

User Guide

01.11.2025-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.



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:

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Step 3:

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Step 4:

Parking, Previewing and Submitting

Step 5:

Accessing parked and auto-saved forms

Step 6:

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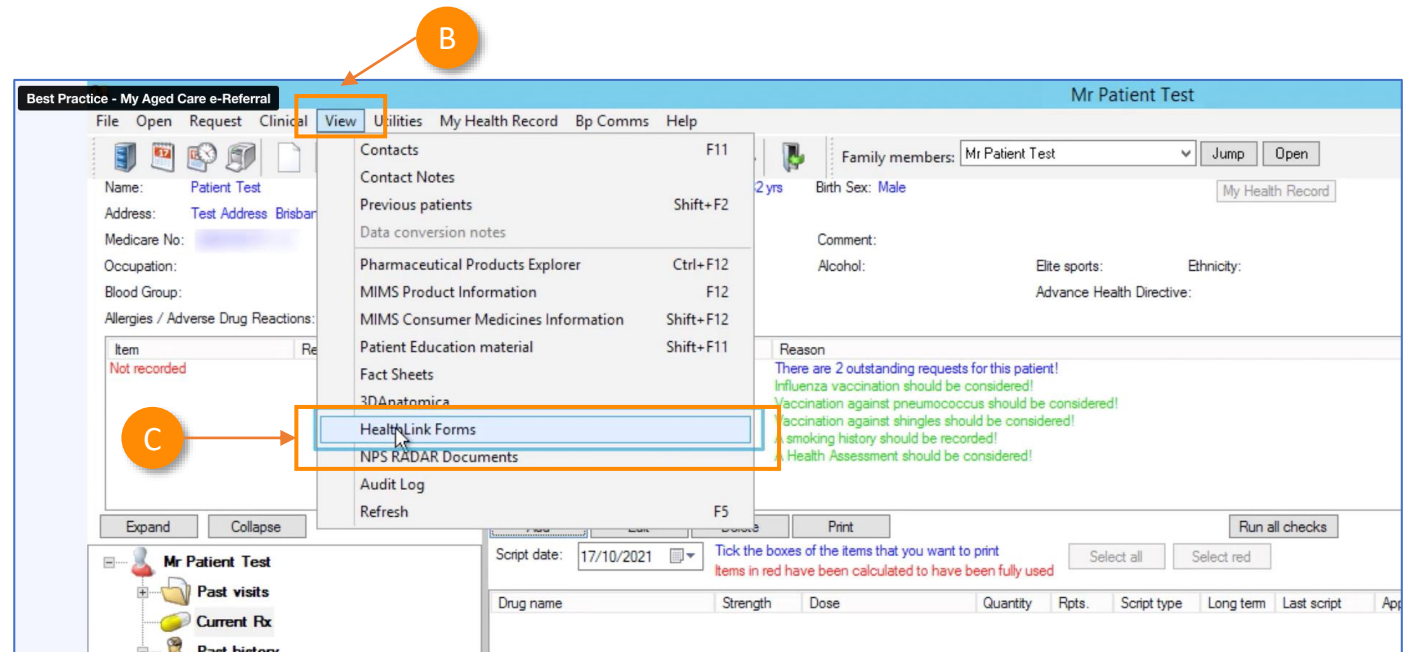
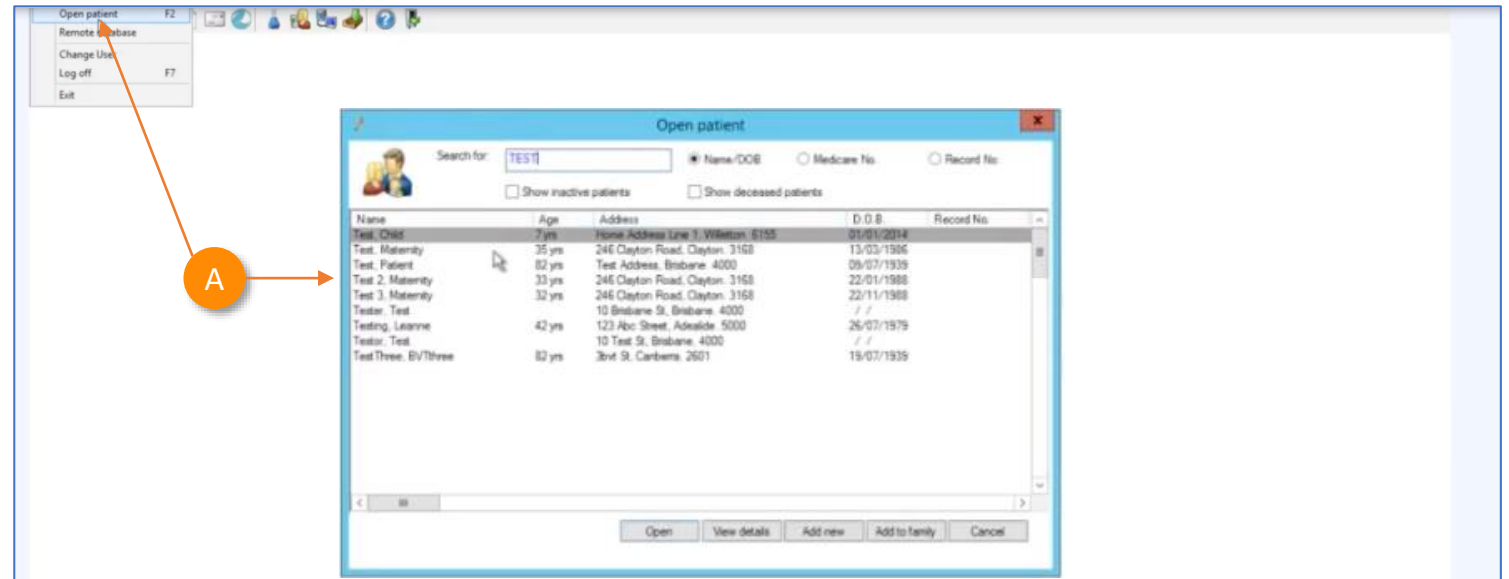
Step 7:

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.

The screenshot shows a patient record window. The top menu bar includes 'File', 'Open', 'Request', 'Clinical', 'View', 'Guides', 'My Health Record', 'bp.com.au', and 'Help'. Below the menu bar is a toolbar with various icons. The 'HL' icon (HealthLink) is highlighted with a red box. An arrow points from a red circle labeled 'D' to the 'HL' icon. The patient information section displays: 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: . There are 'Jump' and 'Open' buttons next to the 'Family members' dropdown menu.

The screenshot shows the 'HealthLink Forms - Mr Patient Test' window. The top menu bar includes 'File', 'View', and 'Help'. Below the menu bar is a toolbar with various icons. The 'New Form' button is highlighted with a red box. An arrow points from a red circle labeled 'E' to the 'New Form' button. The window displays a table with the following data:

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

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

Contact other health providers	Refer / Contact other health providers
Refer to other health providers	

General Services

ReturnToWorkSA Work Capacity Certificate	NSW Certificate of Capacity
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Referred Services

ACT Public Outpatient and Community Austin Health Banyule Community Health Chris O'Brien Lifehouse Services Eastern Health Head to Health Medicare Mental Health (1800 995 212) 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 Mercy Hospital	Application for ACT Approval to Prescribe Controlled Medicines Austin Health eReferrals ccCHP - Cardiometabolic Health in Psychosis DPV Community Health EMR API Test App Hearing Australia Medical Mercy Hospital for Women <u>My Aged Care Referral</u> Northern NSW LHD eReferrals 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 - Staging
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The My Aged Care form can be used to send a referral for government-funded aged care services directly to the Department of Health, Disability and Ageing.

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 data has been entered, with a red asterisk highlighting the 'Date of birth' field as a mandatory field.

