer's file system...

Go to the **Attachments / Reports** tab



Then click the **Browse for Local File** button.

Then click through the remaining Tabs on the left to ensure all the patient information has been included, 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.

HL	HealthLink Setting	is Help ▼	
54	NSW Health	Dermatology Clinic	
ك	Requested Information 🔺	Diagnostic Reports / Patient Documents	Browse for Local File
Ø	Dermatology Clinic	Attach file from Computer supports files that end in types: bmp, doc, docx, gif, htm, html, jpeg, jpg, pd	lf, png, rtf, tif, tiff, txt
đ	Attachments / <u>Reports</u> No reports selected No files attached		
1	F		

2	NSW Health	Cardiology C	linic				
	Requested Information						
		i To h	elp recipients assess the patient's iding the generic name, strength,	medications, pl brand name (wh	ease provide nere relevant)	the medication details in the Detai and form. You can update fields by	ls column y clicking on
	Attachments / <u>Reports</u> No reports selected No files attached	Long Term Me	dications				
		Date 👻	Details	Dose	Units	Instructions	÷
Medications, Allergies,		No records for	und.				
	Alerts No long term medications specified No medications specified	Other Medicat	ions 🚺				
	No medical warnings specified	Date 🔻	Details	Dose	Units	Instructions	•
1	Medical Social and Family	No records for	und.				
	History	Medical Warni	ngs				
	No medical history specified	Date 👻	Description			Comments	.
		No records for	und.				
	Patient Information A No patient name No patient ID available	Clinical Medic	ation Comments				
	No date of birth						
	Referrer Information						
	Laura Wright						

Step 4: **Previewing, Submitting** and Parking

Previewing



You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.

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 Healt	[Service] Submit Preview	Park Help 🗸
Requested Information General Surgery	Medical Practitioner Information Medicare Provider Number* Medical Registration Number 0000000A 123456	
Attachments / Reports	HPL-1 HPL-0 123456789098765 Name	
	Full name Dr Name 👔	/
[Service]	Preview, not submitted copy Submit NSW Health	
Patient: MICKEY H 53532221	EATLEY, 81yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221, Hme 03 9	×
Residential addres	s: 95 Pitt Street, Apartment, Sydney, NSW 2000	
Postal address: 96	00 Pitt Street, Apartment, Sydney, NSW 2000	
Referred by: Sam E PH 03 9 358 0116, F	ntwistle, Millstone Family Practice, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566681627, AX 03 9 4433456	
Clinical Referra	Information	
Referred To:	Specialist - unnamed referral	
Patients presenting (Medicare bulk-billed hospital services. Pa they present to the o specialist if they cho	at NSW public hospitals can choose to be treated as a public (hospital funded) or private) patient. Public hospitals do not control referral pathways to deny access to free public tients will be provided with further information and will be asked to make an election when utpatient clinic for their appointment. Patients will require a named referral to a medical ose to be a private patient	
Referral Date:	14/08/2023	
Referral Type:	New	
Referral Period:	12 months	
NSW Health	troenterology & Liver Clinics	Submi
equested Information A stroenterology & Liver Clinics	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	

NSW Health	Gastroenterology & Liver Clinics		Submit Preview
Requested Information A Gastroenterology & Liver Clinics	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		В
Attachments / Reports			
No files attached	Referred To*	Please Select	
	Patients presenting at NSW public hospitals can choose to be trea	ted as a public (hospital funded) or private (Medicare bulk-billed)	
Medications, Allergies, Alerts	further information and will be asked to make an election when the require a named referral to a medical specialist if they choose to be	y present to the outpatient clinic for their appointment. Patients will a private patient	
No medications specified 1 medical warning specified	Referral date*	17/10/2023	
	Referral type*	New	
Medical, Social and Family History		O Updated	
AND REAL PROPERTY.			

Step 4: **Previewing, Submitting** and Parking

Submitting

- When you are ready to send your form, click **Submit**.
- 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**.

D

A copy of the submitted form is saved directly to the patient file.



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.

Requested Information General Surgery	Medical Practitioner Information Medicare Provider Number* 889843	Medical Registration Number		
Attachments / Reports	HPI-I 8003611566681627 Name	HPI-O 123456	-	
Medications, Allergies, Alerts	Full name Sam Er	ıtwistle 🗓		
Medical, Social and Family History	Practice name Millstone Family Practice Practice Address			
Patient Information	▶ 155 George Street, Galleria, Sydn	ey, NSW, 2000		

