

User Guide

01.07.2025-MTE

My Aged Care e-Referrals for Medtech Evolution

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 Medtech Evolution 10.4.4 and above to access the HealthLink SmartForms.

Submitting e-Referrals from Medtech Evolution

Using HealthLink SmartForms

SmartForms enable **Medtech Evolution** 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:

View forms for a specific patient and 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
Medtech Evolution software...

- A** Load patients in Medtech Evolution by either using the **Patient>Search** menu or press **F2** on your keyboard.
- B** Load HealthLink Forms from the **Module>Advanced Forms** drop down menu.
- C** From the Advanced Forms menu, click New Form to load the Patient Forms screen.

Search Patient/Company

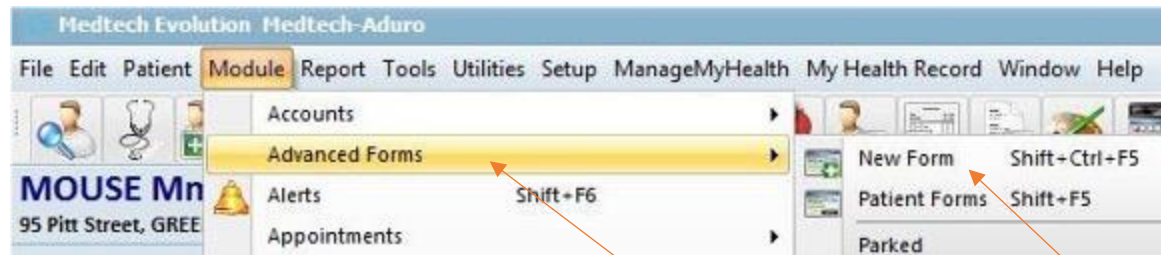
Quick Advanced

Name/Pat No/Medicare No: MOUSE Search Swipe Card

Patients Only: ☐ A/c Holders Only: ☐ Companies Only: ☐ Include Inactive: ☐

Name	Address	Prov	Age	DOB	A/c	Balance
MOUSE Mmouse (80550)	95 Pitt Street	ADM	R 76y	7 Nov 1940	P	

OK Cancel Add ... Family Add... Help

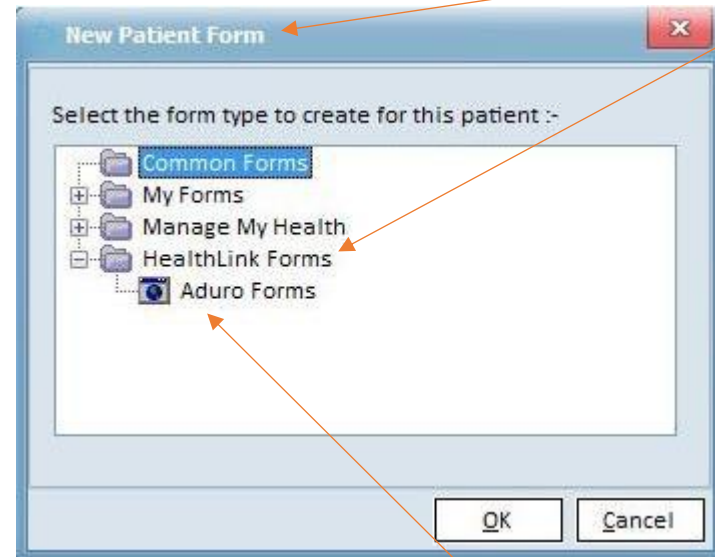


Step 1:

Accessing HealthLink SmartForms (e-Referrals)

D In the **Patient Forms** screen, expand the **HealthLink Forms** tree.

E From the HealthLink tree click on **Aduro Forms** to load the **HealthLink** homepage.



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. 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.

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

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

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 Language...

If other, please specify

Other Southwest and Central

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 the referral reason. 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 with corresponding dropdown menus, all currently set to 'Please Select'. An orange circle with the letter 'E' is positioned to the right of the form, with two arrows pointing to the red box and the dropdown menu for 'Go to the toilet?'. The 'Go to the toilet?' dropdown is also highlighted with a red box.

