

HealthLink SmartForms for Communicare

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

All sites must be running Communicare 22.4 or greater to access the HealthLink SmartForms.

medicare

Mental Health
1800 595 212



Submitting eReferrals from Communicare

Using HealthLink SmartForms

Practice management solution Communicare Clinical now has HealthLink SmartForms as part of the system. This enables Communicare 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. And what's more, they are free for you to use.

HealthLink Technical Support

helpdesk@healthlink.net

1800 125 036

Step 1:

Setting up HealthLink SmartForms

Step 2:

Launch HealthLink SmartForms (eReferrals)

Step 3:

Completing the SmartForm

Step 4:

Previewing, Submitting and Parking

Step 5:

Locating Parked and Submitted SmartForms

Step 1:

Setting up HealthLink SmartForms

Configuration of Healthlink Smart Forms within Communicare is to be completed by Communicare technical support. This section is included for reference and support purposes only.

Open File > “System Parameters” > “Secure Messaging” and make sure all fields in the “HealthLink” section contain the correct values.

- A. EDI/Mailbox: HealthLink EDI to use
- B. Password: respective ‘connection password’ for EDI, if not known contact Healthlink Helpdesk.
- C. Forms Engine URL: URL of the Forms Engine, should be http://, then the IP of machine where HMS Client is running
- D. Forms Engine Port: 5088, unless a different port is configured for HMS Client
- E. Session Expiry: minutes after which a Smart Forms user session expires in case it was not terminated automatically when closing the Aduro Forms window.

Click “Save”, enter Access code (obtained from Communicare Support) when prompted and restart Communicare.

The screenshot shows the 'Communicare System Parameters' dialog box with the 'Secure Messaging' tab selected. The 'Argus Configuration' section contains the following fields:

- Server Address: Hostname or IP address of the Argus server.
- Server Port: Port number of the Argus service. Default is 60000.

The 'HealthLink' section contains the following fields:

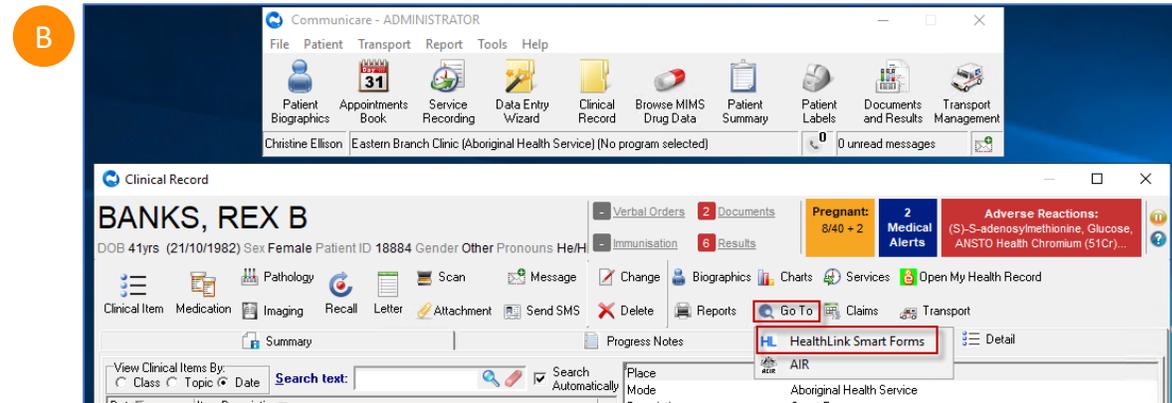
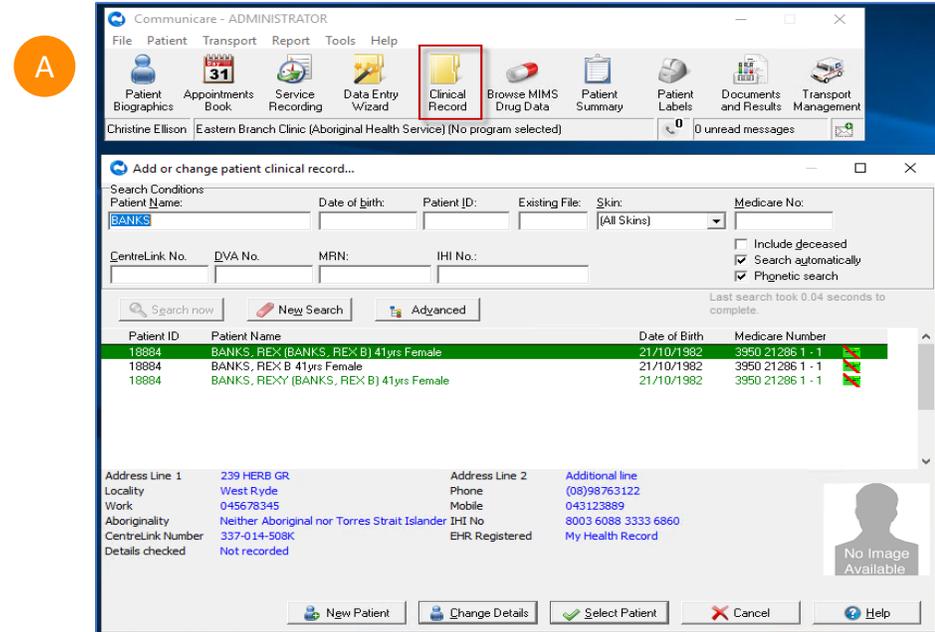
- A EDI/Mailbox:
- B Password:
- C Forms Engine URL:
- D Forms Engine Port:
- E Session Expiry: Minutes

