

User Guide

01.11.2025-MTE

My Aged Care e-Referrals for Medtech Artia

Welcome to My Aged Care e-Referrals via HealthLink SmartForms.
The easiest and smartest way for health professionals to refer patients to
My Aged Care for an Aged Care assessment.

For more information go to:
<https://www.healthlink.com.au/my-aged-care>

Your practice must be running Medtech Artia v1 and above to access the HealthLink SmartForms.



Submitting e-Referrals from Medtech Artia

Using HealthLink SmartForms

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

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

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:

Accessing HealthLink SmartForms (e-Referrals)

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Parking, Previewing and Submitting

Step 5:

Accessing parked and auto-saved forms

Step 6:

View forms for a specific patient and submitted forms

Step 7:

What happens after an e-Referral has been made?

Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your
Medtech Artia software...

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

Search Patient/Company

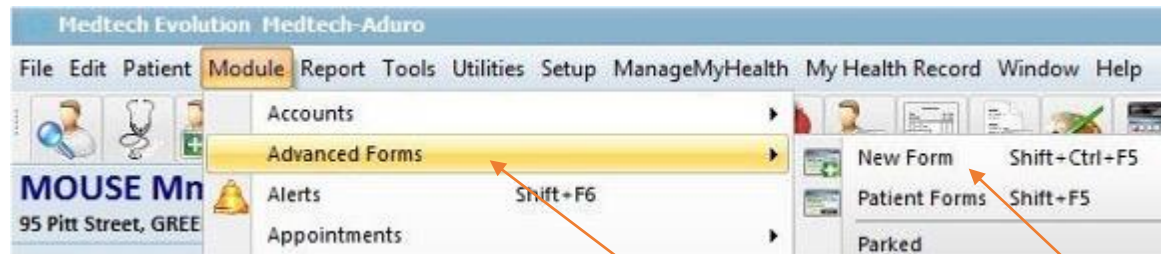
Quick Advanced

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

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

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

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

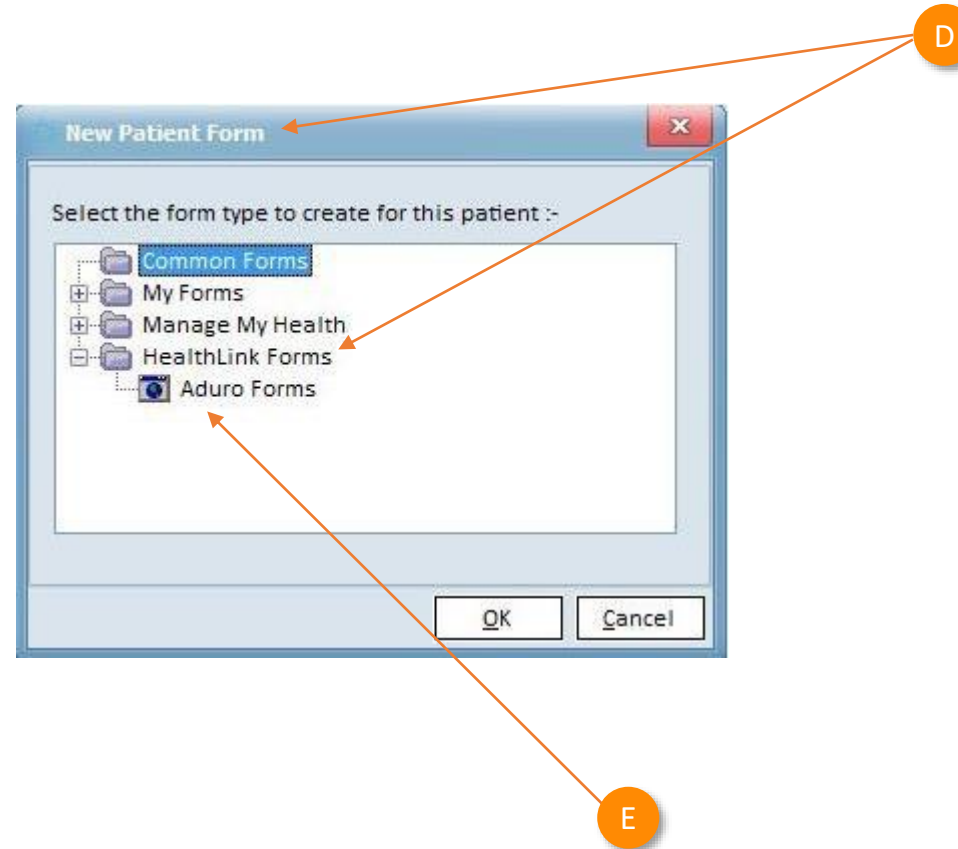


Step 1:

Accessing HealthLink SmartForms (e-Referrals)

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

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



Step 2: Launching a new form

Now you're on the HealthLink home page...

A

Here you'll find a list of available services to refer patients.

B

Within the **Referred Services** section, Click on the link named **My Aged Care Referral** to launch the SmartForm.

Make a referral | Update referrals

Specialists, Allied Health Providers and GPs

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 - Cardiomatabolic 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 on the right. A red asterisk is visible next to the 'Patient Information' section. The bottom screenshot shows the form after some data has been entered, with a red asterisk next to the 'Medicare number' field. A red arrow points from the asterisk to the 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.

Wk 0009080809, Hme 0009080808, Mob 0404040404

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

☐ Work 0009080809 ☐ Home 0009080808 ☒ 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**.

Contact Details (Select preferred phone contact)

At least one phone number must be provided. Please indicate the best contact phone number for the patient.

▼ Wrk 0809888889, Hme 0809888888, Mob 0404040040

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

☐ Work	0809888889	☐ Home	0809888888
☒ Mobile	0404040040	☐ Other	

About the patient

Interpreter Required* **i**

☒ Yes ☐ No

Preferred Language*

Other Asian Langua... ▼

If other, please specify

Other Southwest and Centr

Can patient be contacted by phone?* **i**

☒ Yes ☐ No

Usual living arrangement

Please Select ▼

Accommodation type **i**

Please Select ▼

Does patient have a carer/support person?* **i**

☐ Yes ☐ No

Step 3:

Completing the form

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. On the left, there are four summary boxes: '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 form is divided into 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 a closer view of the 'Referral details' section. The 'Referral reason' dropdown is now set to 'End-of-life care'. Below it, a text box explains that to refer a patient for the End-of-Life Pathway, the 'End-of-Life Pathway Form' must be completed and uploaded. The 'Why does the patient need an assessment or access to aged care services?' field is filled with 'End-of-life care'. An arrow points to this field.

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.

myagedcare My Aged Care Referral

Requested Information ▲ My Aged Care Referral ✓ Form has been auto-saved.

Attachments / Reports ▲ No reports selected
No files attached

Patient Information ▲ LANGUAGE TEST
4915017051 1
810111059

Referrer Information ▲ Medical Director2

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 information will be visible to assessors.

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

Attach File

Name

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

☐	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 content area has a green status bar saying 'Form has been auto-saved.' and an orange warning box about modified information. Below this is the 'Diagnostic Reports / Patient Documents' section with 'Browse for Patient Document' and 'Browse for Local File' buttons. An 'Add File Attachment' dialog is open, showing a 'New file attachment' field and a 'Browse...' button. A 'Choose File to Upload' dialog is also open, showing a file explorer view of the 'Medical Director' folder with various subfolders like '3rdParty', 'Acknowledgements', 'CMI', 'eClinic', 'EventsLookup', 'Hcn.Device', 'HTML', and 'NetworkUpgrade'. An orange arrow points from the 'M' icon in the top right corner to the 'Browse for Local File' button.

myagedcare My Aged Care Referral

Requested Information ▲
My Aged Care Referral

Attachments / Reports
No reports selected
No files attached

Patient Information
LANGUAGE TEST
4915017051 1
01/01/1950

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.m.	File folder
Acknowledgements	14/04/2020 1:43 p.m.	File folder
CMI	12/05/2024 11:22 a.m.	File folder
eClinic	24/02/2021 11:18 a.m.	File folder
EventsLookup	12/01/2021 10:57 a.m.	File folder
Hcn.Device	11/01/2023 12:05 p.m.	File folder
HTML	5/06/2024 12:36 p.m.	File folder
NetworkUpgrade	5/06/2024 12:12 p.m.	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 Sele

Patient's Indigenous status*
Please Select

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

Gender*
Please Sele

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. At the bottom, there are buttons for 'Browse for Patient Document' and 'Browse for Local File', followed by instructions to attach relevant patient information. A table for 'Diagnostic Reports / Patient Documents' is shown 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 it to label A.

