

User Guide

01.07.2025-BP

My Aged Care e-Referrals for Best Practice

Welcome to My Aged Care e-Referrals via HealthLink SmartForms.
The easiest and smartest way for health professionals to refer patients to
My Aged Care for an Aged Care assessment.

For more information go to:

<https://www.healthlink.com.au/my-aged-care>

Your practice must be running Best Practice Lava SP3 and above to access the HealthLink SmartForms.



Best Practice
An evolution in medical software

Submitting e-Referrals from Best Practice

Using HealthLink SmartForms

SmartForms enable **Best Practice** users to easily refer and engage with all HealthLink SmartForm service providers including 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.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:

Accessing HealthLink SmartForms (e-Referrals)

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Parking, Previewing and Submitting

Step 5:

Accessing parked and auto-saved forms

Step 6:

Accessing submitted forms

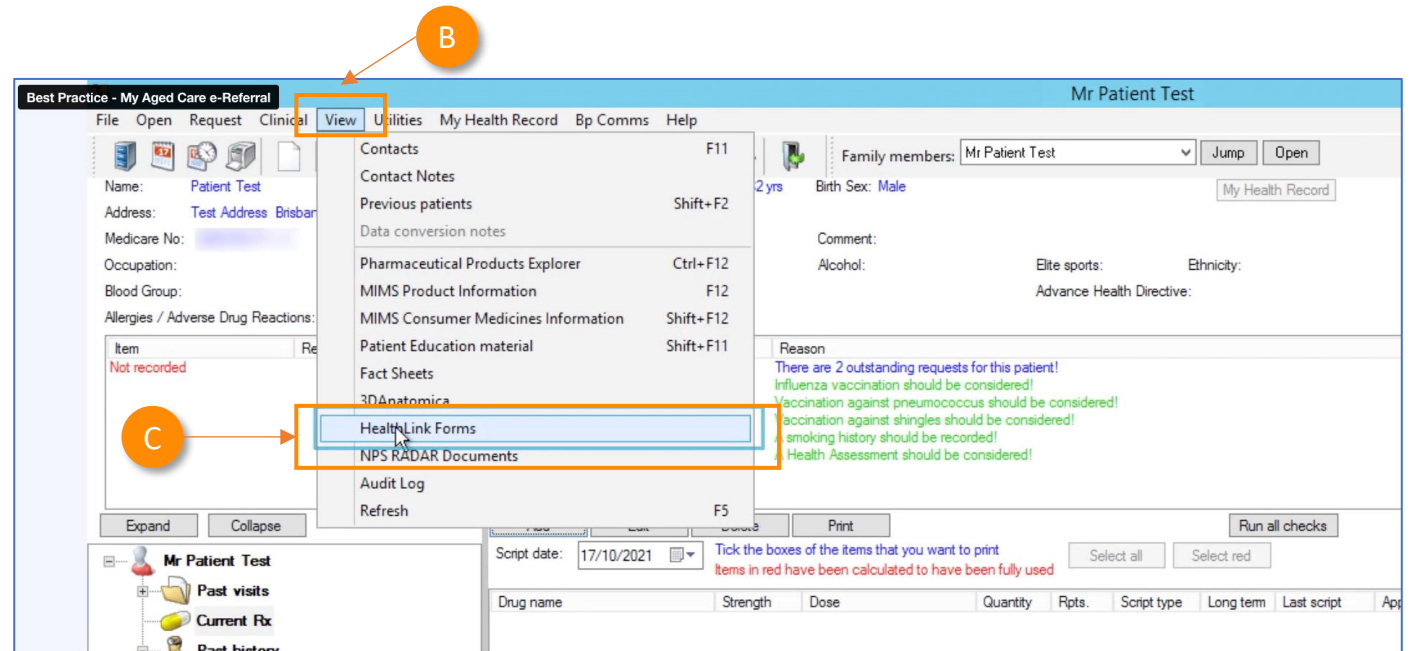
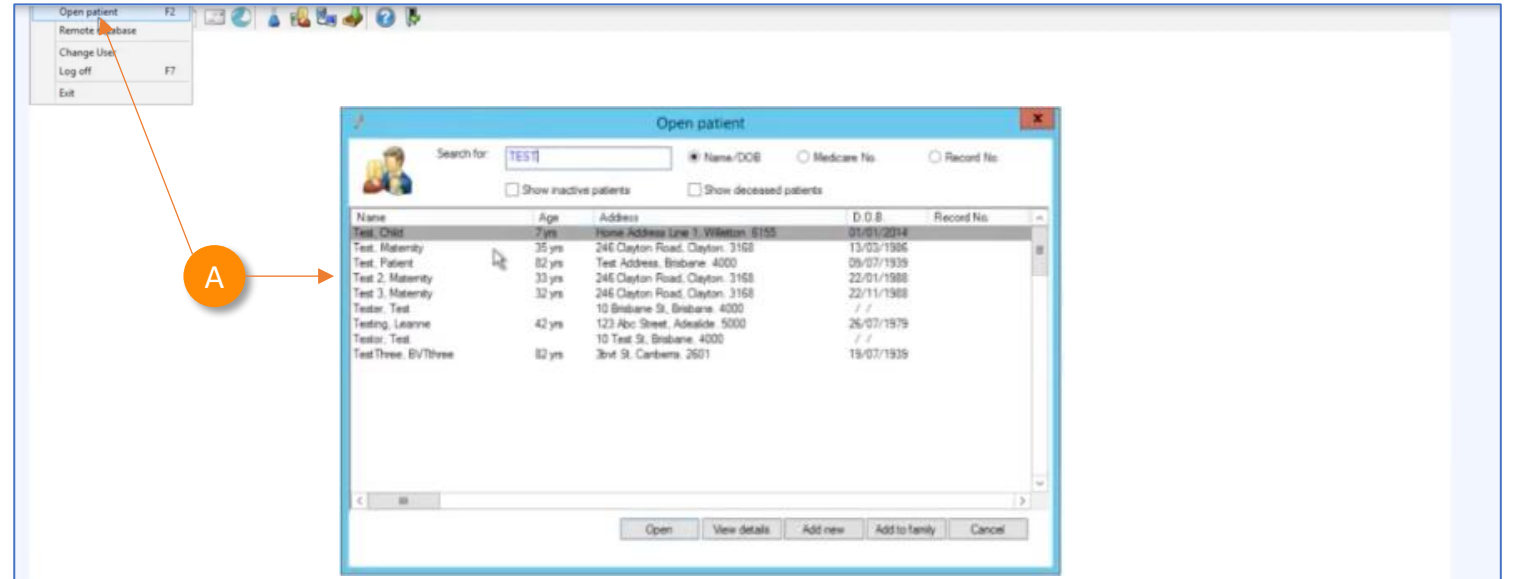
Step 7:

