

# HealthLink

User Guide

17.08.2025 MHP

# HealthLink SmartForms for MyHealthLink Portal

Welcome to HealthLink SmartForms. The smartest way for health professionals to submit Fitness to Drive medical assessments to Transport for New South Wales.



# HealthLink

# Submitting HealthLink SmartForms from MyHealthLink Portal

SmartForms enable **MyHealthLink Portal** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and you can manually upload to your Practice Software.

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## HealthLink Technical Support

Email: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

Phone: 1800 125 036

Step 1:

**Accessing HealthLink SmartForms**

Step 2:

**Launching a new form**

Step 3:

**Completing the form**

Step 4:

**Previewing, Submitting and Parking**

Step 5:

**Accessing parked and auto-saved forms**

Step 6:

**Accessing submitted forms**

## Step 1: Accessing HealthLink SmartForms

To access the forms within  
MyHealthLink Portal...

- A** Log in with your username and password\* - Each user is given an individual log in so that their provider details are prepopulated.
- B** Once logged in you're taken to the home screen (Inbox).
- C** Click on the **Compose New Message** icon to launch the HealthLink home page.

\*Note: You will need to apply for a HealthLink account where you will be issued with login details, once set up. Go the HealthLink website and click Sign Up to start this process.

**Welcome! Please Login**

User name  
pandafiv.lwright

Password  
.....

Login

[Forgotten password](#)

**HealthLink** connecting with care Settings Help pandafiv.lwright

Inbox Filter  
Received From dd/mm/yyyy To dd/mm/yyyy Patient Name enter first and/or last name  
Form Status New Ref ID enter reference ID Description enter description here  
Patient ID Search Reset

Items per page 10 Page 1 of 0 - 0 records

Reference ID	From	To	Patient's Name	Patient's ID	Description	Date Received	Status	Action
There are no records matching your criteria. Please change your search criteria and try again.								

**HealthLink** connecting with care Setting

Inbox Filter  
Received From  
**Compose New Message**  
Patient ID  
Click on the row to view the r

Reference ID	F
573*HealthLi..	D

## 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 **Transport for NSW**

#### Specialists, Allied Health Providers and GPs



**Specialists+Referrals** Refer to Private Specialist

Contact other health providers

#### General Services

NSW Certificate of Capacity

Compose a Letter or Report  
ReturnToWorkSA Work Capacity Certificate

#### Referred Services

ACT Public Outpatient and Community  
Austin Health  
Banyule Community Health  
Chris O'Brien Lifeline Services  
Eastern Health  
Hearing Australia Medical Certificate  
Mercy Hospital for Women  
My Aged Care Referral  
Northern NSW LHD - eReferrals  
NSW Health Outpatient Referrals  
NSW Health Outpatient referrals - Far West LHD  
NSW Health Outpatient referrals - Western Sydney LHD  
NSW Health Outpatient referrals - South Eastern Sydney LHD  
Radiology Referrals  
Spectrum Medical Imaging  
Sydney Local Health District Services  
Tasmanian Mental Health and Alcohol and Other Drugs  
Transport for NSW - MASP

