

## User Guide

01.07.2025-GE

# My Aged Care e-Referrals for Genie

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 Genie v8.8 and above to access the HealthLink SmartForms.



# Submitting e-Referrals from Genie

## Using HealthLink SmartForms

SmartForms enable **Genie** 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](mailto: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**

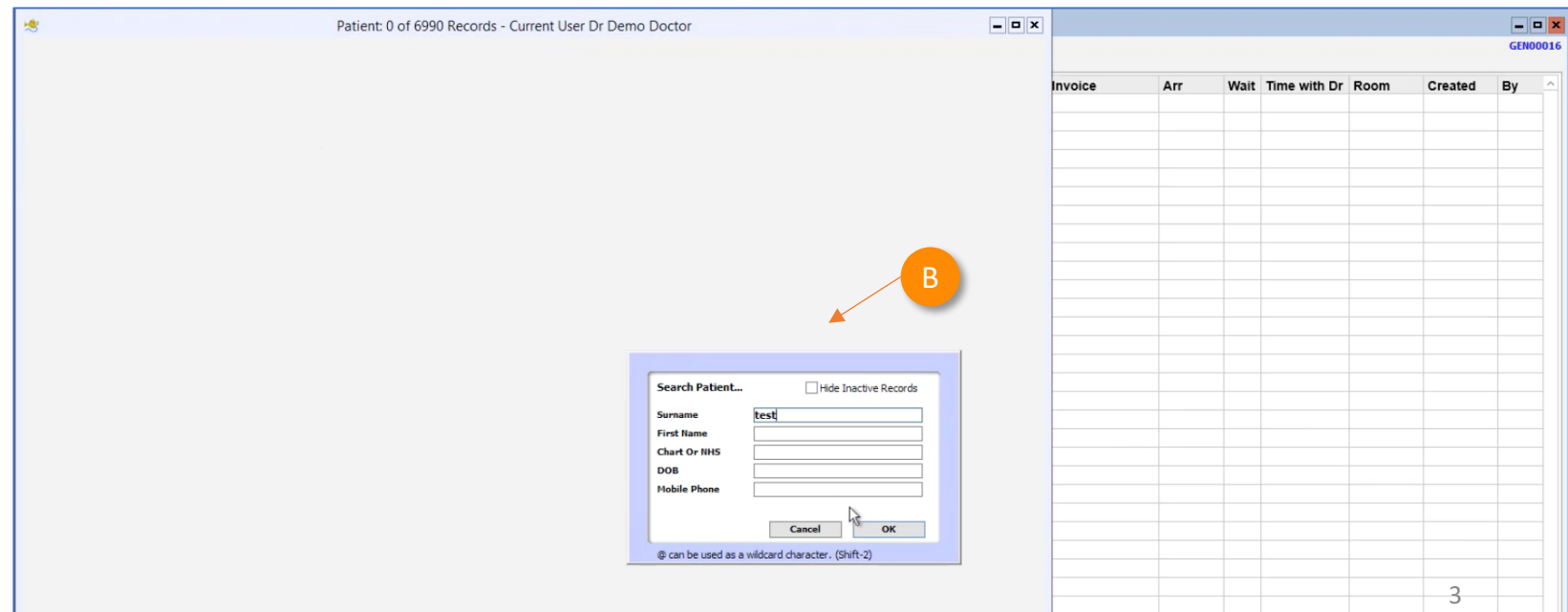
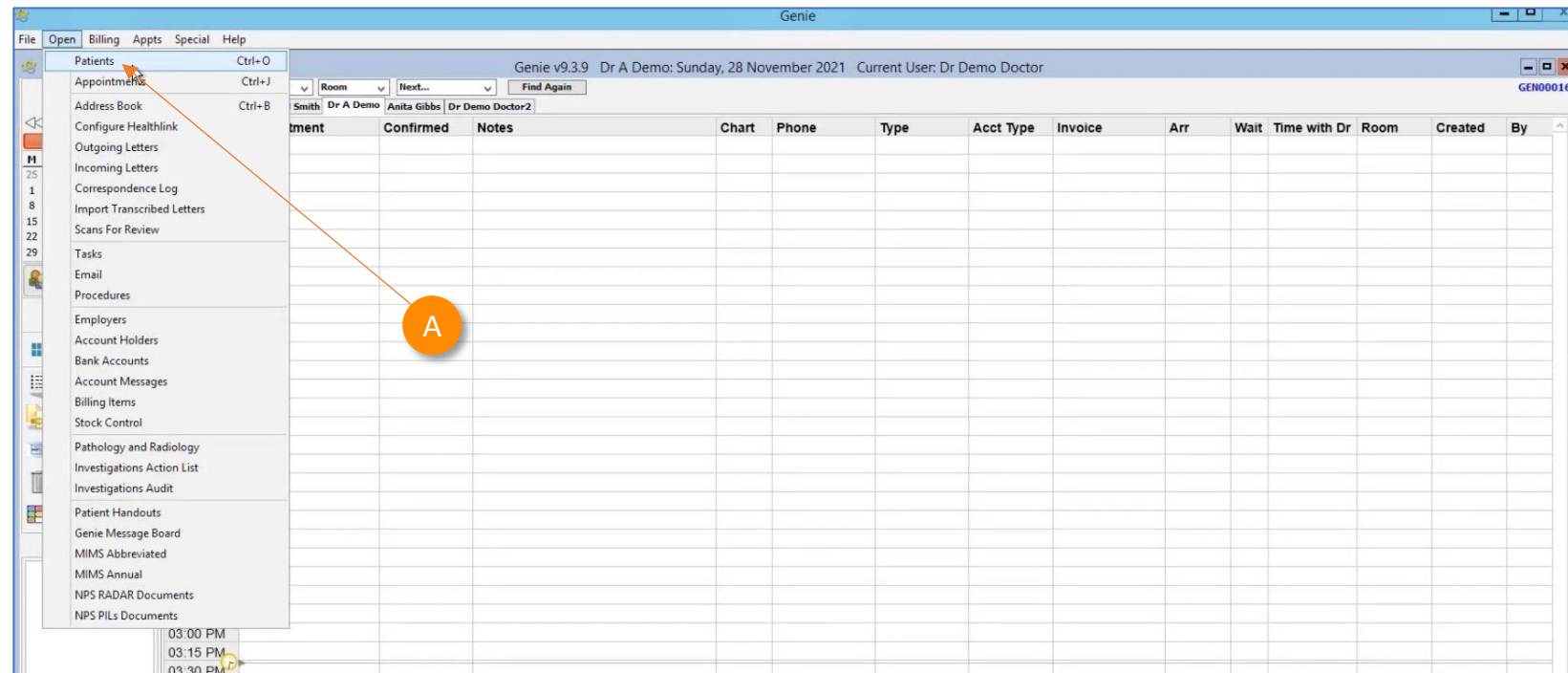
Step 7:

**What happens after an e-Referral has been made?**

## Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your  
Genie software...

- A** First, click on **Patients** from the **open** menu.
- B** Search for the patient and open their electronic medical record (EMR).



## Step 1: Accessing HealthLink SmartForms (e-Referrals)

C From the **Tools** drop down menu, select **Healthlink Online**, then click the **new** button to launch the HealthLink homepage.

The screenshot shows the Genie software interface. The 'Tools' menu is open, displaying a list of options. An orange circle labeled 'C' points to the 'Tools' menu. Another orange circle labeled 'C' points to the 'HealthLink Online' option, which is highlighted with a blue box. The interface includes a top menu bar (File, Edit, Open, Tools, Special, Help), a patient information header (Patient: st (25/01/1946) Ashfield Road Indooroopilly 4068 - Current User Dr Demo Doctor), and a main workspace with various sections like ALLERGIES, SOCIAL & FAMILY, and QUICKSCRIPT. The 'HealthLink Online' option is located at the bottom of the Tools menu.

Date	Info	Title	Dr Name
07/03/2017	Acknowledged	Dr Test Provider	Dr A Demo
12/05/2015	Certificate of Capacity [P]	Dr Test Provider	Dr A Demo
13/09/2013	Reviewed Acknowledged	Dr Test Provider	Dr A Demo
09/09/2013	Reviewed Acknowledged	Dr Test Provider	Dr A Demo
03/09/2013	Reviewed Sent	Dr Test Provider	Dr A Demo
28/08/2013	Reviewed Acknowledged	Dr Test Provider	Dr A Demo
28/08/2013	Reviewed Acknowledged	Dr Test Provider	Dr A Demo
30/04/2010	Reviewed Sent	Dr Lawrence Peterson	Dr A Demo
11/03/2010	Reviewed Sent	Dr Lawrence Peterson	Dr A Demo
22/09/2009	Reviewed Printed Ackno...	Dr Peter Adkins	Dr A Demo
22/09/2009	Reviewed Printed Ackno...	Dr Jack Ashwin	Dr A Demo
22/09/2009	Reviewed Printed Ackno...	Dr Lawrence Peterson	Dr A Demo
01/08/2000	General & Unspecified	General & Unspecified	Dr Andrew Demo

**CONSULTATION RECORD: Mr Charles Test**  
Date: Tuesday, 01/08/2000 9:21 AM  
Presenting Problem: **General & Unspecified**  
Provider: Dr Andrew Demo  
History: Referral  
Treatment/Plan: Referred to Dr Michael Moreny

## Step 1: Accessing HealthLink SmartForms (e-Referrals)

**D** Within the patient record, click the **new** button to launch the HealthLink homepage.

The screenshot shows the HealthLink Online interface for Mr Charles Test. The main window displays a table with columns: Date/Time, Description, Mode, View Type, Provider, Msg Control Id, and Status. A single row is visible with the following data: 12/05/2015 18:25:40, Certificate of Capacity, P, View Type, Dr Andrew Demo, DEMO-109, and Unknown. To the right of the table, there are buttons: New, Resume, View, and Delete. The 'New' button is highlighted with a red box, and an orange arrow points to it from a red circle labeled 'D'. Below the table, there is a section for form details including: Created on: 12/05/2015 at 18:25:24, Last Updated on: 12/05/2015 at 18:25:40, Description: Certificate of Capacity, Save Mode: Parked, Form Instance Id: DEMO-109, View Data Type: (empty), Resume Path: /form-au/PrepopulateForm.action?aduro\_formDefinitionId=demofmau, Provider: Dr Andrew Demo, Status: Unknown, and Launch URI: (empty).

## 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
<b>My Aged Care Referral</b>	health
Northern NSW LHD – eReferrals	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 'Requested Information' sidebar on the left, which includes sections for 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Patient Information' section is highlighted with a red asterisk. The main content area on the right shows a 'Form has been auto-saved' message and a list of fields to be reviewed: Patient Information - Contact Details - Work, Patient Information - Contact Details - Home, and Referrer Information - Last name. The bottom screenshot shows the 'Patient Information' section in more detail, with a red asterisk next to the 'Date of birth' field. A red arrow points from the asterisk to the 'Date of birth' field. The form also includes sections for 'About the patient', 'Referral details', and 'Contact Details'.



### 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

**Warning:** 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\*  
If other, please specify  
Other Asian Language...  
Other Southwest and Central...  
Please Select

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, a sidebar contains 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 includes: 'Accommodation type' (Independent Living), 'Does patient have a carer/support person?' (No), 'Referral reason' (Hospital Discharge), and 'Why does the patient need an assessment or access to aged care services?'. A red box highlights the empty text area for this question. Below this, a 'Please note' message states that completing the following sections reduces the need for additional follow-up. A list of concerns follows, with checkboxes for: 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, 'Based upon your best estimate of the patient's function, are they able to:', lists 12 activities of daily living, each followed by a 'Please Select' dropdown menu. An orange circle with the letter 'E' and two arrows points to the red box and the 'Please Select' dropdown for 'Go to the toilet?\*', indicating where errors are typically found.

**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.

<input type="checkbox"/> Health concerns	<input type="checkbox"/> Recent falls
<input type="checkbox"/> Pain	<input type="checkbox"/> Memory loss or confusion
<input type="checkbox"/> Loneliness/social isolation	<input type="checkbox"/> Safety in their home
<input type="checkbox"/> Special needs	<input type="checkbox"/> Weight loss/nutrition concerns
<input type="checkbox"/> Carer stress	<input type="checkbox"/> Incontinence