At the bottom right, there are three buttons: 'Save' (with a green checkmark), 'Cancel' (with a red X), and 'Help' (with a question mark).

Step 2: Launch HealthLink SmartForms

A Open the Clinical record tab and search for the required patient.

B Select “Go To” and click “HealthLink SmartForms”



Step 2: Launch HealthLink SmartForms

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)

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 Careline Prototype
Application for ACT Approval to Prescribe Controlled Medicines
Austin Health eReferrals
ccCHP - Cardiomatabolic 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 Dev Local 2
Vendor Validation Tool
Victorian Standard SRC Templates
Wentree 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 SLHD arrototype
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 Coast 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

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](#).

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.*

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



B

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	<input type="text" value="Please select"/>
Patient pronouns	<input type="text" value="Please select"/>
Patient sexual orientation ⓘ	<input type="text" value="Please select"/>
Patient has Health Care Card	<input type="radio"/> Yes <input type="radio"/> No
Patient has Medicare card	<input type="radio"/> Yes <input type="radio"/> No
Patient has DVA Card	<input type="radio"/> Yes <input type="radio"/> No
Patient has Pensioner Concession Card	<input type="radio"/> Yes <input type="radio"/> No
Homelessness	<input type="text" value="Not homeless"/>
NDIS participant	<input type="radio"/> Yes <input type="radio"/> No
Proficiency in spoken English	<input type="text" value="Please select"/>
Main language spoken at home	<input type="text" value="Please select"/>
Interpreter required?*	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you identify as having a multicultural background?	<input type="radio"/> Yes <input type="radio"/> No
Patient's preferred consultation method	<input type="text" value="Please select"/>
Preferred location for service	<input type="text"/>
Preferred contact method	<input type="text" value="Please select"/>
Are there any safety concerns with contact methods? ⓘ	<input type="radio"/> Yes <input type="radio"/> No
Next of Kin or Emergency Contact	
Relationship to patient	<input type="text" value="Please select"/>
Is the Next of Kin the preferred contact?	<input type="radio"/> Yes <input type="radio"/> No

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

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 care.*

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

Patient Information

Date of birth*

17/12/1941

Name*

MICKEY Disney HEATLEY (Mmouse)