What happens after an e-Referral has been made?

Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your
Best Practice software...

- A** First, search for the patient and open their electronic medical record.
- B** Then click the **View** menu.
- C** Now click on the **HealthLink Forms** button to launch the **HealthLink home page**.



Step 1:

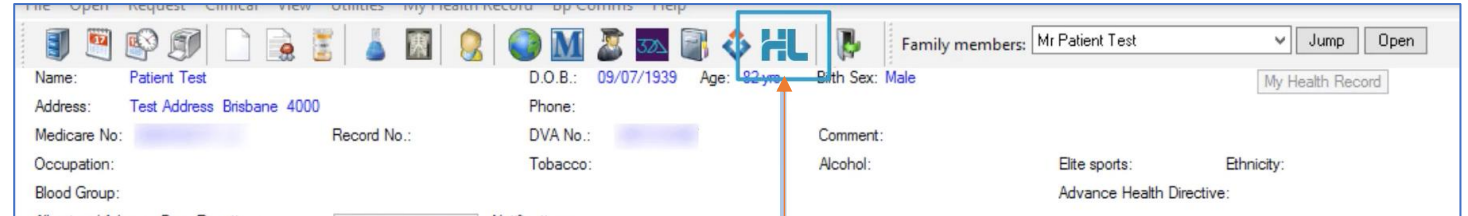
Accessing HealthLink SmartForms (e-Referrals)

D

If you are using version Saffron SP2 or higher, you can click on the HealthLink icon from within the patient record.

