

User Guide

01.11.2025-MD

My Aged Care e-Referrals for MedicalDirector Clinical

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 Medical Director Clinical 3.16 or above to access the HealthLink SmartForms.

Submitting e-Referrals from MedicalDirector Clinical

Using HealthLink SmartForms

SmartForms enable **MedicalDirector** users to easily refer and engage with all HealthLink SmartForm service providers including My Aged Care.

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

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:

Accessing HealthLink SmartForms (e-Referrals)

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Parking, Previewing and Submitting

Step 5:

Accessing parked and auto-saved forms

Step 6:

Accessing submitted forms

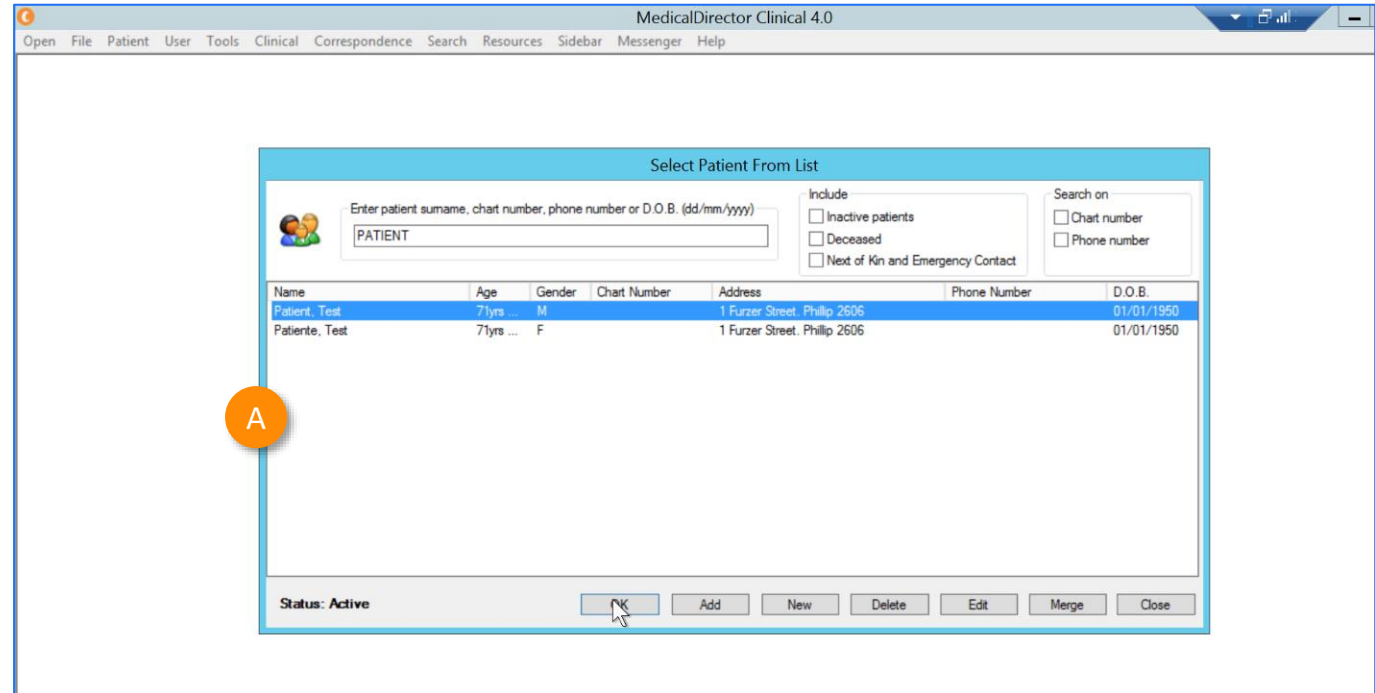
Step 7:

What happens after an e-Referral has been made?

Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your
MedicalDirector software...