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?*	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: 'No reports selected. No files attached.' The main content area displays a 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.' Below this, there are buttons for 'Browse for Patient Document' and 'Browse for Local File'. An 'Attach File' dialog box is open, showing a table of attachments. The table has columns: Name, Date, Comments, Type, and Size. The table lists several 'AduroForm.html' files and one 'Letter.rtf' file. The 'Attach File' dialog box also includes a search bar and date filters.

Callouts point to the following elements:

- F**: Points to the 'Attachments / Reports' tab in the sidebar.
- G**: Points to the table of attachments in the 'Attach File' dialog box.
- H**: Points to the 'Browse for Patient Document' button.
- I**: Points to the table of attachments in the 'Attach File' dialog box.
- J**: Points to the 'Browse for Local File' button.

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. 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' and a search bar. 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.

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

Health Communic... Medical Director

Search 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 corner 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. The 'Park' button in the top right corner is highlighted with a blue box and an orange arrow pointing to it from label '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.

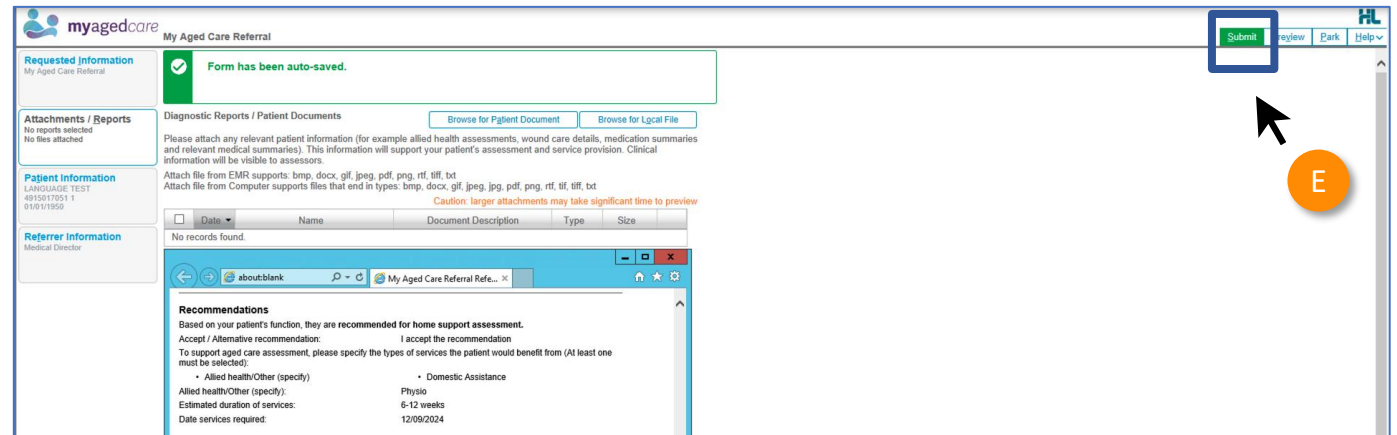
The screenshot shows the 'myagedcare' 'My Aged Care Referral' form. At the top right, there are buttons for 'Submit', 'Preview', 'Mark', and 'Help'. The 'Preview' button is highlighted with a blue rectangular box. A red circle with the letter 'C' and an arrow points to this button. The form itself is titled 'My Aged Care Referral' and contains sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Patient Information' section includes details like 'Patient: LANGUAGE TEST, 74yrs, Male, DOB 01/01/1950' 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 this section. The 'Recommendations' section includes text about home support assessment and a table for 'Allied health/Other (specify)' and 'Domestic Assistance'. Below this are sections for 'Patient Information' (including Medicare number and Indigenous status), 'Referrer Information' (including Referral number and Practice Address), and 'Diagnostic Reports / Patient Documents'. The 'File Attachments' section at the bottom states '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.