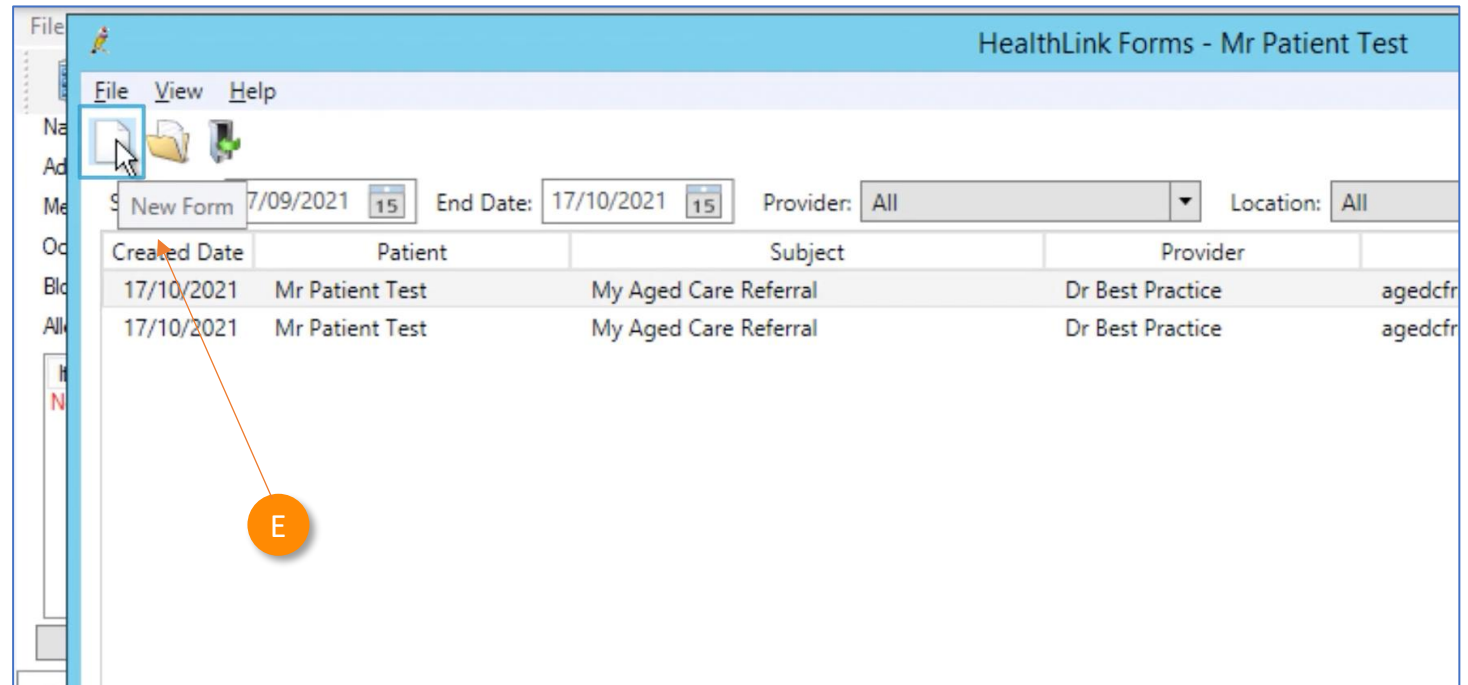
E

In the HealthLink Forms window click the **New Forms** button to launch the HealthLink homepage.



A screenshot of a patient record window. The top menu bar includes 'File', 'Open', 'Request', 'Clinical', 'View', 'Guides', 'My Health Record', 'bp Commis', and 'Help'. Below the menu is a toolbar with various icons. The 'HL' (HealthLink) icon is highlighted with a blue box. To the right of the toolbar, there is a 'Family members' dropdown menu showing 'Mr Patient Test', and buttons for 'Jump' and 'Open'. Below the toolbar, patient details are displayed: Name: Patient Test, D.O.B.: 09/07/1939, Age: 82 yrs, Birth Sex: Male, Address: Test Address Brisbane 4000, Phone: , Medicare No.: , Record No.: , DVA No.: , Comment: , Occupation: , Tobacco: , Alcohol: , Elite sports: , Ethnicity: , Blood Group: , Advance Health Directive: . A red arrow points from the 'HL' icon to a red circle labeled 'D'.

D



A screenshot of the 'HealthLink Forms - Mr Patient Test' window. The window has a menu bar with 'File', 'View', and 'Help'. Below the menu bar is a toolbar with icons for 'New Form', 'Open', and 'Save'. The 'New Form' button is highlighted with a blue box. Below the toolbar, there are filters for 'Created Date' (7/09/2021 to 15/10/2021), 'End Date' (17/10/2021 to 15/11/2021), 'Provider' (All), and 'Location' (All). Below the filters is a table with columns: Created Date, Patient, Subject, Provider, and a fifth column. The table contains two rows of data. A red arrow points from the 'New Form' button to a red circle labeled 'E'.

Created Date	Patient	Subject	Provider	
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfr
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfr

E

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 **My Aged Care Referral** to launch the SmartForm.

Make a referral | Update referrals

Specialists, Allied Health Providers and GPs

SR Specialists & Referrals Refer to Private Specialist

General Services

--This is the AU UAT Environment--
NSW Certificate of Capacity External Demo | NSW Certificate of Capacity
ReturnToWorkSA Work Capacity Certificate

Referred Services

ACT Public Outpatient and Community	Application for ACT Approval to Prescribe Controlled Medicines
Austin Health	Banyule Community Health
ccCHIP - Cardiometabolic Health in Psychosis	Chris O'Brien Lifehouse Services
Demo - Certificate of Capacity	DPV Community Health
Eastern Health	Head to Health
HealthLink Logging Service	Hearing Australia Medical Certificate
Mercy Hospital for Women	health
My Aged Care Referral	health
Northern NSW LHD – eRe	Sydney Local Health District Services
NSW Health Outpatient Referrals	NSW Health Outpatient referrals - Central Coast LHD
NSW Health Outpatient referrals - Far West LHD	NSW Health Outpatient referrals - Western NSW LHD
NSW Health Outpatient referrals - Western Sydney LHD	NSW Health Outpatient referrals – Illawarra Shoalhaven LHD
NSW Health Outpatient referrals – South Eastern Sydney LHD	PRP Diagnostic Imaging
Radiology Referrals	SA Health
Spectrum Medical Imaging	Sydney Local Health District Services
Sydney Local Health District Women's Health	Tasmanian Health Service
Tasmanian Mental Health and Alcohol and Other Drugs	Transport for NSW
Werribee Mercy Hospital	

The My Aged Care form can be used to send a referral for government-funded aged care services directly to the Department of Health.