Sensitive: Personal	
[Service]	NSW Health
Patient: MICKEY HEATLEY, 81y	rs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221
Residential address: 95 Pitt Stre	et, Apartment, Sydney, NSW 2000
Postal address: 9600 Pitt Street,	Apartment, Sydney, NSW 2000
Actended by, Sam Entwistle, Millis	LUNC FAILIN FIACULE, FIDV. NO. 003043. TH FO 123430. TH FI 00030 H30000 1027.
PH 03 9 358 0116, FAX 03 9 4433 Clinical Referral Informatic	456 n
PH 03 9 358 0116, FAX 03 9 4433 Clinical Referral Informatic Referred To:	456 n Specialist - unnamed referral
PH 03 9 358 0116, FAX 03 9 4433 Clinical Referral Informatic Referred To: Patients presenting at NSW public (Medicare bulk-billed) patient. Put hospital services. Patients will be they present to the outpatient clini specialist if they choose to be a pr	Specialist - unnamed referral shospitals can choose to be treated as a public (hospital funded) or private blic hospitals do not control referral pathways to deny access to free public provided with further information and will be asked to make an election when c for their appointment. Patients will require a named referral to a medical ivate patient
PH 03 9 358 0116, FAX 03 9 4433 Clinical Referral Informatic Referred To: Patients presenting at NSW public (Medicare bulk-billed) patient. Put hospital services. Patients will be they present to the outpatient clini specialist if they choose to be a pr Referral Date:	456 Specialist - unnamed referral c hospitals can choose to be treated as a public (hospital funded) or private lic hospitals do not control referral pathways to deny access to free public provided with further information and will be asked to make an election when c for their appointment. Patients will require a named referral to a medical ivate patient 14/08/2023

Step 4: Previewing, Submitting and Parking

Parking

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.

Requested Information General Surgery	Form parked succes attached when resur	sfully. Please note that attachments sel ning the parked form.	ected from your P	PC need to be re-	F
Attachments / Reports	Recipient Referral number*	Referral creation date*			
Medications, Allergies, Alerts	Facility* Western Sydney Local Health Distri	i400/2023 13:24 14251			
Medical, Social and Family History	Medical Practitioner Information Medicare Provider Number*	n Medical Registration Number			
atient Information	HPI-I 8003611566681627	HPI-O 123456			
oferrer Information	Name Full name Sam	Entwistle			
	Practice name Millstone Family Practice				
	Practice Address				

Step 5: Accessing parked and auto-saved forms

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

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

	11							
	HealthLink connecting with care Setting							
	Parked Filter			_				
r /2	Created From		28/09/2023	То	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	
5	Parked (Drafts) to view the re	cord			Items per page	10	*	Page 1 of 1 - 1 records
1	Reference ID	То	Patient's Name	Patient's ID	Description	Туре	▼Date Updated	Action
	WSLH-20	nswheref			Gynaecology Clinics	nswwslhd	28/09/2023 11:54 AEST	×
	Γ/2							
	Ľ	Form	Туре					
		Patie	nt ID					
		Click o	the row to view the r	ecord				
		Parked	(Drafts)	ccord				
	1	Refere	ence ID					
	V							
		WSLH	-20					

Step 6: Accessing submitted forms



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

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

HL	HealthLink S										
	Submitted Items Fi	ilter									
-0	Sent From		28/09/20	023	То	dd/mm/yyyy		Patient Name		enter first and/or last name	
Ľ	Form Type				Ref ID	enter reference ID		Description		enter description here	
ً	Patient ID									Search Reset	
6						Items	per page	10	~		Page 1 of 0 - 0 record
1	Reference ID Submitted Items		То	Patient's Name	Patient's ID	Description		Туре	Ack Status	Date Submitted	
					There are no records ma	tching your criteria. Please change	e your searct	h criteria and try again.			
		Subr	orence li nitted Ite	ems							

H		Settings Help -								pandafiv.lwright 🝷
	Submitted Items F	Filter								
=0	Sent From		dd/mm/yyyy	То	dd/mm/yyyy		Patient Name		enter first and/or last na	me
Ľ	Form Type			Ref ID	enter reference ID		Description		enter description here	
ً⇔	Patient ID			В					Search Reset	
급	Click on the row to vie	ew the record				Items per page	10	~		Page 1 of 2 - 16 record
1	Reference ID	То	Patient's Name	Patient's ID	Description			Туре	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

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

Viewing incoming reports



Go to your **inbox**.

Note: The inbox will only show messages that are directly addressed to the logged-on provider.

В

- Unread messages will show in bold.
- 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.



The inbox will also show if there are **attachments**.



	ΓL	connecting with care Se	ettings Help -					A A A A A A A A A A A A A A A A A A A				pandafiv.lwright 👻
		Inbox Filter										
orn	<i>-n</i>	Received From		dd/mm/yyyy		То	dd/mm/yyyy		Patient Name		enter first and/or last name	
allent	٢	Form Status		All	× 1	Ref ID	enter reference ID		Description		enter description here	
ox 😽	Ð	Patient ID									Search Reset	
	5	Click on the row to view	the record					Items per page	10	~		Page 1 of 1 - 5 recor
CK O'		! Reference ID	From		То	Patient's Nam	ne Patient's I	D Descrip	tion	▼Date Received	Status	Action
	4	573^HealthLi	Dr Andrew Demo		Laura Wrig	pht Patient Dumm	y 2346-0664	9-4 Referra	MED Medical	01/09/2021 14:40 AEST	Awaiting Further Information	activity
		07-1234567-G	HealthLink Client Test	Message Generator.	Laura Wrig	ght Health Link	T10101(SI	Result		31/08/2021 14:10 AEST	Completed	activity
		195-30082021	Mr Test Healthlink		Laura Wrig	ht Patient Dumm	y 48(practiX	Referra	MED Medical	30/08/2021 14:10 AEST	Viewed	activity
B		→ 195-T STMSG20	Mr Test Healthlink		Laura Wri	ght Patient Healt	hlinkTest 48(practi	K) Referra	I MED Medical	06/10/2023 11:46 AEST	New	activityattachments
-		SR-12-SR-122	Medical Director		Laura Wrig	ht CHILD TEST	45454545	I5(A Referra	MED Medical	08/04/2021 12:40 AEST	Reviewed	activityattachments