Top Screenshot:

- Requested Information:** My Aged Care Referral. Form has been auto-saved.
- Attachments / Reports:** No reports selected. No files attached.
- Patient Information:** ALPHABET TEST. No patient ID available. 12/11/1978.
- Referrer Information:** Medical Director.
- 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.
- 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. Form has been auto-saved.
- Attachments / Reports:** No reports selected. No files attached.
- Patient Information:** ALPHABET TEST. No patient ID available. 12/11/1978.
- Referrer Information:** Medical Director.
- 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. 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. Phone number must be numeric only with no spaces. An area code must be provided for all landline numbers. Work 0809888889. Home 0809888888. Mob 0404040404. 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 ▲

Attachments / Reports ▲

Patient Information ▲

Referrer Information ▲

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

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* ⓘ

☒ Yes ☐ No

Preferred Language*

Other Asian Language...

If other, please specify

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

Step 3:

Completing the form

E

You can now select 'End-of-life care' under the Support at Home program as a referral reason from the drop-down menu.

F

If you select 'End-of-life care' you must complete and upload the 'End-of-Life Pathway Form' available on the Department of Health, Disability and Ageing's website

The screenshot shows the 'My Aged Care Referral' form. The left sidebar contains sections: 'Requested Information' (My Aged Care Referral), 'Attachments / Reports' (No reports selected, No files attached), 'Patient Information' (No patient name, No patient ID available, No date of birth), and 'Referrer Information'. The main content area has sections: 'About the patient' (Interpreter Required, Preferred Language, Can patient be contacted by phone?, Usual living arrangement, Accommodation type, Does patient have a carer/support person?), 'Referral details' (Referral reason, Why does the patient need an assessment or access to aged care), and a 'Please note' section. A dropdown menu for 'Referral reason' is open, showing options: 'Please Select', 'Hospital Discharge', 'Fall(s) or risk of falling', 'Change in medical condition', 'Change in cognitive status', 'Change in care needs', 'Increasing frailty', 'Change in caring arrangements', 'Change in living arrangements', 'Vulnerable Client', 'Other', and 'End-of-life care'. An arrow points to the 'End-of-life care' option.

E

This screenshot shows the 'Referral details' section of the form. The 'Referral reason' dropdown menu is set to 'End-of-life care'. Below it, a text box contains the text 'End-of-life care'. An arrow points to this text box.

F

F

Step 3: Completing the form

Fixing any errors

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

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

- H** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.
 - I** You can select any item from the **table** – showing you patient medical records captured from the **last six months**.
- Or you can **browse for files...**
- J** • stored in your Practice Management Software by clicking the **Browse for Patient Document** button. This is where you will find all the files in the patient record.
 - K** • **Note:** This list displays attachments from the **last 6 months only**.
 - L** • **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.' and a 'Diagnostic Reports / Patient Documents' section with buttons for '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'. It lists four HTML files and one RTF file. Callout H points to the 'Attachments / Reports' tab. Callout I points to the table of attachments. Callout J points to the 'Browse for Patient Document' button. Callout K points to the 'Attach File' dialog box. Callout L points to the 'Browse for Local File' button.

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

M

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. A green status bar at the top indicates 'Form has been auto-saved.' A warning message states: '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.' The 'Referrer Information' section shows 'Medical Director2'. The 'Diagnostic Reports / Patient Documents' section has buttons for 'Browse for Patient Document' and 'Browse for Local File'. A file upload dialog titled 'Choose File to Upload' is open, showing a list of folders and files. An orange arrow points from the 'Browse for Local File' button to the file dialog. Another orange arrow points from a circled 'M' in the top right corner to the 'Add File Attachment' section.

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

☐	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 3: Completing the form

Patient Information

N

If your patient is an Aboriginal or Torres Strait Islander person who is 50 or over, they can register their preference to receive an aged care assessment through an Aboriginal and Torres Strait Islander assessment organisation (if one is available in their area).