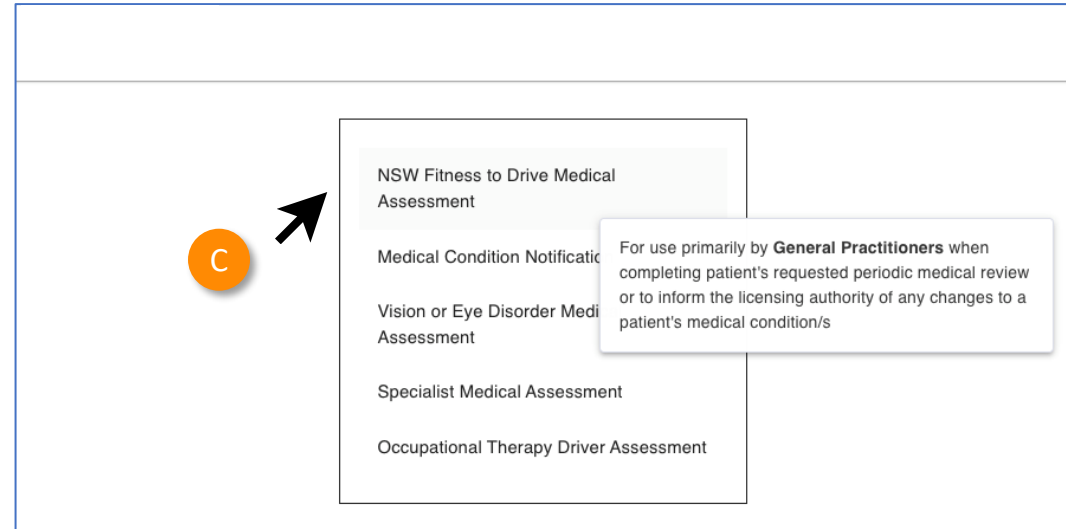
Application for ACT Approval to Prescribe Controlled Medicines  
Austin Health eReferrals  
ccCHIP - Cardiometabolic Health in Psychosis  
DPV Community Health  
Head to Health  
Medicare Mental Health (1800 595 212)  
Monash Health  
Northern Health  
Northern Sydney Local Health District Services  
NSW Health Outpatient referrals - Central Coast LHD  
NSW Health Outpatient referrals - Western NSW LHD  
NSW Health Outpatient referrals - Illawarra Shoalhaven LHD  
PRP Diagnostic Imaging  
SA Health  
Sydney LHD Women's Health and RPA Hospital Services  
Tasmanian Health Service  
Transport for NSW  
Wentworth Medical

B

## Step 2: Launching a new form

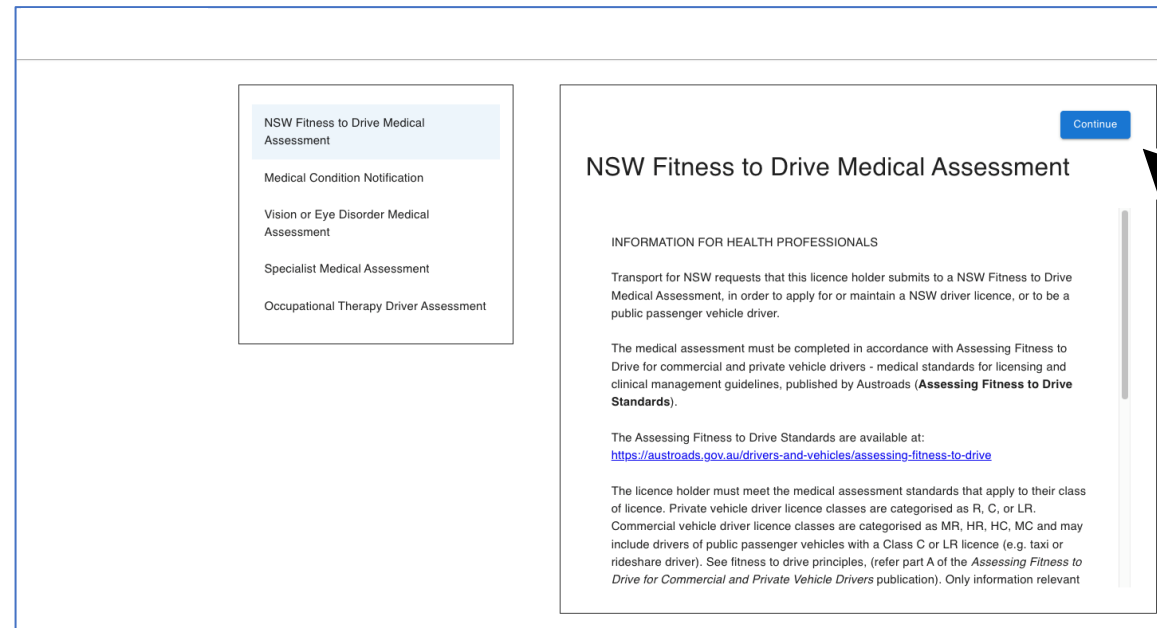
C

To launch the SmartForm, select the **NSW Fitness to Drive Medical Assessment** form from the list of available forms.