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

95 Pitt Street, Apartment, Sydney, NSW, 2000

Postal Address

Same as residential

Patient Information

MICKEY HEATLEY
No patient ID available
17/12/1941

Referrer Information

Sam Entwistle
No Different Regular GP

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 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
<input type="checkbox"/>	08/07/2021	File One	Assessment	...	43 KB
<input type="checkbox"/>	09/10/2019	File Two	Assessment	...	52 KB
<input type="checkbox"/>	01/10/2019	File Three	Assessment	...	48 KB
<input type="checkbox"/>	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

Attachments / Reports

Medical Practitioner Information
 Medicare Provider Number* 0000000A
 Medical Registration Number 123456
 HPLI
 HPL-O 123456789098765
 Name
 Full name Dr Name

Preview, not submitted copy
Submit

Sensitive: Personal

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

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wkr 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:

- 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

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 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.

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

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
1 Medical history specified

Required fields:

- 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

Referred To* Please Select

Referral date* 17/10/2023

Referral type* New Updated

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

Medical Practitioner Information
Medicare Provider Number*
0000000A
Medical Registration Number
123456
HPI-I
HPI-O
123456789098765
Name
Full name Dr Name

D → Form sent on 17/02/2025 09:34 AEDT

Print ← **E**

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

Important Information

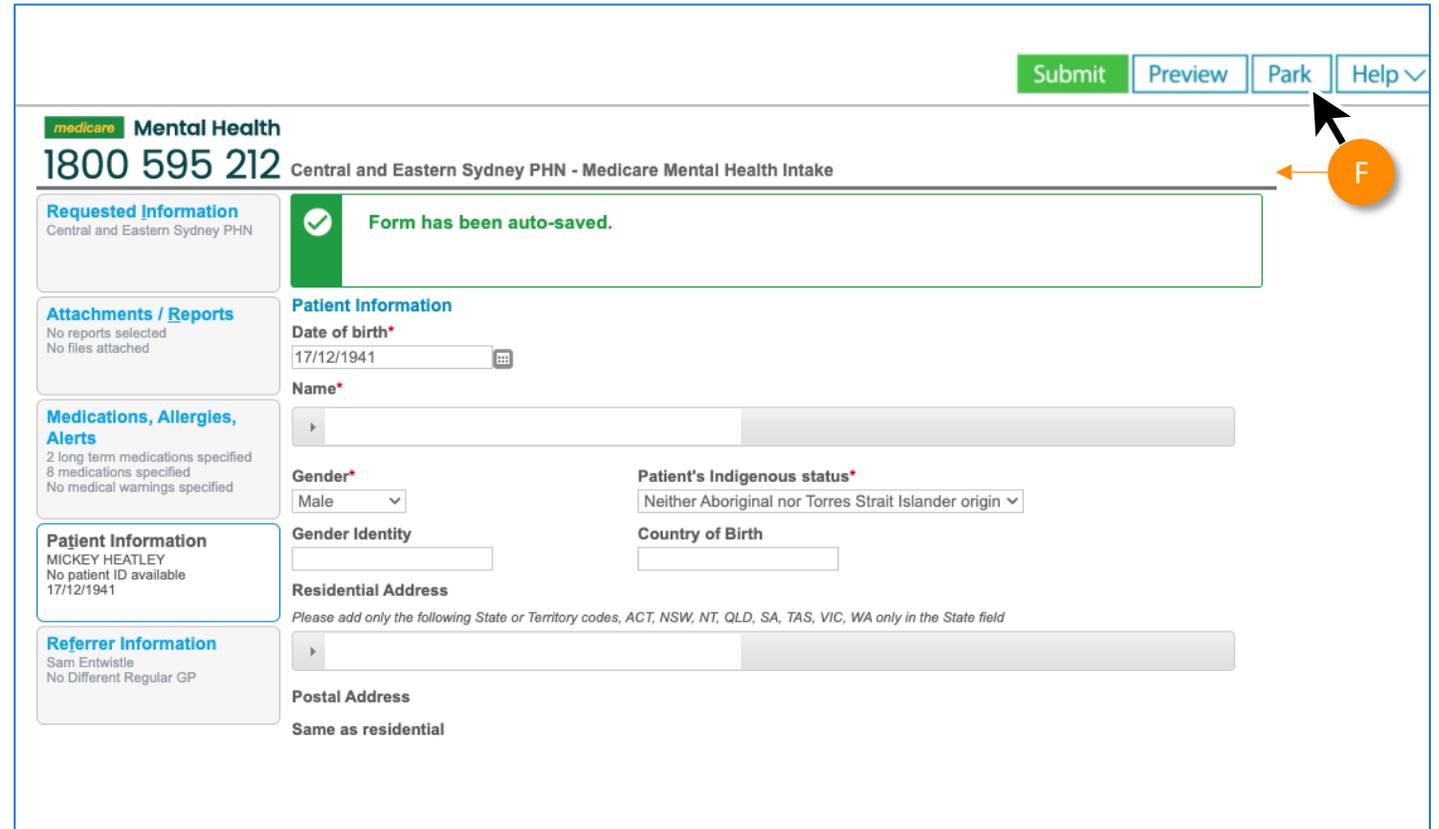
The following information **MUST** be understood by the referring clinician and the patient:

- 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

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 a web form for Medicare Mental Health intake. At the top right, there are four buttons: 'Submit' (green), 'Preview', 'Park' (highlighted with an orange circle and arrow labeled 'F'), and 'Help' (with a dropdown arrow). Below the buttons, the form header includes the Medicare logo, 'Mental Health', the phone number '1800 595 212', and the text 'Central and Eastern Sydney PHN - Medicare Mental Health Intake'. A green notification box with a checkmark states 'Form has been auto-saved.' The form is divided into several sections:

- 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:**
 - Date of birth*:** 17/12/1941
 - Name*:** [Redacted]
 - Gender*:** Male
 - Gender Identity:** [Redacted]
 - Residential Address:** [Redacted]
 - Postal Address:** Same as residential
- Referrer Information:** Sam Entwistle, No Different Regular GP
- Patient's Indigenous status*:** Neither Aboriginal nor Torres Strait Islander origin
- Country of Birth:** [Redacted]

Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

Step 5: Locating Parked and Submitted SmartForms

Submitted and parked Smart Forms can be found in two locations within Communicare:

- A Within the Details tab of a patient's Clinical Record.
- B Due to Communicare's naming convention SmartForms will all display with Item Description "Smart Form"...
- C ...followed by what had been entered within the "Comments" field at the bottom of the Form screen (Shown in the screenshot above).

Clinical Record
BANKS, REX B
 DOB 41yrs (21/10/1982) Sex Female Patient ID 18884 Gender Other Pronouns He/H

Verbal Orders 2 Documents
 Pregnant: 8/40 + 2
 2 Medical Alerts
 Adverse Reactions: (S)-S-adenosylmethionine, Glucose, ANSTO Health Chromium (51Cr)...

Clinical Item Medication Pathology Imaging Recall Letter Attachment Send SMS
 Change Biographics Charts Services Open My Health Record
 Delete Reports Go To Claims Transport

Summary Progress Notes **Detail** A

View Clinical Items By: Class Topic Date Search text: Search Automatically

Date	Item Description	Place	Mode	Description	Topic	Provider	Status
19/02/2024	Smart Form "testform"	Eastern Branch Clinic	Aboriginal Health Service	Smart Form	General & Unspecified	Christine Ellison	Sent
16/02/2024	Smart Form "parked form"						
16/02/2024	Smart Form						
15/02/2024	Smart Form "Tasman Health Service form"						
15/02/2024	Smart Form "Eastern Health"						
14/02/2024	Smart Form "Eastern Health Form"						
13/02/2024	Smart Form "Monash health Form - patient is sick"						
08/02/2024	Smart Form						
08/02/2024	Smart Form						