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

Get out of bed or chairs easily?*	<b>Please Select</b>
Walk easily?*	<b>Please Select</b>
Get dressed?*	<b>Please Select</b>
Eat their meal?*	<b>Please Select</b>
Go to the toilet?*	<b>Please Select</b>
Shower or have a bath?*	<b>Please Select</b>
Manage their own medications?*	<b>Please Select</b>
Travel in the community?*	<b>Please Select</b>
Go shopping for groceries?*	<b>Please Select</b>
Prepare their own meals?*	<b>Please Select</b>
Do housework?*	<b>Please Select</b>
Manage their money?*	<b>Please Select</b>

## 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.

**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  
01/01/1959

**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**

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 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

**Attach File**

Name:

Date from: 12/03/2022 Date to: 12/03/2024 Search Attach Cancel

<input type="checkbox"/>	Date	Name	Comments	Type	Size
<input type="checkbox"/>	24/08/2023	AduroForm.html	My Aged Care Referral	html	43 KB
<input type="checkbox"/>	24/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
<input type="checkbox"/>	23/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
<input type="checkbox"/>	16/05/2023	AduroForm.html	Northern NSW Local Health District services	html	30 KB
<input type="checkbox"/>	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. On the left, there are sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Attachments / Reports' section shows 'No reports selected' and 'No files attached'. The 'Patient Information' section shows 'LANGUAGE TEST', '4915017051 1', and '01/01/1950'. The 'Referrer Information' section shows 'Medical Director2'. The main form area has a green status bar that says 'Form has been auto-saved.' and an orange warning box that says '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 buttons for 'Browse for Patient Document' and 'Browse for Local File'. The 'Browse for Local File' button is highlighted with an orange arrow pointing to it from a 'K' in a circle. A file upload dialog box is open, showing a list of folders and files. The dialog box has a title bar that says 'Choose File to Upload'. The list of folders includes '3rdParty', 'Acknowledgements', 'CMI', 'eClinic', 'EventsLookup', 'Hcn.Device', 'HTML', and 'NetworkUpgrade'. The 'File name' field is empty, and the 'File type' is set to 'All Files (\*.\*)'. The 'Open' button is highlighted with an orange arrow pointing to it from the same 'K' in a circle. The 'Add File Attachment' section is also visible, with a 'Browse...' button and an 'Upload' button.

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 longer 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**

Organize ▾ New folder

Search Medical Director

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. At the bottom, there are buttons for 'Browse for Patient Document' and 'Browse for Local File', followed by instructions on what to attach and a table for document uploads. The top right of the form has buttons for 'Submit', 'Preview', and 'Park'. The 'Park' button is highlighted with a blue box and an orange arrow pointing to it from a circle labeled 'A'.

This is another screenshot of the same 'myagedcare' 'My Aged Care Referral' form. It shows the same layout as the first screenshot, including the success message, warning box, and document upload section. The 'Park' button in the top right corner is highlighted with a blue box and an orange arrow pointing to it from a circle labeled 'B'.

## 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.

myagedcare My Aged Care Referral

Form has been auto-saved.

Diagnostic Reports / Patient Documents

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

Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

My Aged Care Referral

Patient: LANGUAGE TEST, 74yrs, Male, DOB 01/01/1950  
Phone number: 0412345678  
Residential address: 23 FURZER ST, PHILLIP, ACT 2606  
Referred by: Medical Director, MD-Test Healthlink (Marketplace Partner), PH 0744015650

**Clinical Referral Information**

**About the patient**

Interpreter Required:	Yes
Preferred Language:	English
Can patient be contacted by phone?	Yes
Usual living arrangement:	With partner
Accommodation type:	PR Client Owns/Purchasing
Does patient have a carer/support person?	No

**Referral details**

Referral reason: Hospital Discharge  
Why does the patient need an assessment or access to aged care services?  
Following hospital discharge

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

- Recent falls
- Path

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

myagedcare My Aged Care Referral

Form has been auto-saved.

Diagnostic Reports / Patient Documents

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

Estimated duration of services: 6-12 weeks  
Date services required: 12/09/2024

**Patient information**

Medicare number: 4915017051 1  
Patient's Indigenous status: No - Neither

**Referrer information**

Referral number: MAC-2156  
Practice Address: Healthlink Practice, North Ward, QLD 4810  
Email: hlk.us@test.com  
Referrer EDI: hndmruat

**Diagnostic Reports / Patient Documents** - No reports selected from the patient record

**File Attachments** - No files attached from the sender's local file system

## 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  
4815017051 1  
01/01/1950

Referrer Information  
Medical Director

Form has been auto-saved.