D

A pop-up information box for Health Professionals will appear next. Once you have read the information, click the **continue** box.



## Step 3: Completing the form

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

A

The **SmartForm layout** provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

B

**Mandatory Fields** must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

**Note:** Once you have ticked on the **patient consent obtained** box – the form will validate your patient's driver license number, and you will be able to proceed to their medical

NSW Fitness to Drive Medical Assessment

Medical Assessment Information Required

Attachments / Reports 0 files attached (0 KB)

Patient Information No patient name No patient ID available No date of birth

Recipient / Referrer Brett Mitchell

Driver Licence Verification

Driver licence number \* Date of birth \*

Patient consent obtained \* Validate / Retrieve Patient surname \*

Current medical assessment information

Name Date of birth Licence number Licence class Field of Practice \* General Practitioner Medical standard Assessing medical standard \* Private Commercial

Address Reason for medical

Continue with Medical Assessment

NSW Fitness to Drive Medical Assessment

Medical Assessment Information Required

Attachments / Reports 0 files attached (0 KB)

Patient Information No patient name No patient ID available No date of birth

Recipient / Referrer Brett Mitchell

Driver Licence Verification

Driver licence number \* Date of birth \*

Patient consent obtained \* Validate / Retrieve Patient surname \*

Current medical assessment information

Name Date of birth Licence number Licence class Field of Practice \* General Practitioner Medical standard Assessing medical standard \* Private Commercial

Address Reason for medical

Continue with Medical Assessment

**Patient Consent**

You confirm that you have obtained your patient's consent:

a. to complete this Transport for NSW medical form  
b. to disclose their personal and health information to Transport for NSW and/or to other medical professionals nominated by Transport for NSW.

OK

## Step 3: Completing the form

C

Once your patient's driver license number has been validated you will be able to continue with the **Medical Assessment**.

NSW Fitness to Drive Medical Assessment

**Medical Assessment** ⚠️  
Licence class: C  
Medical standard: Private

**Attachments / Reports**  
0 files attached (0 KB)

**Patient Information**

**Recipient / Referrer** ⚠️

**Driver Licence Verification** ^

☒ Driver licence number ☐ Customer number

Driver licence number \* 45232285

Date of birth \* 01/01/1980

☒ Patient consent obtained \* ⓘ Validate / Retrieve

Patient surname \*  
Name

**Current medical assessment information**

Name Patient Name

Date of birth 01/01/1980

Licence number 45232285

Licence class C

Field of Practice \* General Practitioner ▾

Medical standard Private

Assessing medical standard \* Private ▾

**Address**  
100 BUNGARRIBEE ROAD  
BLACKTOWN NSW 2148

**Reason for medical**  
Congenital Disorders

ⓘ Consider the nature of the driving task when performing this assessment. ⓘ

**Continue with Medical Assessment**

C

## Step 3: Completing the form

D

The SmartForm is responsive, and it will indicate which questions are mandatory as you move through your patient's medical assessment.

Medical Assessment

Licence class: C  
Medical standard: Private

Attachments / Reports

0 files attached (0 KB)

Patient Information

Recipient / Referrer

NSW Fitness to Drive Medical Assessment

Driver Licence Verification

VISION

Does the patient have a current vision or eye disorder? \* ?

Yes

No

CARDIOVASCULAR DISEASE

Does the patient have a cardiovascular condition(s)? \* ?