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.

The image displays two screenshots of the myagedcare My Aged Care Referral form. The top screenshot shows the initial form with a sidebar on the left and a main content area on the right. The bottom screenshot shows the form after some fields have been filled out, with a red asterisk highlighting a mandatory field.

Top Screenshot:

- Requested Information:** My Aged Care Referral
- Attachments / Reports:** No reports selected, No files attached
- Patient Information:** ALPHABET TEST, No patient ID available, 12/11/1978
- Referrer Information:** Medical Director
- Form Status:** Form has been auto-saved.
- Information:** Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.
 - Patient Information - Contact Details - Work
 - Patient Information - Contact Details - Home
 - Referrer Information - Last name
- Details of patient consent:** By submitting this form, I will provide the information in it about you to My Aged Care. My Aged Care has contracted HealthLink Pty Ltd (HealthLink), a secure messaging service provider to securely transmit the information to My Aged Care. For further details please see HealthLink's [Privacy Policy](#). My Aged Care will use this information to determine your level of need and/or to provide you with aged care services. Once received by My Aged Care, the information will be used and disclosed in accordance with the My Aged Care [Privacy Policy](#). This will include validation with the Department of Human Services, and potential disclosure of the information to My Aged Care assessors and service providers, and other health professionals who are caring for you.
- ☐ I confirm that the patient understands the above and has given his/her consent.*
- About the patient:**
 - Interpreter Required*: ☐ Yes ☐ No
 - Preferred Language*: Other Asian Language... ☐ Other Southwest and Central
 - Can patient be contacted by phone?: ☐ Yes ☐ No
 - Usual living arrangement: Please Select
 - Accommodation type: Please Select
 - Does patient have a carer/support person?: ☐ Yes ☐ No
- Referral details:**
 - Referral reason*: Please Select
 - Why does the patient need an assessment or access to aged care services?:

Bottom Screenshot:

- Requested Information:** My Aged Care Referral
- Attachments / Reports:** No reports selected, No files attached
- Patient Information:** ALPHABET TEST, No patient ID available, 12/11/1978
- Referrer Information:** Medical Director
- Form Status:** Form has been auto-saved.
- Information:** Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.
 - Patient Information - Contact Details - Work
 - Patient Information - Contact Details - Home
 - Referrer Information - Last name
- Patient Information:**
 - Date of birth*: 12/11/1978
 - Please provide the patient's Medicare and/or DVA card number:
 - Medicare number: *
 - DVA number: *
 - DVA card type: Please Select
 - No DVA entitlement
 - Gold Card
 - White Card
 - Orange Card or other
 - Gender*: Indeterminate
 - Patient's Indigenous status*: No - Neither
 - Residential Address: Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field. 16 TEST STREET, TESTVILLE, SA, 5112
 - Contact Details (Select preferred phone contact): At least one phone number must be provided. Please indicate the best contact phone number for the patient.
 - Work: 0809888889
 - Home: 0809888888
 - Mobile: 0404040404
 - Other: *

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**.

myagedcare My Aged Care Referral

Form has been auto-saved.

Requested Information ▲
My Aged Care Referral

Attachments / Reports ▲
No reports selected
No files attached

Patient Information ▲
ALPHABET TEST
No patient ID available
12/11/1978

Referrer Information ▲
Medical Director2

Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Patient Information - Contact Details - Work
- Patient Information - Contact Details - Home
- Referrer Information - Last name

Patient Information

Date of birth*
12/11/1978

Please provide the patient's Medicare and/or DVA card number.

Medicare number

DVA number

DVA card type
Please Select

Name*
ALPHABET TEST

Gender*
Indeterminate

Patient's Indigenous status*
No - Neither

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

16 TEST STREET, TESTVILLE, SA, 5112

Contact Details (Select preferred phone contact)
At least one phone number must be provided. Please indicate the best contact phone number for the patient.

Wrk 0809888889, Hme 0809888888, Mob 0404040040

Phone number must be numeric only with no spaces. An area code must be provided for all landline numbers.

Work 0809888889 Home 0809888888
Mobile 0404040040 Other

Contact Details (Select preferred phone contact)

At least one phone number must be provided. Please indicate the best contact phone number for the patient.

Wrk 0809888889, Hme 0809888888, Mob 0404040040

Phone number must be numeric only with no spaces. An area code must be provided for all landline numbers.

Work 0809888889 Home 0809888888
Mobile 0404040040 Other

About the patient

Interpreter Required* i

Yes No

Preferred Language*

Other Asian Langua...

If other, please specify

Other Southwest and Centr

Can patient be contacted by phone?* i

Yes No

Usual living arrangement

Please Select

Accommodation type i

Please Select

Does patient have a carer/support person?* i

Yes No

Step 3: Completing the form

Fixing any errors

E If any of the required information is missing or incomplete the SmartForm will notify you to correct it.