Diagnostic Reports / Patient Documents

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
Physio	6-12 weeks
Estimated duration of services:	12/09/2024
Date services required:	

Submit

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 Online** from the **Tools** menu.

The screenshot shows the Genie software interface for a patient record. The 'Tools' menu is open, and 'HealthLink Online' is highlighted. An orange box highlights the 'Tools' menu and the 'HealthLink Online' option. A red circle with the letter 'A' points to the 'Tools' menu. The patient record for 'Mr Charles Test (25/01/1946)' is visible in the background. The 'Tools' menu includes options like 'New Consultation', 'Modify Today's Consultation', 'Consultation Summary', 'Print Complete Record', 'Quick History', 'Add Task', 'Add Procedure', 'Add Pathology Result', 'Add Document', 'Add Measurement', 'Add Workover Claim', 'Centrelink Certificates', 'WOMAC Score', 'Harris Hip Score', 'Oxford Hip Score', 'Oxford Knee Score', 'HSS Knee Score', 'Lysholm Knee Score', 'Ankle Hindfoot Scale', 'Midfoot Scale', 'Hallux MTP-IP Scale', 'Constant Shoulder Score', 'Mayo Wrist Score', 'HealthLink Online', and 'Register for My Health Record'. The 'HealthLink Online' option is highlighted with a blue selection bar. The background shows a patient record for 'Mr Charles Test (25/01/1946)' with a 'PAST HISTORY' table and a list of consultations.

Date	Info	Title	Provider
28/11/2021	Adnkwledged	My Aged Care Referral [P]	Dr Demo Doctor
28/11/2021	Adnkwledged	My Aged Care Referral [P]	Dr A Demo
28/11/2021	Adnkwledged	My Aged Care Referral [P]	Dr Demo Doctor
20/08/2018	Reviewed Adnkwledged	Mrs Laura Wright	Dr A Demo
11/07/2018	Reviewed Adnkwledged	Mrs Laura Wright	Dr A Demo
28/03/2018	Reviewed Adnkwledged	Steven Burton	Dr A Demo
28/03/2018	Reviewed Adnkwledged	Steven Burton	Dr A Demo
16/03/2018	Dr Andrew Demo	DISCHARGE SUMMARY	Dr Test Provider
24/01/2018	Reviewed Adnkwledged	Dr Christie Alison	Dr A Demo
08/11/2017	Reviewed Adnkwledged	Mrs Laura Wright	Dr A Demo
28/09/2017	Reviewed Adnkwledged	Dr Test Provider	Dr A Demo
07/03/2017	Adnkwledged	Dr Test Provider	Dr A Demo
12/05/2015		Certificate of Capacity [P]	Dr A Demo
13/09/2013	Reviewed Adnkwledged	Dr Test Provider	Dr A Demo



## Step 5:

# Accessing parked and auto-saved forms

**B** 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.

**C** Click the **resume** button to open the parked form.

The screenshot shows the 'HealthLink Online for Mr Charles Test' interface. At the top, there's a 'Show:' dropdown set to 'All' and an 'Edit Preferences...' button. Below is a table with columns: Date/Time, Description, Mode, View Type, Provider, Msg Control Id, and Status. The table contains four rows. The second row, dated 28/11/2021 21:40:24, is highlighted in blue and has a 'Parked' status. An arrow labeled 'B' points to this row. To the right of the table, there are buttons: 'New', 'Resume' (highlighted with a blue box and an arrow labeled 'C'), 'View', and 'Delete'. Below the table, there's a detailed view of the selected form. It includes fields for 'Created on:', 'Last Updated on:', 'Description:', 'Save Mode:', 'Form Instance Id:', 'View Data Type:', 'Resume Path:', 'Provider:', 'Status:', and 'Launch URI:'. The 'Save Mode' is set to 'Parked'.