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



MedicalDirector Clinical 4.0

Open File Patient User Tools Clinical Correspondence Search Resources Sidebar Messenger Help

Select Patient From List

Enter patient surname, chart number, phone number or D.O.B. (dd/mm/yyyy)

PATIENT

Include

- ☐ Inactive patients
- ☐ Deceased
- ☐ Next of Kin and Emergency Contact

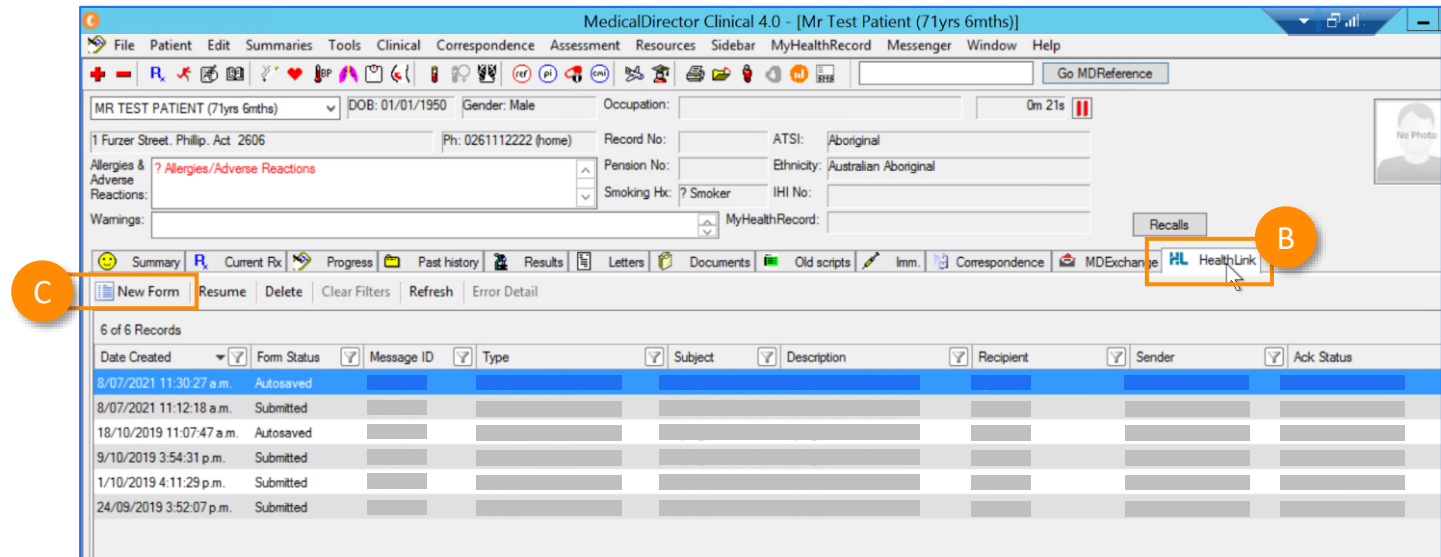
Search on

- ☐ Chart number
- ☐ Phone number

Name	Age	Gender	Chart Number	Address	Phone Number	D.O.B.
Patient, Test	71yrs ...	M		1 Furzer Street, Phillip 2606		01/01/1950
Patiente, Test	71yrs ...	F		1 Furzer Street, Phillip 2606		01/01/1950

Status: Active

Buttons: Add, New, Delete, Edit, Merge, Close



MedicalDirector Clinical 4.0 - [Mr Test Patient (71yrs 6mths)]

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Messenger Window Help

MR TEST PATIENT (71yrs 6mths) | DOB: 01/01/1950 | Gender: Male | Occupation: | On 21s

1 Furzer Street, Phillip, Act 2606 | Ph: 0261112222 (home) | Record No: | ATSI: Aboriginal

Allergies & Adverse Reactions: ? Allergies/Adverse Reactions | Ethnicity: Australian Aboriginal

Warnings: | Smoking Hx: ? Smoker | IHI No: | MyHealthRecord: | Recalls

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Correspondence | MDExchange | **HealthLink**

New Form | Resume | Delete | Clear Filters | Refresh | Error Detail

6 of 6 Records

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status
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 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.

The screenshot shows the 'Make a referral' page with tabs for 'Make a referral' and 'Update referrals'. The page is divided into three main sections: 'Specialists, Allied Health Providers and GPs', 'General Services', and 'Referred Services'.