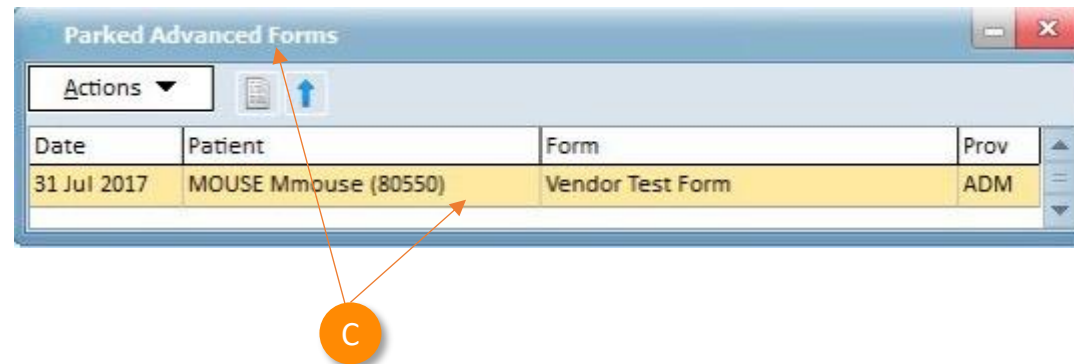
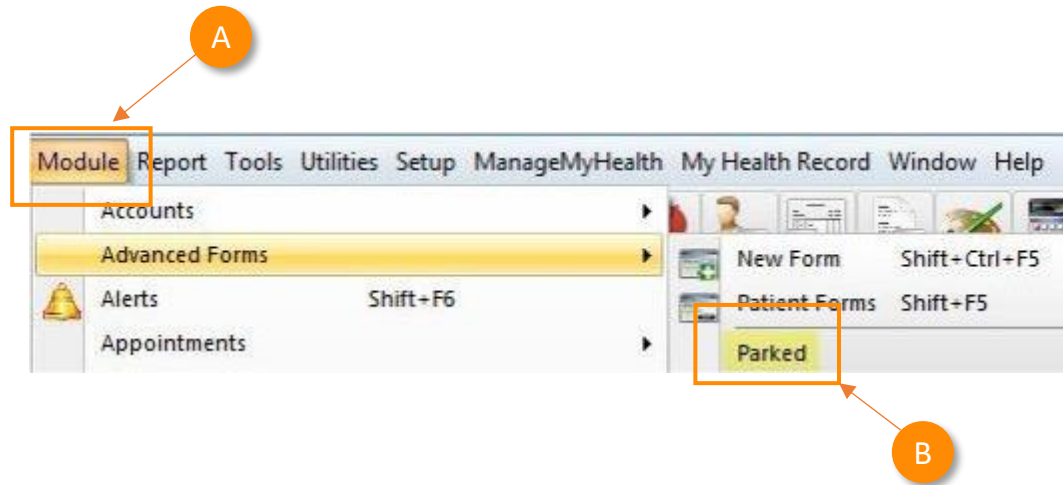
Step 5:

Accessing parked and auto-saved forms

A To access parked or auto-saved forms, from the **Module>Advanced Forms** menu click on **Parked**.

B

C From the **Parked Advanced Forms** list, double click on the required form to complete and submit.



Step 6:

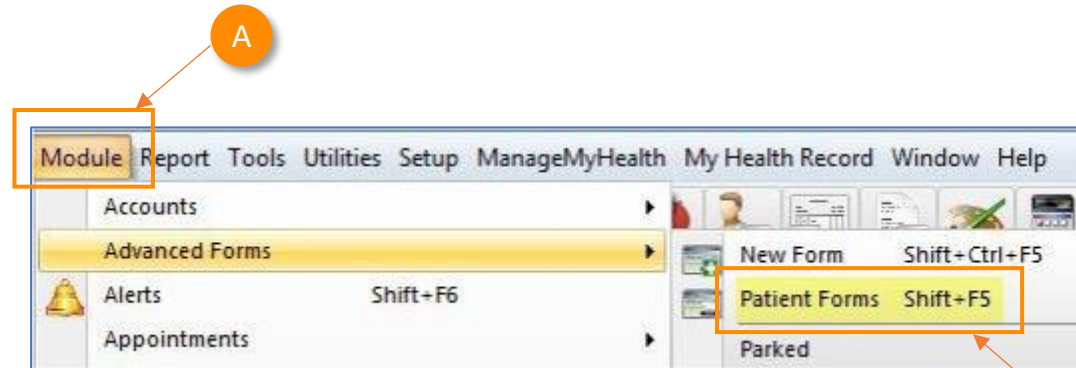
View forms for a specific patient and submitted forms