Date/Time	Description	Mode	View Type	Provider	Msg Control Id	Status
28/11/2021 22:07:23	My Aged Care Referral	P		Dr Andrew Demo	MAC-6503	Submitted
28/11/2021 21:40:24	My Aged Care Referral	P		Dr Demo Doctor	MAC-6504	Parked
28/11/2021 15:56:45	My Aged Care Referral	P		Dr Demo Doctor	MAC-6502	Deleted
12/05/2015 18:25:40	Certificate of Capacity	P		Dr Andrew Demo	DEMO-109	Autosaved

Created on: 28/11/2021 at 21:40:24  
Last Updated on: 28/11/2021 at 21:40:24  
Description: My Aged Care Referral  
Save Mode: Parked  
Form Instance Id: MAC-6504  
View Data Type:   
Resume Path: /form-au/PrepopulateForm.action?aduro\_formDefinitionId=agedcfrm  
Provider: Dr Demo Doctor  
Status: Unknown  
Launch URI: /forms-directory/?aduro\_formDefinitionId=forms-directory&aduro\_aduroVersion=1.1&aduroVersion=aduro\_v1

## Step 5:

# Accessing parked and auto-saved forms

D

You can also use this area to see previously submitted, deleted and auto-saved forms.

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

Mr Charles Test (25/01/1946) Ashfield Road Indooroopilly 4068 - Current User Dr Demo Doctor

04:40 75 yrs

ALLERGIES CURRENT PROBLEMS Diabetic PAST HISTORY

\*Tetracyclines BCC R nose

SOCIAL & FAMILY HISTORY

Medicare No -0 Health Fund Next Appt Next Task Next Recall Chart No 10599

Smoking Status Info Alcohol Unticked Info

QUICKSCRIPT

Date/Time	Description	Mode	View Type	Provider	Msg Control Id	Status
28/11/2021 22:07:23	My Aged Care Referral	P		Dr Andrew Demo	MAC-6503	Submitted
28/11/2021 21:40:24	My Aged Care Referral	P		Dr Demo Doctor	MAC-6504	Parked
28/11/2021 15:56:45	My Aged Care Referral	P		Dr Demo Doctor	MAC-6502	Deleted
12/05/2015 18:25:40	Certificate of Capacity	P		Dr Andrew Demo	DEMO-109	Autosaved

Created on: 28/11/2021 at 16:01:51  
Last Updated on: 28/11/2021 at 22:07:23  
Description: My Aged Care Referral  
Save Mode: Parked  
Form Instance Id: MAC-6503  
View Data Type:  
Resume Path: /form-su/PrepopulateForm.action?aduro\_formDefinitionId=agedcfm  
Provider: Dr Andrew Demo  
Status: Unknown  
Launch URI: /forms-directory/?aduro\_formDefinitionId=forms-directory&aduro\_aduroVersion=1.1&aduroVersion=aduro\_v1

## Step 5:

# Accessing parked and auto-saved forms

E

A copy of the submitted form can be found by selecting the form from the list of clinical contacts in the patient's clinical record.

F

Submitted forms are indicated by a purple quill.

Mr Charles Test (25/01/1946) Ashfield Road Indooroopilly 4068 - Current User Dr Demo Doctor

04:51 75 yrs

Dr Test Provider (Usual GP)

28 contacts

ALLERGIES: \*Tetracyclines

CURRENT PROBLEMS: BCC R nose

PAST HISTORY:

SOCIAL & FAMILY HISTORY:

Scratchpad:

Medicare No: -0, Health Fund: Next Appt, Next Task, Next Recall, Chart No: 10599

Smoking Status: Info, Alcohol Unticked: Info, Access MMS Annual via Internet: [x]

QUICKSCRIPT:

Cat	Print	Printed	Reason	Medication	Dose	Frequency	Instructions
<input type="checkbox"/>		20/04/2000		Cardiprin 100 100mg Tablets	1	once a day	with food
<input type="checkbox"/>		30/03/2000		Viscotears 0.2% Eye Gel	apply no...		

Referral Sent and Acknowledged on 09/12/2021 10:11 NZDT

Thank you for making a referral with My Aged Care.

Your confirmation number for Charles Test is Activity ID 2-77394960469

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 3 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.