Yes

No

Please select the relevant condition(s) \*

Acute Myocardial Infarction

Aneurysms (Abdominal and Thoracic)

Angina

Anticoagulant Therapy

Atrial Fibrillation

Cardiac Arrest

Complicated Congenital Disorder

Coronary Artery Bypass Grafting

Dilated Cardiomyopathy

Heart Failure

Heart Transplant

Hypertension

Hypertrophic Cardiomyopathy

Implantable Cardiac Defibrillator (ICD)

Pacemaker

Paroxysmal Arrhythmias

Percutaneous Coronary Intervention (PCI)

A person may drive without restriction and without reporting to the driver licensing authority if they have uncomplicated congenital heart disease and there are no or minimal symptoms relevant to driving.

Submit

Preview

Park

Help

D

©HealthLink

8



## Step 3: Completing the form

### Attachments / Reports

- E** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.
- F** 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...**
  - G** • stored in your **computers local files** by clicking the **browse** button and select **open to attach**.

The screenshot shows the 'NSW Fitness to Drive Medical Assessment' form. On the left sidebar, the 'Attachments / Reports' tab is selected, indicated by an orange circle 'E'. Below it, the 'Patient Information' section is highlighted with an orange circle 'F', showing fields for patient name, ID, and date of birth. The main content area is titled 'Local File Attachments' and includes a 'Browse' button, highlighted with an orange circle 'G'. A table below the button shows 'No Local Files Selected' and a note to click 'Browse' to add local files. The table has columns for Name, Date, Comments, Type, and Size (KB).

This screenshot shows the same form as above, but with a file selection dialog open over the 'Browse' button. The dialog displays a list of files under the 'Test Patient' folder, including 'Test Patient', 'Test Patient 2', and 'Test Patient 3', each with a size of 13 KB and a date added of 'Today at 2:14 pm'. The dialog also shows a sidebar with locations like 'Favourites', 'Recents', 'Downloads', 'iCloud', 'Documents', 'Desktop', and 'Shared'. The 'Open' button is visible at the bottom right of the dialog.

## Step 3: Completing the form


### Patient information

**H** Patient information will be pre-populated by the SmartForm in the **Patient information** tab.



NSW Fitness to Drive Medical Assessment


Submit Preview Park Help

Medical Assessment   
Licence class: C  
Medical standard: Private

Attachments / Reports  
0 reports selected (0 KB)  
0 files attached (0 KB)


**Patient Information**

No patient ID available  
01/01/1980


Recipient / Referrer 

**Patient Information**

Medicare number


Date of birth\*  
01/01/1980 

Pension number

**Name** Patient Name 

First name \*  
Patient

Last name \*  
Name

**Residential Address:** 13 Test Street, Sydney, NSW, 2000  
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1 \*  
13 Test Street


Address line 2

Suburb  
Sydney

State \*  
NSW

Postcode  
2000

**Postal Address**  
Same as residential  
☐ Yes ☒ No

**Postal Address:** 13 Test Street, Sydney, NSW, 2000  
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1 \*  
13 Test Street

©HealthLink

10

## Step 3: Completing the form

### Recipient / Referrer

**L** Recipient / Referrer information will be pre-populated by the SmartForm in the **Recipient / Referrer** tab.

**Note:** Before submitting please double check your medical practitioner information is correct.

You can assess a person's fitness to drive in NSW if you're a registered medical practitioner or specialist. This includes general practitioners, specialists, optometrists, ophthalmologists and allied health professionals.



HL

NSW Fitness to Drive Medical Assessment

Submit Preview Park Help

Medical Assessment  
Information Required ▲

Attachments / Reports  
0 reports selected (0 KB)  
0 files attached (0 KB)

Patient Information  
Patient Correct ▲

**Recipient / Referrer**  
Patient Name  
0000000Y

**Medical Practitioner Information**

Medicare Provider Number \*  
0000000

Medical Registration Number

Full Name: Patient Name ⓘ

**Name:** Patient Name ^

First name \*  
Patient

Last name \*  
Name

Practice name \*  
HealthLink Townsville

**Practice Address:** 13 Test Street, Suite, Sydney, NSW, 2000 ^

Address line 1 \*  
13 Test Street

Address line 2  
Suite

Suburb  
Sydney

State \*  
NSW

Postcode  
2000

Practice telephone \*  
0244015650

Email \*  
name@patient.com

Practice fax  
0244015651

FNI

## Step 4: Previewing, Submitting and Parking

### Previewing

**A** When you are ready to review your form, check the **Declaration** tick box.

## NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

Review period recommendation

TfNSW Default

**i** TfNSW Default means that TfNSW will determine the review frequency based on the patient's medical condition(s), the AFTD or age-related policy. Alternatively, you can select a bespoke review period.