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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A callout box points to the 'My Aged Care Referral' link in the 'Referred Services' section, stating: '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. A red circle 'A' points to the sidebar. The bottom screenshot shows the form with more fields visible, including a red circle 'B' pointing to a field.

myagedcare My Aged Care Referral

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 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

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.*

If not patient, consent is provided by

About the patient

Interpreter Required* ☐ Yes ☐ No

Preferred Language*

If other, please specify

Can patient be contacted by phone? ☐ Yes ☐ No

Usual living arrangement

Accommodation type

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

Referral details

Referral reason*

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

Patient Information

Date of birth*

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*

Patient's Indigenous status*

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 0809888888, Home 0809888888, Mob 0404040404

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

☐ Work 0809888888 ☐ 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**.

The screenshot shows the 'My Aged Care Referral' form. At the top, a green banner indicates 'Form has been auto-saved.' Below this, 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 warning lists the following fields: Patient Information - Contact Details - Work, Patient Information - Contact Details - Home, and Referrer Information - Last name. The form is divided into sections: Requested Information, Attachments / Reports, Patient Information, and Referrer Information. The Patient Information section includes fields for Date of birth, Medicare number, DVA number, DVA card type, Name, Gender, Patient's Indigenous status, Residential Address, and Contact Details. The Contact Details section includes a dropdown for 'Select preferred phone contact' and radio buttons for Work, Home, Mobile, and Other. The Referrer Information section includes fields for Referrer name and Referrer contact details.

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

Other Southwest and Centr...

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: 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 'End-of-life care'.

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? **i** ☐ Yes ☒ No

Referral details

Referral reason* **Hospital Discharge**

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

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: **i**

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 ▼

Left sidebar:

- Requested Information** **My Aged Care Referral**
- Attachments / Reports**
No reports selected
No files attached
- Patient Information**
LANGUAGE TEST
4915017051 1
01/01/1950
- Referrer Information**
Medical Director

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 'Attachments / Reports' tab is selected, displaying a table of attachments. The 'Attach File' dialog box is open, showing a table of attachments from the patient record. The table has columns for Date, Name, Comments, Type, and Size. The attachments listed are AduroForm.html files from 2022 and 2023, and a Letter.rtf file from 2022. The dialog box also has fields for Name, Date from, Date to, and buttons for Search, Attach, and Cancel.

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. On the left sidebar, there are sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The main area contains a green status bar indicating 'Form has been auto-saved.' and an orange warning box stating that information has been modified for submission. Below this, there are 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 in the 'Medical Director' directory. An orange arrow points from the 'Browse for Local File' button to the dialog. Another orange arrow points from a circled 'M' in the top right corner to the 'Add File Attachment' section, which includes a 'New file attachment' input field, 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 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*

Last name*

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 for 'Browse for Patient Document' and 'Browse for Local File', followed by instructions on what to attach and supported file formats. At the bottom, there is a table header with columns for Date, Name, Document Description, Type, and Size, and a note that no records were found. In the top right corner, the 'Park' button is highlighted with a blue box and an orange arrow points from label 'A' to it.

This is an identical screenshot of the 'myagedcare' 'My Aged Care Referral' form as above. It shows the same layout, messages, and form fields. An orange arrow points from label 'B' to the 'Park' button in the top right corner.

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

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

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: hmdmuaat

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

Submit

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 the **HealthLink** tab.

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.