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
 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
 95 Pitt Street, Apartment, Sydney, NSW, 2000
 Postal Address

Hide Details

Encounter Place: Eastern Branch Clinic Encounter Mode: Aboriginal Health Service Viewing Rights: Common
 Comment: Topic: General & Unspecified

Step 5: Locating Parked and Submitted SmartForms *Continued...*

D Smart Forms for all patients can be located within the “Documents and Results” tab under the “Outgoing Documents heading. To better view the Message ID right click the “HL7 ID” tab and select “Best Fit”. (this may be changed in the future)

The screenshot shows the 'Documents and Results' application window. The 'Outgoing Documents' tab is active, displaying a table of documents. The table columns are: Sent Date, Document Date, Patient, Date Of Birth, Document, Provider, Status, Error, My Health..., and Topic. A red box highlights the 'Outgoing Documents' tab. A right-click context menu is open over the 'HL7 ID' column, with 'Best Fit' selected.

Sent Date	Document Date	Patient	Date Of Birth	Document	Provider	Status	Error	My Health...	Topic	HL7 ID
19/02/2024 11:00	19/02/2024 11:00	BANKS, REX B	21/10/1982	Smart Form "testform"	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	VVT-2	HL7-2
16/02/2024 15:24	16/02/2024 15:24	BANKS, REX B	21/10/1982	Smart Form "parked form"	CHRISTINE ELLISON	Saved	N/A	General & Unspecified	EH-12	EH-12
16/02/2024 15:21	16/02/2024 15:21	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Saved	N/A	General & Unspecified	EH-12	EH-12
15/02/2024 11:23	15/02/2024 11:33	BANKS, REX B	21/10/1982	Smart Form "Tasmanian Health Service form"	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	TAS-1	TAS-1
15/02/2024 10:51	15/02/2024 10:51	BANKS, REX B	21/10/1982	Smart Form "Eastern Health"	CHRISTINE ELLISON	Error	N/A	General & Unspecified	EH-12	EH-12
14/02/2024 09:44	14/02/2024 09:44	BANKS, REX B	21/10/1982	Smart Form "Eastern Health Form"	CHRISTINE ELLISON	Saved	N/A	General & Unspecified	VVT-2	VVT-2
13/02/2024 15:44	13/02/2024 15:44	BANKS, REX B	21/10/1982	Smart Form "Monash health Form - patient is sick"	CHRISTINE ELLISON	Saved	N/A	General & Unspecified	MH-1	MH-1
08/02/2024 16:08	08/02/2024 16:08	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	TAS-1	TAS-1
08/02/2024 16:02	08/02/2024 16:03	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	TAS-1	TAS-1
08/02/2024 15:53	08/02/2024 15:53	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	TAS-7	TAS-7
07/02/2024 13:17	07/02/2024 13:17	BANKS, REX B	21/10/1982	Smart Form "Austin Health Form"	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	EH-12	EH-12
02/02/2024 17:36	02/02/2024 17:36	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Saved	N/A	General & Unspecified	MH-1	MH-1
02/02/2024 12:31	02/02/2024 12:31	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Saved	N/A	General & Unspecified	NH-6	NH-6
02/02/2024 12:01	02/02/2024 12:01	BANKS, REX B	21/10/1982	Smart Form	CHRISTINE ELLISON	Sent	N/A	General & Unspecified	MAC-	MAC-

Outgoing Document Status	Meaning
Saved	Form has been parked or auto-saved
Sent	Synchronous forms: Successfully submitted via the Message Gateway Asynchronous forms: Submitted and acknowledged through Message Exchange
Pending	Asynchronous forms only : Submitted through Message Exchange but not yet acknowledged
Error	Submitted through Message Exchanged and rejected or error response was received
Error- Dealt-with	User has marked and form with “Error” status as “Dealt with” – Usually after form has been resubmitted

Helpdesk

1800 125 036

helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

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