### Driving assessment recommendation/s (if applicable)

- ☐ Transport for NSW practical driving test
- ☐ Occupational Therapist Driver assessment
- ☒ None

### Recommended licence condition/s (if applicable)

- ☐ Downgrade to a lower class of licence
- ☐ Daylight hours only
- ☒ May only drive automatic vehicles
- ☐ Radius restrictions

Recommend other licence condition/s:

### Specialist review recommendation/s (if applicable)

Recommend other specialist/s review:

Ophthalmologist

TfNSW will create an immediate request for a specialist review to be conducted. Please arrange a referral/s.

- ☐ Any additional comments on conditions likely to affect driving? **i**

**i** NOTE: Additional comments not required if condition(s) has already been assessed on this form

## DECLARATION

- ☒ Applicant declaration read and accepted. **i**

**Advise the Customer that the Medical Report can be printed for them, emailed to them or that a copy can be obtained on application from a Service NSW centre.**



## Step 4: Previewing, Submitting and Parking

### Previewing

- B** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- C** If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it. You can click on each error in the **please fix the following errors** box and the form will take you directly to the required field.
- D** You can scroll through any errors by using the **Go to Error** function on the bottom left hand corner of the SmartForm.

## NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

⚠ Please fix the following errors:

### Medical Assessment

- [Seizure or Epilepsy]: Does the patient have epilepsy? is a required field
- [Neurological Condition]: Does the patient have vestibular, neurological or other neurodevelopmental disorders? is a required field
- [Sleep Disorder]: Does the patient have established sleep apnoea syndrome, narcolepsy, or excessive sleepiness? is a required field
- [Mental Health]: Does the patient have a chronic psychiatric condition of such severity that may impact safe driving? is a required field
- [Musculoskeletal Disorder]: Does the patient have a musculoskeletal disorder that may impact on safe driving? is a required field
- [Substance Use Disorder]: Does the person have an alcohol use disorder such as alcohol dependence or heavy frequent alcohol use or a substance use disorder such as substance dependence or other substance use that is likely to impair safe driving? is a required field
- [Medications]: Is the patient taking multiple medications that may affect driving? is a required field
- [Treatment History]: When did you first treat the patient? is a required field
- [Treatment History]: When did the patient first attend this practice? is a required field
- [Treatment History]: Did you have any knowledge of the patient's medical history before undertaking this assessment? is a required field
- [Recommendations]: Please complete the Recommendations section
- [Declaration]: Applicant declaration read and accepted is a required field

### Recipient / Referrer

- Medicare Provider Number is a required field

### SEIZURE OR EPILEPSY

Does the patient have epilepsy? \* ⓘ

☐ Yes ☐ No

### NEUROLOGICAL CONDITION

Does the patient have vestibular, neurological or other neurodevelopmental disorders? \* ⓘ

☐ Yes ☐ No

### SLEEP DISORDER

Does the patient have established sleep apnoea syndrome, narcolepsy, or excessive sleepiness? \* ⓘ