The screenshot shows the 'My Aged Care Referral' form. On the left, there are four sidebar sections: 'Requested Information' (My Aged Care Referral), 'Attachments / Reports' (No reports selected, No files attached), 'Patient Information' (LANGUAGE TEST, 4915017051 1, 01/01/1950), and 'Referrer Information' (Medical Director). The main form area has a header with the 'myagedcare' logo and title. Below the header, there's a section for 'Accommodation type' (Independent Living) and a question 'Does patient have a carer/support person?' with radio buttons for 'Yes' and 'No' (selected). The 'Referral details' section includes 'Referral reason*' (Hospital Discharge) and 'Why does the patient need an assessment or access to aged care services?*' with a large empty text box. A red box highlights this text box, with an arrow pointing to an orange circle labeled 'E'. Below this, a 'Please note' message states: 'Completion of the following sections reduces the need for additional follow-up with your patient and the time to action this referral.' The next section is 'Are there concerns with any of the following? Please select all that apply based on your knowledge of the patient.' with two columns of checkboxes: Health concerns, Pain, Loneliness/social isolation, Special needs, Carer stress, Recent falls, Memory loss or confusion, Safety in their home, Weight loss/nutrition concerns, and Incontinence. The final section is 'Based upon your best estimate of the patient's function, are they able to:' followed by a list of 12 activities, each with a 'Please Select' dropdown menu. An arrow points from an orange circle labeled 'E' to the fourth dropdown menu ('Eat their meal?').

myagedcare My Aged Care Referral

Accommodation type **Independent Living**

Does patient have a carer/support person?* ☐ Yes ☒ No

Referral details

Referral reason* **Hospital Discharge**

Why does the patient need an assessment or access to aged care services?*

Please note: Completion of the following sections reduces the need for additional follow-up with your patient and the time to action this referral.

Are there concerns with any of the following? Please select all that apply based on your knowledge of the patient.

☐ Health concerns ☐ Recent falls

☐ Pain ☐ Memory loss or confusion

☐ Loneliness/social isolation ☐ Safety in their home

☐ Special needs ☐ Weight loss/nutrition concerns

☐ Carer stress ☐ Incontinence

Based upon your best estimate of the patient's function, are they able to:

Get out of bed or chairs easily?* **Please Select**

Walk easily?* **Please Select**

Get dressed?* **Please Select**

Eat their meal?* **Please Select**

Go to the toilet?* **Please Select**

Shower or have a bath?* **Please Select**

Manage their own medications?* **Please Select**

Travel in the community?* **Please Select**

Go shopping for groceries?* **Please Select**

Prepare their own meals?* **Please Select**

Do housework?* **Please Select**

Manage their money?* **Please Select**

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. This is where you will find all the files in the patient record.
 - I** • **Note:** This list displays attachments from the **last 6 months only**.
 - J** • **Or** in your local computer's file system by clicking the **Browse for Local File** button.

The screenshot shows the 'myagedcare' interface for a 'My Aged Care Referral'. The left sidebar contains tabs: 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Attachments / Reports' tab is active, showing a message: 'Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.' Below this, there are two buttons: 'Browse for Patient Document' and 'Browse for Local File'. An 'Attach File' dialog box is open, displaying a table of attachments. The table has columns for 'Date', 'Name', 'Comments', 'Type', and 'Size'. The dialog also includes a search bar and date filters.

Date	Name	Comments	Type	Size
24/08/2023	AduroForm.html	My Aged Care Referral	html	43 KB
24/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
23/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
16/05/2023	AduroForm.html	Northern NSW Local Health District services	html	30 KB
28/06/2022	Letter.rtf		rtf	82 KB

Step 3:

Completing the form

Attachments

K

You can select a file from your local computer's file system by clicking the **Browse for Local File** button.

Please note you should not attach pathology reports or other detailed health reports that are not specific to aged care needs.

The screenshot shows the 'My Aged Care Referral' form in the 'myagedcare' system. The form has several sections: 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. A green banner at the top states 'Form has been auto-saved.' An orange warning box indicates that information has been modified for submission. The 'Attachments / Reports' section includes a table for 'Diagnostic Reports / Patient Documents' and a section for 'Add File Attachment'. A file upload dialog box is open, showing a list of folders and files in the 'Medical Director' directory. The dialog box has a 'File name' field and 'Open' and 'Cancel' buttons. An orange arrow points from the 'Browse for Local File' button in the form to the file upload dialog box. A red circle with the letter 'K' is in the top right corner of the form.

myagedcare My Aged Care Referral

Requested Information ▲
My Aged Care Referral

Attachments / Reports
No reports selected
No files attached

Patient Information
LANGUAGE TEST
4915017051 1
01/01/1950

Referrer Information ▲
Medical Director2

Form has been auto-saved.

Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Referrer Information - Last name

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 assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tiff, txt
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tiff, txt

Caution: larger attachments may take time to upload.

<input type="checkbox"/>	Date ▲	Name	Document Description
No records found.			

Add File Attachment

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 assessors.

New file attachment Browse...