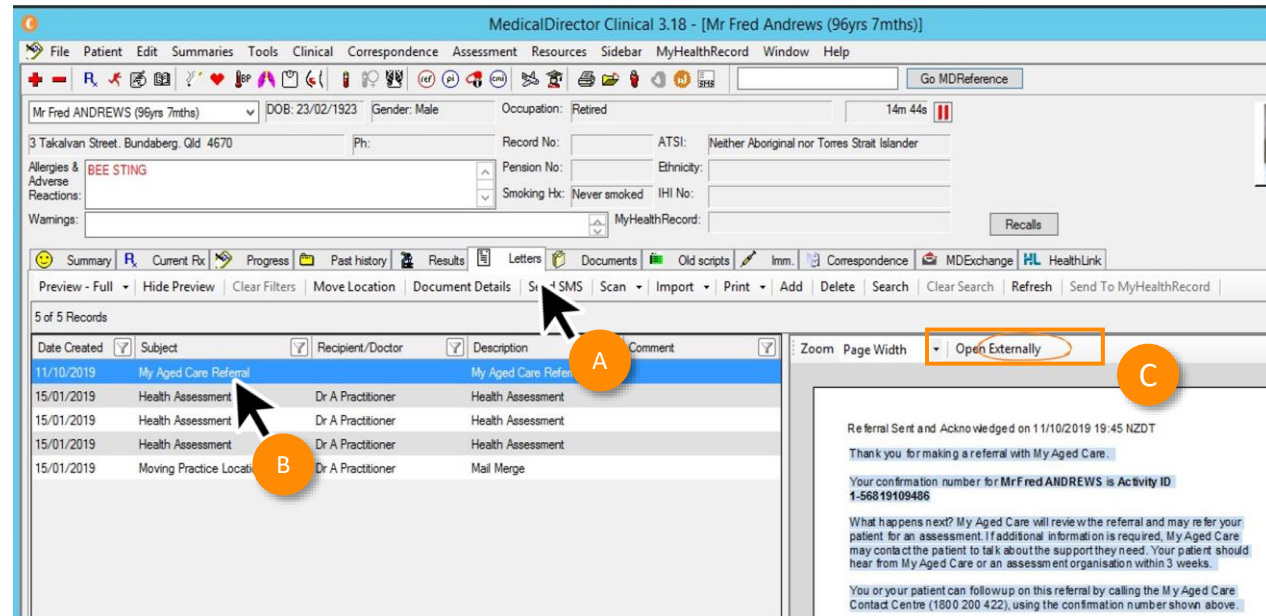
C You can also use this area to see previously **submitted** forms.

The screenshot shows the MedicalDirector Clinical 3.18 interface for a patient named Mr Fred ANDREWS (96yrs 7mths). The interface includes a menu bar, a toolbar, and a main content area. The **HealthLink** tab is selected and highlighted with an orange box and label **A**. Below the tab, there is a list of 7 records. The first record, dated 11/10/2019 7:35:48 p.m., is an **Autosaved** form titled **MAC-2708** and is highlighted with a blue background. A mouse cursor is pointing at this record, with a label **B** next to it. The second record, dated 5/07/2019 7:07:34 p.m., is also an **Autosaved** form titled **MAC-2708** and is highlighted with a blue background. A label **C** is next to it. The third record, dated 5/07/2019 6:13:58 p.m., is an **Autosaved** form titled **MAC-2708** and is highlighted with a blue background. The fourth record, dated 29/05/2019 5:00:16 p.m., is a **Parked** form titled **SLD-3095** and is highlighted with a blue background. The fifth record, dated 17/05/2019 5:33:31 p.m., is an **Autosaved** form titled **MHS-2601** and is highlighted with a blue background. The sixth record, dated 15/04/2019 5:30:29 p.m., is an **Autosaved** form titled **ACT Health** and is highlighted with a blue background.

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status
11/10/2019 7:38:05 p.m.	Submitted	MAC-2709	My Aged Care Referral	My Aged Care Re...	My Aged Care Referral	agedcfm	Dr Medical Director	Acknowledged
11/10/2019 7:35:48 p.m.	Autosaved	MAC-2708	My Aged Care Referral	My Aged Care Re...	My Aged Care Referral	agedcfm		
5/07/2019 7:07:34 p.m.	Autosaved	MAC-2708	Eastern Health Referral	Community Reha...	Eastern Health Referral Form	easthoda		
5/07/2019 6:13:58 p.m.	Autosaved	MAC-2708	Eastern Health Referral	Community Reha...	Eastern Health Referral Form	easthoda		
29/05/2019 5:00:16 p.m.	Parked	SLD-3095	Sydney Local Health District Ser...	Haematology	Sydney Local Health District Ser...	slhdhaem		
17/05/2019 5:33:31 p.m.	Autosaved	MHS-2601	Mater Health Services	Dermatology - Dr ...	Mater Health Services	matetfm		
15/04/2019 5:30:29 p.m.	Autosaved	ACT Health	ACT Health	Cardiothoracic Su...	ACT Health	acthealt		

Step 6: Accessing submitted forms

- A** A copy of the submitted form can be viewed by selecting the **Letters** tab
- B** and then **Double-clicking the submitted form**.
- C** Alternatively, if you have the preview panel enabled, simply click the **Open Externally** button on the letter preview.