☐ Yes ☐ No

### Goto Error:

< Previous

Current

Next >

## Step 4: Previewing, Submitting and Parking

### Previewing / Parking

**E** Click Preview. A pop-up **Preview** will appear for your review.

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

**F** And if you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.

## NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

HL

The screenshot displays the 'NSW Fitness to Drive Medical Assessment' form. A 'Preview' pop-up window is open, showing a summary of the assessment. The pop-up includes a 'Print' button, a 'Submit' button, and a 'Close' button. The main form in the background shows the 'Medical Assessment' section with a 'No Errors Found' message. The 'Medical Practitioner Information' section includes fields for 'Medicare Provider Number' (000000000), 'Full Name' (Brett Mitchell), 'Name' (Brett Mitchell), 'Practice name' (Furious Five Psych), and 'Practice Address' (4/69 eyre Street). The 'Patient Information' section includes fields for 'Address line 1' (4/69 eyre Street), 'Suburb' (NORTH WARD), 'State' (Queensland), 'Postcode' (4810), 'Practice telephone' (+61 04 17728660), and 'EDR' (suportal). The 'Preview' pop-up contains the following text:

**The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.**

**Assessment Statement**  
This assessment has been completed in accordance with 'Assessing Fitness to Drive'. The standards can be viewed at <https://www.austroads.gov.au>

**Privacy Statement**  
Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsans Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies. If your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or rideshare service providers under the Passenger Transport Act 2014 (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

**NSW Fitness to Drive Medical Assessment - Transport for NSW**

**Patient:** , 45yrs, DOB 01/01/1980,

**Residential address**

**Postal address:** , ,

**Referred by:**

**Medical Assessment Information**

**Driver Licence Verification**

**Driver licence number:** 45232285

## Step 4: Previewing, Submitting and Parking

### Submitting

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

Preview

Print

Submit

Close

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

G

Submitted

Print

H

Form sent on 04/07/2025 09:34 AEDT

#### Assessment Summary

Report has been forwarded to Transport for NSW for processing.

*For any enquires please contact Service NSW on 132213*

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

## Step 5:

# Accessing parked and auto-saved forms

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



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

HealthLink connecting with care Settings Help

pandafiv lwright

Parked Filter

Created From 28/09/2023 To dd/mm/yyyy Patient Name enter first and/or last name

Form Type Ref ID enter reference ID Description enter description here

Patient ID Search Reset

Parked (Drafts) to view the record Items per page 10 Page 1 of 1 - 1 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Date Updated	Action
WSLH-20	nswwheref			Gynaecology Clinics	nswwsilhd	28/09/2023 11:54 AEST	

Form Type

Patient ID

Parked (Drafts) to view the record

Reference ID

WSLH-20



Step 6:

# Accessing submitted forms

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

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

HealthLink connecting with care Settings Help pandafivlwright

Submitted Items Filter

Sent From 28/09/2023 To dd/mm/yyyy Patient Name enter first and/or last name

Form Type Ref ID enter reference ID Description enter description here

Patient ID Search Reset

Items per page 10 Page 1 of 0 - 0 records

Reference ID To Patient's Name Patient's ID Description Type Ack Status Date Submitted

Submitted Items

There are no records matching your criteria. Please change your search criteria and try again.

HealthLink connecting with care Settings Help pandafivlwright

Submitted Items Filter

Sent From dd/mm/yyyy To dd/mm/yyyy Patient Name enter first and/or last name

Form Type Ref ID enter reference ID Description enter description here

Patient ID Search Reset

Click on the row to view the record Items per page 10 Page 1 of 2 - 16 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Ack Status	Date Submitted
SAH-2799	saherefs	Monica Bing	123456792	Dental - Paediatrics	sahealth	Acknowledged	08/09/2023 14:40 AEST
SR-2754	Medical Director	Laura Wright	122345452	Specialist Referral	cervinsr	Acknowledged	08/11/2022 09:54 AEST
SR-2753	Best Practice	Laura Wright	122345452	Specialist Referral	cervinsr	Acknowledged	08/11/2022 09:53 AEST
SR-2703	Genie Solutions	Laura Wright	122345452	Specialist Referral	cervinsr	Waiting for ack	07/11/2022 09:51 AEST
SR-2664	Genie Solutions	Laura Wright	122345452	Specialist Referral	cervinsr	Waiting for ack	03/11/2022 10:23 AEST

## Technical Support

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)

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Clanwilliam

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