Document Description

Upload Cancel

Choose File to Upload

Health Communic... Medical Director

Organize New folder

Name	Date modified	Type
3rdParty	14/03/2019 9:41 a...	File folder
Acknowledgements	14/04/2020 1:43 p...	File folder
CMI	12/05/2024 11:22 a...	File folder
eClinic	24/02/2021 11:18 a...	File folder
EventsLookup	12/01/2021 10:57 a...	File folder
Hcn.Device	11/01/2023 12:05 ...	File folder
HTML	5/06/2024 12:36 p...	File folder
NetworkUpgrade	5/06/2024 12:12 p...	File folder

File name: All Files (*.*)

Open Cancel

Step 4: Parking, Previewing and Submitting.

Parking a form

A 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.

B Attachments selected from your PC will need to be reattached when resuming filling in the parked form.

The screenshot shows the 'myagedcare' 'My Aged Care Referral' form. On the left sidebar, there are sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The main content area has a green success message: 'Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.' Below this is an orange warning box stating that information has been modified for submission. The 'Diagnostic Reports / Patient Documents' section includes buttons to 'Browse for Patient Document' and 'Browse for Local File'. At the bottom, there is a table header with columns: Date, Name, Document Description, Type, and Size. The 'Park' button in the top right navigation bar is highlighted with a blue box and an orange arrow pointing to it from label A.

This is another screenshot of the same 'myagedcare' 'My Aged Care Referral' form. It displays the same success and warning messages as the first screenshot. An orange arrow points from label B to the 'Park' button in the top right navigation bar, which is highlighted with a blue box.

Step 4: Parking, Previewing and Submitting.

Previewing a form

- C** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- D** You can scroll through the form to preview it.

The screenshot shows the 'myagedcare' 'My Aged Care Referral' form. At the top right, there are buttons for 'Submit', 'Preview', 'Park', and 'Help'. The 'Preview' button is highlighted with a blue rectangular box. A red circle with the letter 'C' and an arrow points to this button. The form itself shows a green checkmark and the message 'Form has been auto-saved.' Below this, there are sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The main content area displays the patient's details and clinical referral information.

This screenshot shows the same 'myagedcare' 'My Aged Care Referral' form, but scrolled down to the 'Recommendations' section. A red circle with the letter 'D' and an arrow points to the form content. The 'Recommendations' section includes a summary of the patient's function, a list of recommended services (Allied health/Other, Domestic Assistance, Physio), and estimated duration of services. Below this, there are sections for 'Patient Information', 'Referrer Information', 'Diagnostic Reports / Patient Documents', and 'File Attachments'.

Step 4: Parking, Previewing and Submitting

Submitting a form

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

myagedcare My Aged Care Referral

Requested Information
My Aged Care Referral

Attachments / Reports
No reports selected
No files attached

Patient Information
LANGUAGE TEST
4915017051 1
01/01/1950

Referrer Information
Medical Director

Form has been auto-saved.

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 assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tif, tiff, txt
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, tiff, txt
Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

Recommendations
Based on your patient's function, they are recommended for home support assessment.
Accept / Alternative recommendation: I accept the recommendation
To support aged care assessment, please specify the types of services the patient would benefit from (At least one must be selected):
• Allied health/Other (specify) • Domestic Assistance
Allied health/Other (specify): Physio
Estimated duration of services: 6-12 weeks
Date services required: 12/09/2024

Submit Review Park Help

Form sent on 12/09/2024 10:26 AEST

Thank you for making a referral with My Aged Care.

Your confirmation number for LANGUAGE TEST is Activity ID 2-156018670231

What happens next? My Aged Care will review the referral and may refer your patient for an assessment. If additional information is required, My Aged Care may contact the patient to talk about the support they need. Your patient should hear from My Aged Care or an assessment organisation within 2-6 weeks.

You or your patient can follow up on this referral by calling the My Aged Care Contact Centre (1800 200 422), using the confirmation number shown above.

Print

Step 5:

Accessing parked and auto-saved forms

A To access parked or auto-saved forms, from the patient's record, select **HealthLink Forms** under the **View** menu.

B

The screenshot shows the 'Best Practice - My Aged Care e-Referral' application window for 'Mr Patient Test'. The 'View' menu is open, and 'HealthLink Forms' is highlighted. An orange box labeled 'A' points to the 'View' menu, and another orange box labeled 'B' points to 'HealthLink Forms'.

View Menu Options:

- Contacts (F11)
- Contact Notes
- Previous patients (Shift+F2)
- Data conversion notes
- Pharmaceutical Products Explorer (Ctrl+F12)
- MIMS Product Information (F12)
- MIMS Consumer Medicines Information (Shift+F12)
- Patient Education material (Shift+F11)
- Fact Sheets
- 3D Anatomica
- HealthLink Forms**
- NPS RADAR Documents
- Audit Log
- Refresh (F5)

Left Panel (Mr Patient Test):

- Past visits
- Current Rx
- Past history
 - Active
 - Inactive
- Immunisations
- Investigation reports
- Correspondence In
- Correspondence Out
- Past prescriptions

Right Panel (Mr Patient Test):

Family members: Mr Patient Test (Jump, Open)

Birth Sex: Male (My Health Record)

Comment: There are 2 outstanding requests for this patient!
Influenza vaccination should be considered!
Vaccination against pneumococcus should be considered!
Vaccination against shingles should be considered!
A smoking history should be recorded!
A Health Assessment should be considered!