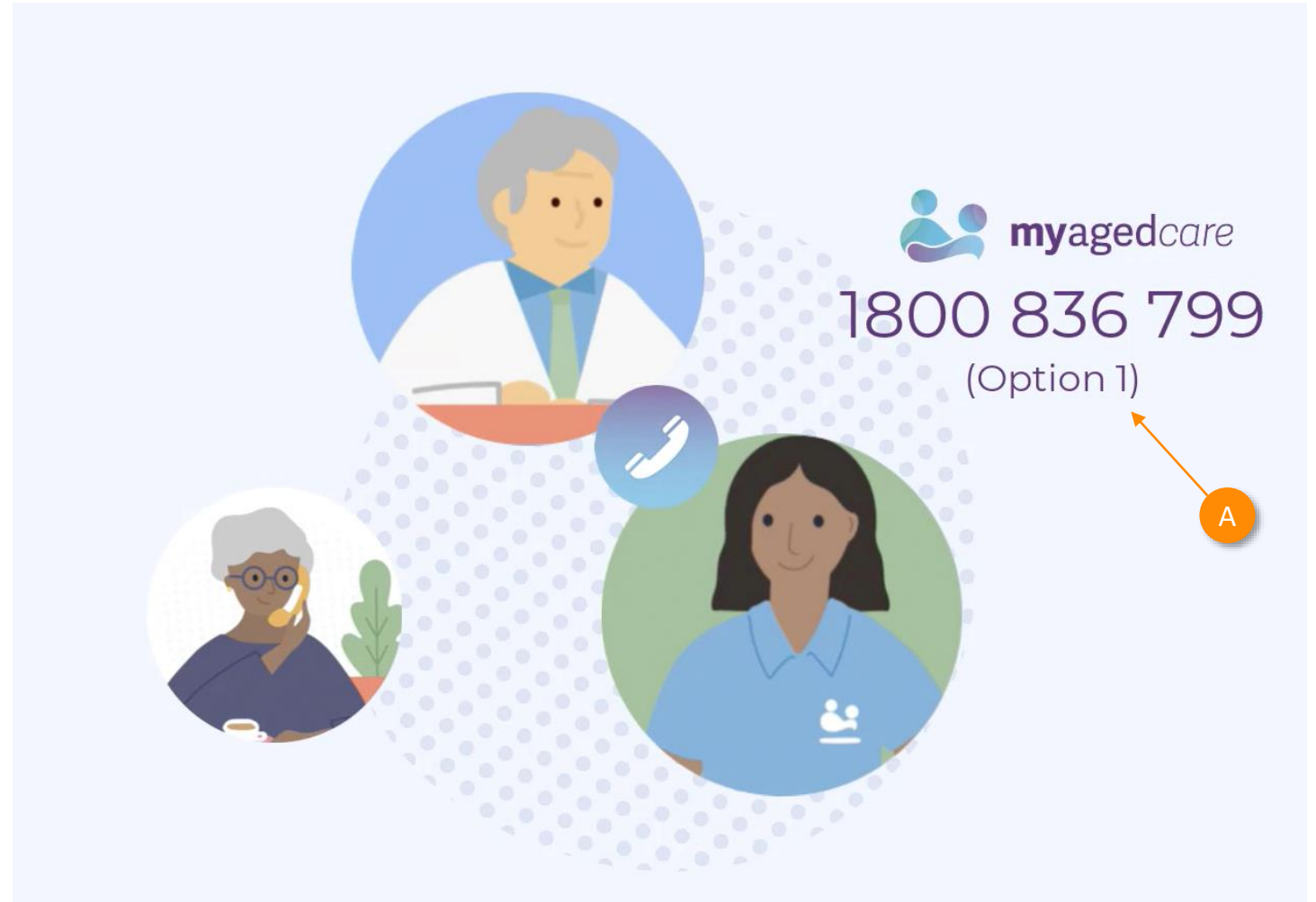


Step 7:

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.