N

myagedcare My Aged Care Referral

Requested Information ⚠
My Aged Care Referral

Attachments / Reports
No reports selected
No files attached

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

Referrer Information ⚠
Brett Mitchell

DVA card type
Please Select

Name*
▼ No patient name specified

Title
Please Select

First name*
[Text Box]

Last name*
[Text Box]

Gender*
Please Select

Patient's Indigenous status*
Please Select

Does the client prefer a First Nations Assessment Organisation for their assessment? ☒ Yes ☐ No

Gender*
Please Select

Patient's Indigenous status*
Please Select

Does the client prefer a First Nations Assessment Organisation for their assessment? ☒ Yes ☐ No

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 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 section. An orange arrow points from a circle labeled 'B' to the 'Park' button in the top right corner, 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.

myagedcare My Aged Care Referral

Form has been auto-saved.

Attachments / Reports: No reports selected. No files attached.

Patient information: LANGUAGE TEST, 4915017051, 01/01/1950

Referrer information: Medical Director

Diagnostic Reports / Patient Documents: 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.

Attachments / Reports: No reports selected. No files attached.

Patient information: LANGUAGE TEST, 4915017051, 01/01/1950

Referrer information: Medical Director

Diagnostic Reports / Patient Documents: 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): Allied health/Other (specify): Physio
- Domestic Assistance

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: hmdnuat

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
4915017051 1
9/10/1950

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
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 1/11/2025 10:26 AEST

Print

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.

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 HealthLink software interface for a patient named 'Mr Patient Test'. The 'View' menu is open, and 'HealthLink Forms' is highlighted. The interface includes a top menu bar, a left sidebar with patient record sections, a main content area with patient details and a list of visits, and a bottom section with filters and a table of visits.

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 Sidebar (Mr Patient Test):

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

Main Content Area:

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	//

Accessing parked 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.



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 shows the MedicalDirector Clinical 4.0 interface for a patient named 'MR TEST PATIENT (71yrs 6mths)'. The 'HealthLink' tab is selected, indicated by an orange box and label 'E'. Below the patient information, there is a table of forms. The first row is highlighted in blue and labeled 'F', showing a 'Parked' form from 8/07/2021 12:28:53 p.m. A mouse cursor is hovering over this row. Other rows show 'Submitted' and 'Autosaved' forms. At the bottom, there is a section for previously submitted forms, labeled 'G', which is currently empty.

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

Name: Patient Test D.O.B.: 09/07/1939 Age: 82 yrs Birth Sex: Male

Address: Test Address Brisbane 4000

Medicare No.: No.: DVA No.: Comment: Elite sports: Ethnicity: Advance Health Directive:

Blood Group: Tobacco: Alcohol:

Allergies / Adverse Drug Reactions: Reactions

Notifications:

Item	Reaction	Severity	Type	Due	Reason
Not recorded			Outstanding requests	02/08/2021	There are 2 outstanding requests for this patient!
			Preventive health	18/10/2021	Influenza vaccination should be considered!
			Preventive health	18/10/2021	Vaccination against pneumococcus should be considered!
			Preventive health	18/10/2021	Vaccination against shingles should be considered!
			Preventive health	18/10/2021	A smoking history should be recorded!
			Preventive health	18/10/2021	A Health Assessment should be considered!

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	cervinmd	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	cervinmd	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		

F5

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, and Help. The patient's details are shown in a form with fields for Name, Address, Medicare No., Record No., DOB, Age, Sex, Phone, Mobile, and various health indicators like Tobacco, Alcohol, and Blood Group. A left-hand navigation pane lists categories such as Immunisations, Investigation reports, Correspondence in, Correspondence Out, Post prescriptions, Observations, Family/Social history, and Clinical images. The main area on the right shows a 'Referral Sent and Acknowledged' message dated 12/10/2019 11:24 NZDT. Below this, a 'My Aged Care Referral' section provides patient details and a confirmation number. A mouse cursor points to the bottom right corner of the window, where a timestamp '2/10/2019 11:23:01 a.m.' is visible. An orange circle with the letter 'C' is overlaid on the bottom right of the screenshot.

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



Helpdesk

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

HealthLink^{*}

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.