Reason for visit: All (Hide non visits, Include deleted, Preview All Notes)

Provider: All (Search, View all)

Date	Doctor	Reason	Visit type	Start	Duration	Review d
12/05/2021	Dr Best Practice		Surgery	12:32 pm	0m	//
03/08/2021	Dr Best Practice2		Surgery	4:32 pm	0m	//
13/08/2021	Dr Best Practice2		Surgery	1:28 pm	0m	//
20/08/2021	Dr Best Practice2		Surgery	9:23 am	2m	//

Step 5:

Accessing parked and auto-saved forms

- C** From the available list, **double-click on the Parked or AutoSaved** form you would like to open.

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

- D** You can also use this area to see previously **submitted** forms.

The screenshot shows the 'HealthLink Forms - Mr Patient Test' window. The window has a menu bar (File, View, Help) and a toolbar. Below the toolbar is a table with columns: Created Date, Patient, Subject, Provider, Addressee, Location, Status, and Message ID. The table contains several rows of data. A red circle 'C' is placed over the 'Parked' status in the table. A red circle 'D' is placed over the 'AutoSaved' status in the table. A black arrow points from the 'AutoSaved' status to the 'Parked' status. The window also has a sidebar on the left with icons for various form types (e.g., Past, Current, Act, Ina, Immun, Invest, Corresp, Past pr, Observ, Family, Clinical, Enhanc). The top of the window shows patient information: Name: Patient Test, Address: Test Address Brisbane 4000, D.O.B.: 09/07/1939, Age: 82 yrs, Birth Sex: Male, Family members: Mr Patient Test, Jump, Open, My Health Record, Record No., DVA No., Comment.

Created Date	Patient	Subject	Provider	Addressee	Location	Status	Message ID
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Completed	MAC-6364
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Completed	MAC-6356
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Deleted	MAC-6353
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Deleted	MAC-6352
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Parked	MAC-6362
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6363
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Parked	MAC-6361
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Deleted	MAC-6355
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6359
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6360
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Completed	MAC-6366
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6351

Step 5:

Accessing parked and auto-saved forms

E To access parked or auto-saved forms, from the patient's record, select the **HealthLink** tab.

F From the available list, **double-click on the Parked or AutoSaved** form you would like to open.

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

G You can also use this area to see previously **submitted** forms.

The screenshot displays the MedicalDirector Clinical 4.0 interface for a patient named 'MR TEST PATIENT (71yrs 6mths)'. The patient's details, including DOB (01/01/1950), Gender (Male), and various medical history fields, are visible at the top. A toolbar at the bottom of the patient record area includes tabs for 'Summary', 'Current Rx', 'Progress', 'Past history', 'Results', 'Letters', 'Documents', 'Old scripts', 'Imm.', 'Correspondence', 'MDExchange', and 'HealthLink'. The 'HealthLink' tab is highlighted with an orange box and labeled 'E'. Below the toolbar, a table lists 8 records of forms. The first record, dated 8/07/2021 12:28:53 p.m., is marked as 'Parked' and is highlighted with a blue background. A mouse cursor is pointing at this record, which is also labeled 'F'. The other records are marked as 'Submitted' or 'Autosaved'. At the bottom of the interface, there is a status bar with various system information, including the user 'Dr Medical Director (MD-Test Healthlink (Marketplace Partner))' and the date 'Thursday, 8 July 2021'. A label 'G' is placed near the bottom of the form list.

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status
8/07/2021 12:28:53 p.m.	Parked							
8/07/2021 12:16:15 p.m.	Submitted							
8/07/2021 11:30:27 a.m.	Autosaved							
8/07/2021 11:12:18 a.m.	Submitted							
18/10/2019 11:07:47 a.m.	Autosaved							
9/10/2019 3:54:31 p.m.	Submitted							
1/10/2019 4:11:29 p.m.	Submitted							
24/09/2019 3:52:07 p.m.	Submitted							

Step 6: Accessing submitted forms

A A copy of the submitted form can be viewed by clicking on the **Correspondence Out** section of the clinical record for the patient.

B Use the F5 button on the keyboard to refresh the correspondence view.