Load patients in Medtech Evolution by either using the **Patient>Search** menu or press **F2** on the keyboard.

A From the **Module>Advanced Forms** menu click on **Patient Forms**.

B

C The patient's **submitted** and **parked** forms will be listed in **Patient Advanced Forms**



B

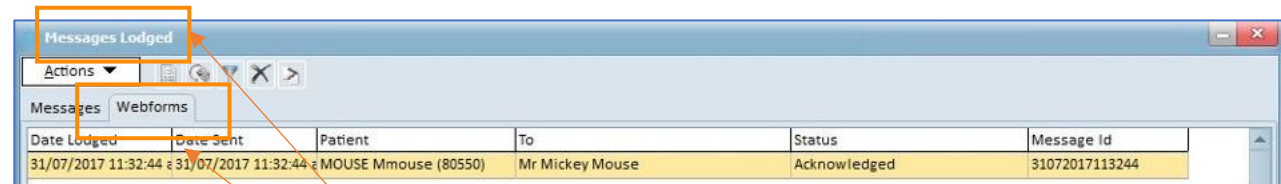
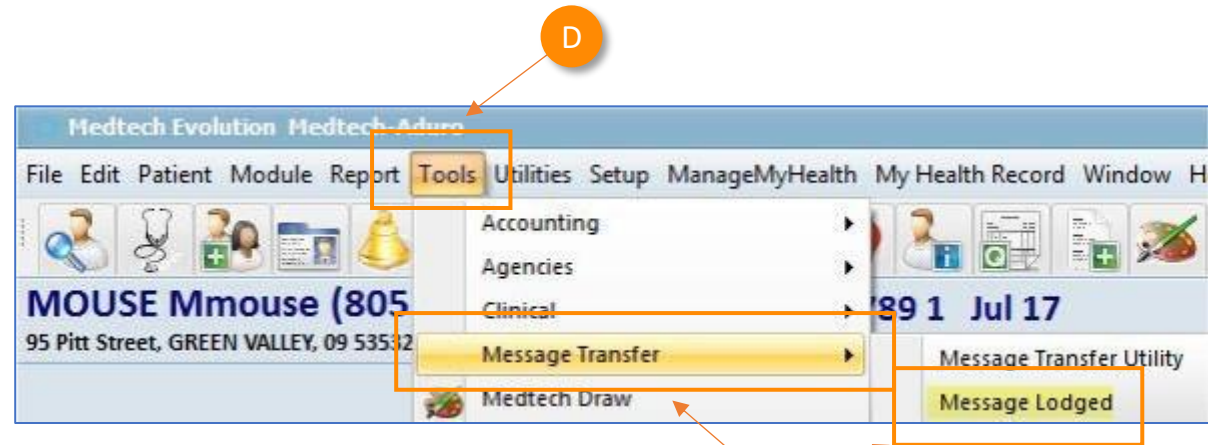
Date	Form Name	Prov	Status
31 Jul 2017	Vendor Test Form	ADM	Submitted
31 Jul 2017	Vendor Test Form	ADM	Parked

C

Step 6: View all submitted forms

D You can view a list of all submitted forms from the **Tools>Message Transfer>Message Lodged** menu. **E**

F From the Messages Lodged screen click on the Webforms tab to view a list of all submitted forms.



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

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.