HL	HealthLink Sett					
	Received Message: 57 Patient ID	73 [^] HealthLink Genie Test-573 from Dr Andrew I 2346-06649-41(AUSHIC)	Demo to Laura Wright Patient Name	Patient Dummy	Status	Awaiting Further Information
C	Back To List	View Message	Record Activity	View Attachments (0)	Correspondence	E Print
 ▼ 	From: To: Other Providers: Date Received: Subject:	Dr Andrew Demo Mrs Laura Wright Dr Test Provider 30/06/2021 16.40.10 Referral MED Medical				
	Patient					
	Name: Date of Birth: Sex: Address:	Patient Dummy 01/01/1950 F 1 Smith St, Smithtown, NSW				
	Clinical Summary					
	REFERRAL LETTER					
	Date Requested: Effective Date:	30/08/2021 30/08/2021 15:51				
		Report		1		
	Date of Letter: 30/08/21	1		-		
	Patient Referral Form Referral to Northern NSW Note: where available, N	4 LHD ("NNSWLHD") Service NNSWLHD prefers eReferrals sent via HealthLink Smartf	forms.			
	Mrs Laura Wright					
	Dear Mrs Wright RE: Mrs Patient Dummy - l Smith St, Smithtown Thank you for referring	- DOB: 01/01/50 NSW this 71 year old lady			Note: You'll rec notification with	eive an email every new
	Reason for referral: Clinical Information				incoming portai	message.

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

Viewing incoming reports (continued)

Once you've opened a message...



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**.



You will need to **download** an attachment to view it.





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

Viewing incoming reports (continued)

- When viewing a message, you can click **Record Activity**...
- J
- This allows you to '**Change Status**' of the message
- or



Assign the message to another provider via the "Assign Provider" tab.

Received Message: 573^HealthLink Genie Test-573 from Dr Andrew Demo to Laura Wright 2346-06649-41(AUSHIC) Patient Dummy Awaiting Further Information 🗲 Back To List Record Activity View Message View Attachments (0) Correspondence 😑 Print Dr Andrew Demo From: Assign Provider **Change Status** Awaiting Further Information Current status: Awaiting Further Information Change status to: Please Select Viewed In Progress

Change Status	K Assign Provic	ler			
Current receiving prov	vider:	pandafiv.lwright			
Re-assign this item to	x:	Select Provider			~
			Save & Close	Save	Close

Follow-Up

Reviewed

Completed

Awaiting Further Information

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:



Launch a **new HealthLink form** for the patient.

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In the new form, for **Referral type**, select **'Continuation'**

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

Aged Care Referral Medical Certificate for Insurance Claim
Type Individual / practice name, or speciality then enter Search Help Clear State Taumania P efferred Services Aged Care Referral Medical Certificate for Insurance Claim
eferred Services
and in such a line to a line basis and the line basis of the line
ardiometabolic Health in Psychosis NSW Health Outpatient Referrals – [LHD
Certificate of Capacity Online Medical Certificate
Community Health Outpatient and Community Referral Form
itness to Drive Assessment Radiology Referrals
General Health Regional Health Service

NSW Health	Dermatology Clinic - The Sutherland Hospital			
Requested Information A	Referred To*	~		
Dermatology Clinic	Patients presenting at NSW public hospitals can choose to be tree patient. Public hospitals do not control referral pathways to deny a further information and will be asked to make an election when the	ated as a public (hospital funded) or private (Medicare bulk-billed) access to free public hospital services. Patients will be provided with ey present to the outpatient clinic for their appointment. Patients will		
Attachments / Reports	require a named referral to a medical specialist if they choose to b	e a private patient		
No reports selected No files attached	Referral date* 11/07/2024			
	Referral type*	O New		
Medications, Allergies,		Continuation		
2 long term medications specified 8 medications specified	Updates to existing referrals can be made by navigating to He of 'Make a referral' tab.	ealthLink forms and selecting the 'Update referrals' tab instead		
No medical warnings specified	Referral period*	12 months 🗸		
Medical, Social and Family	Referral priority	Non-urgent (365 days) 🗸		
History Medical history specified	Patient available for appointment at short notice?	O Yes No		
	Is patient suitable for virtual care?	O Yes O No O Unsure		
Patient Information	Third party compensable?	O Yes No		

Customer Care Phone: 1800 125 036 Email: <u>helpdesk@healthlink.net</u>

Monday to Friday (Except Public Holidays) 8:00am – 6:00pm

www.healthlink.com.au



Part of Clanwilliam

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.