Family members: Mr Patient Test [Jump] [Open]

Name: Patient Test D.O.B.: 09/07/1939 Age: 82 yrs Birth Sex: Male [My Health Record]

Address: Test Address Brisbane 4000 Phone: []

Medicare No: [] No.: [] DVA No.: [] Comment: []

Occupation: [] Tobacco: [] Alcohol: [] Elite sports: [] Ethnicity: []

Blood Group: [] Advance Health Directive: []

Allergies / Adverse Drug Reactions: [Reactions]

Notifications:

Item	Reaction	Severity
Not recorded		

Expand Collapse

Mr Patient Test

- Past visits
- Current Rx
- Past history
 - Active
 - Inactive
- Immunisations
- Investigation reports
- Correspondence In
- Correspondence Out**
- Past prescriptions
- Observations
- Family/Social history
- Clinical images
- Enhanced Primary Care

Add View Delete Print Record Note Details Import

Search

Date	Subject	Addressee	Sender	Status	Note	Comment
06/08/2021	CRS Adult Gen Ref	Mrs Laura Wright	Dr B. Practice	Draft		
19/08/2021	SR Referral to Mickey	ceninmd	Dr Best Practice2	Draft		
20/08/2021	CWH HealthLink Letterhead	Dr Gavin Michael Wright	Dr B. Practice2	Draft		
23/08/2021	SR Referral to Mickey	ceninmd	Dr Best Practice2	Final		
18/10/2021	My Aged Care Referral	agedcfm	Dr Best Practice	Final		
18/10/2021	My Aged Care Referral	agedcfm	Dr Best Practice	Final		
18/10/2021	My Aged Care Referral	agedcfm	Dr Best Practice	Final		

Step 6: Accessing submitted forms

C A copy of the submitted form can be viewed in the preview pane.

The screenshot displays the HealthLink software interface for a patient named Mr Fred Andrews. The top menu bar includes File, Open, Request, Clinical, View, Utilities, By Comm, and Help. The patient's details are shown in a form, including Name, Address, Medicare No., Record No., DOB, Age, Sex, Phone, Mobile, and various health indicators like Blood Group, Allergies, and Tobacco use. A table of immunisations is also visible. On the left, a navigation pane lists various medical categories, with 'My Aged Care Referral' highlighted. The main preview pane on the right shows a 'Referral Sent and Acknowledged' message from My Aged Care, dated 12/10/2019. The message includes a confirmation number and instructions for next steps. The patient's details are repeated at the bottom of the preview pane. A mouse cursor points to the bottom right corner of the preview pane, and a red circle with the letter 'C' is placed next to it.

Mr Fred Andrews

Family members: Mr Fred Andrews

Name: Fred Andrews DOB: 23/02/1923 Age: 95 Sex: Male 12m 16h 10s Pauline 000

Address: 3 Talavera Basin, Sundberg 4870 Phone: 3823 830 Mobile: Work

Medicare No.: 2264724171-1 Record No.: DOA No.: QPCV2140F Comment:

Occupation: Retired Tobacco: Smokes 10 cigarettes/day Alcohol: Moderate Sex organs: Ethnicity: Non Aboriginal

Blood Group: Allergies / Adverse Drug Reactions: Functions: Notification: Fact Sheets: Preventive Health: Actions: Examination:

Date	Reason	Severity
12/10/2019	Referral Acknowledged	

Expand Collapse

Immunisations

Investigation reports

Correspondence in

Correspondence out

21/11/2016 Dr A Practitioner Moving Health Link

14/11/2016 Dr A Practitioner Health Assessment

22/10/2011 Dr A Practitioner Health Assessment

21/11/2012 Dr A Practitioner Health Assessment

06/05/2019 shdhoen Sydney Local Health Data

12/10/2019 specific My Aged Care Referral

Post prescriptions

Observations

Family/Social history

Clinical images

Referral Sent and Acknowledged on 12/10/2019 11:24 NZDT

Thank you for making a referral with My Aged Care.

Your confirmation number for Mr Fred Andrews is Activity ID 1-56792401095

What happens next? My Aged Care will review the referral and may refer your patient for an assessment. If additional information is required, My Aged Care may contact the patient to talk about the support they need. You should hear from My Aged Care or an assessment organisation within 3 weeks.

You or your patient can follow up on this referral by calling the My Aged Care Contact Centre (1800 250 422), using the confirmation number shown above.

My Aged Care Referral

myagedcare

Patient: Mr Fred Andrews, 95yrs, Male, DOB 23/02/1923

Phone number: 0738281836

2/10/2019 11:23:01 a.m.

Step 7:

What happens after an e-Referral has been made?

- If a completed referral is received by My Aged Care, the information can be sent directly to an assessor who will then call your patient to discuss and organise an assessment.
- Make sure your patient is aware that they may be contacted by My Aged Care or an assessor.
- Your patient should hear from My Aged Care or an assessment organisation within two to six weeks.
- If the referral is incomplete, My Aged Care will contact you to confirm the information provided.
- After an e-Referral is submitted to the Department of Health, Disability and Ageing, the client and their representatives can track its progress through myGov (<https://my.gov.au>). They will also receive a My Aged Care welcome pack in the mail containing helpful information and outlining what their next steps will be. This information is not sent back to their referring Doctor/ General Practitioner.
- You can follow up on your referral by calling the My Aged Care industry line on 1800 836 799 (option 1).

A



Customer Care

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

HealthLink* — Part of
Clanwilliam

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