My Aged Care Referral

myagedcare

Patient: Charles Test, 75yrs, Male, DOB 25/01/1946  
Phone number: 0212345678  
Residential address: Ashfield Road, Indooroopilly, SA 4068  
Primary Point of Contact: Support Person - 0212345678 (Child)  
Referred by: Demo Doctor, HealthLink Genie Test, PH 0212345678  
Referral date: 09/12/2021 10:11 NZDT

Clinical Referral Information

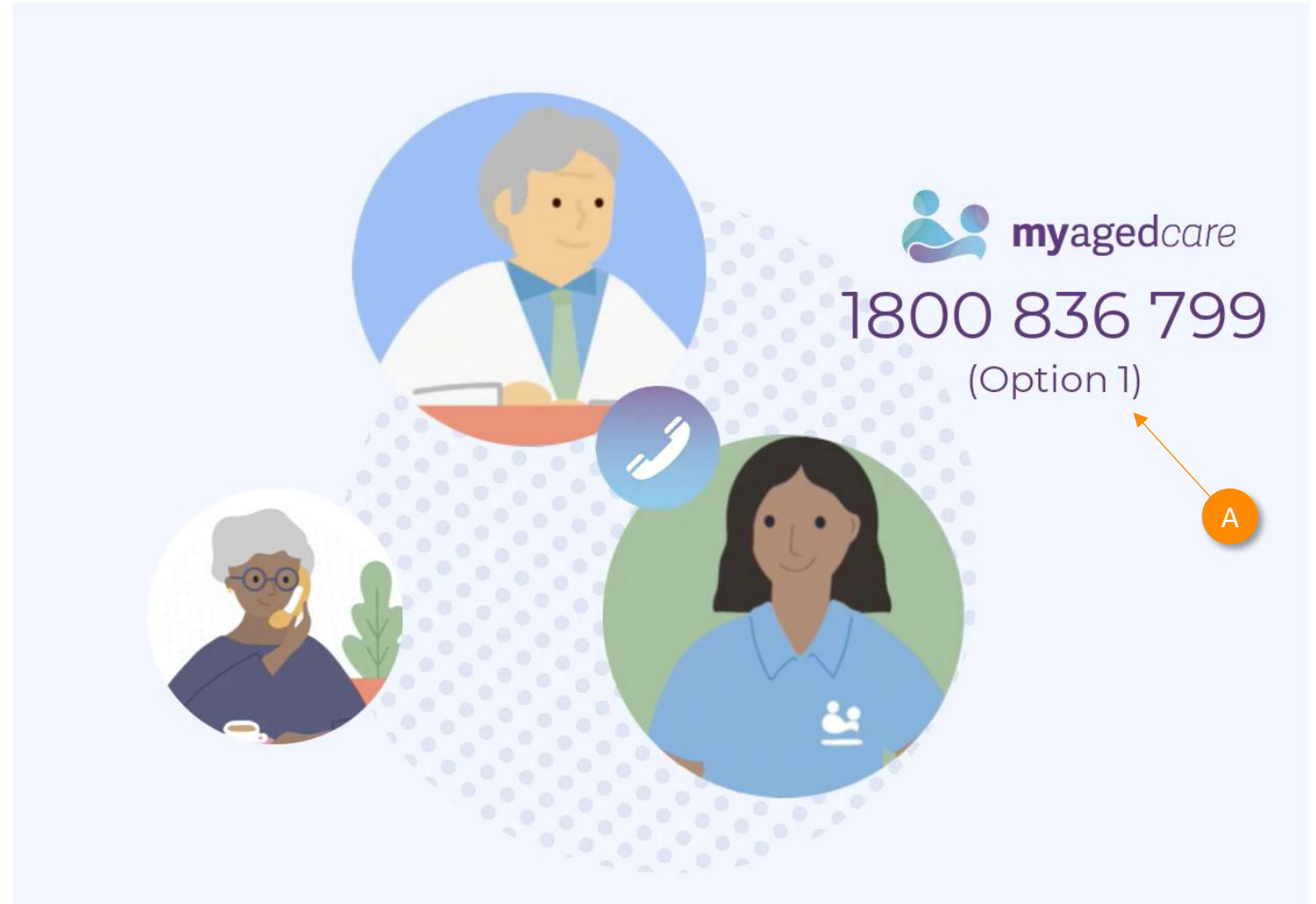
Appointments Patient List Clinical-Charles Test Letters to Review Reviewed, Unprinted

## 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](mailto:helpdesk@healthlink.net)

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

[www.healthlink.com.au](http://www.healthlink.com.au)

**HealthLink\*** — 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.