This is another screenshot of the same 'myagedcare' 'My Aged Care Referral' form, showing the same content as the first screenshot. The 'Park' button in the top right corner is highlighted with a blue box, and an orange arrow points from it to label B.

Step 4: Parking, Previewing and Submitting.

Previewing a form

- C** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- D** You can scroll through the form to preview it.

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): 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.

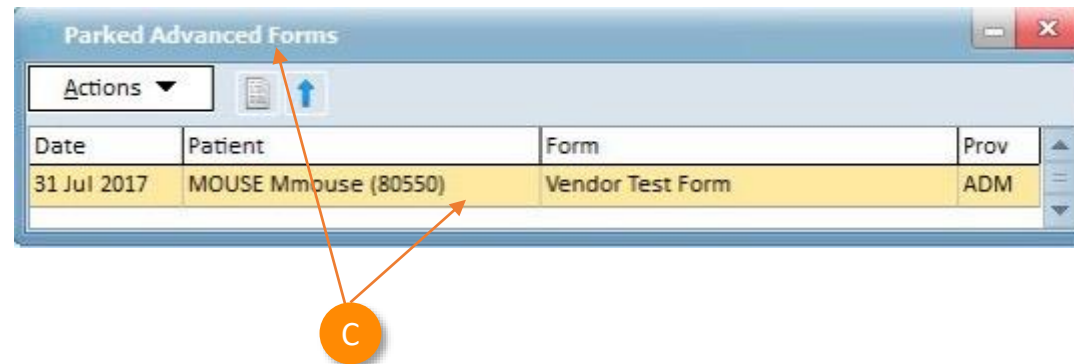
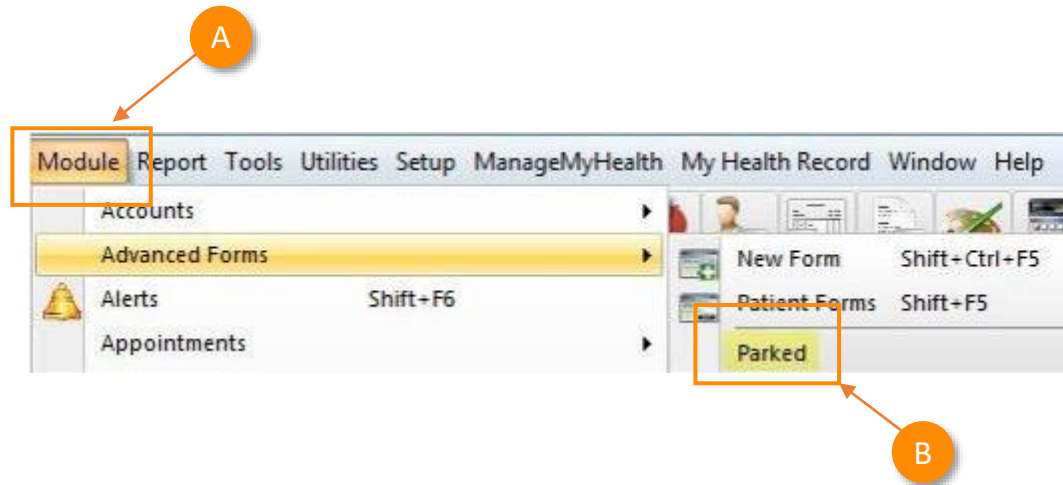
Step 5:

Accessing parked and auto-saved forms

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

B

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



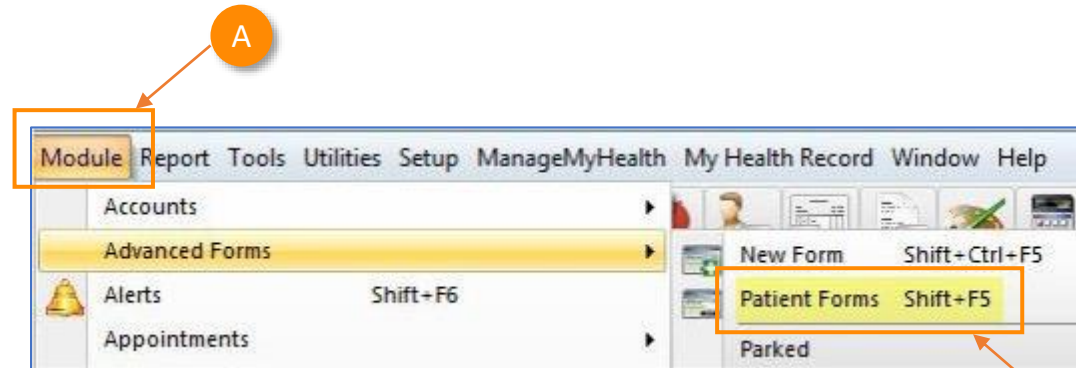
Step 6:

View forms for a specific patient and submitted forms

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

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

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



The screenshot shows a window titled 'Patient Advanced Forms'. It contains a table with the following data:

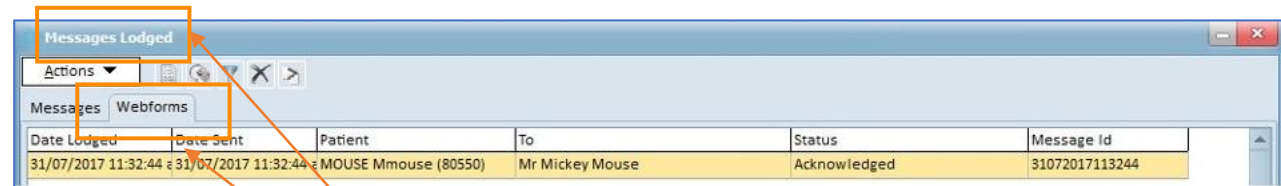
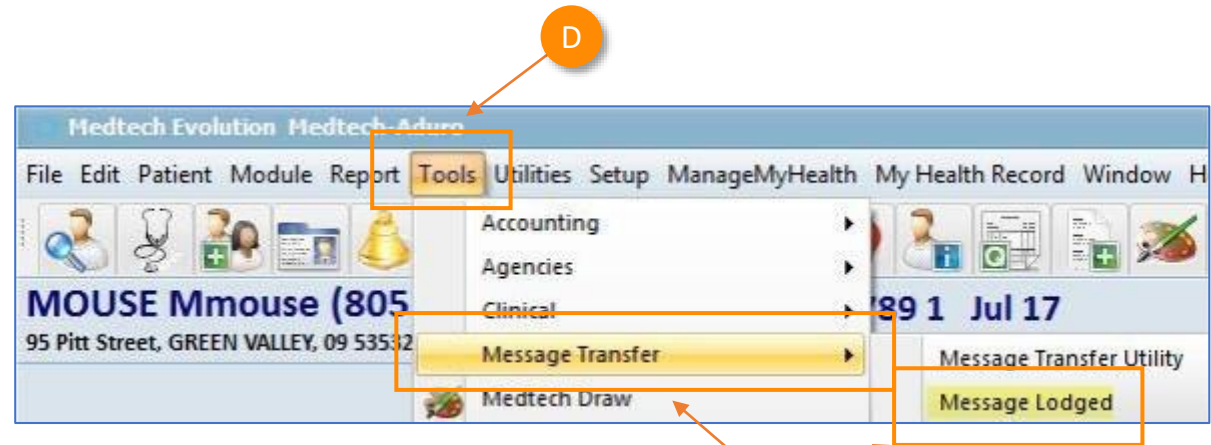
Date	Form Name	Prov	Status
31 Jul 2017	Vendor Test Form	ADM	Submitted
31 Jul 2017	Vendor Test Form	ADM	Parked

An orange box labeled 'C' points to the table.

Step 6: View all submitted forms

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

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

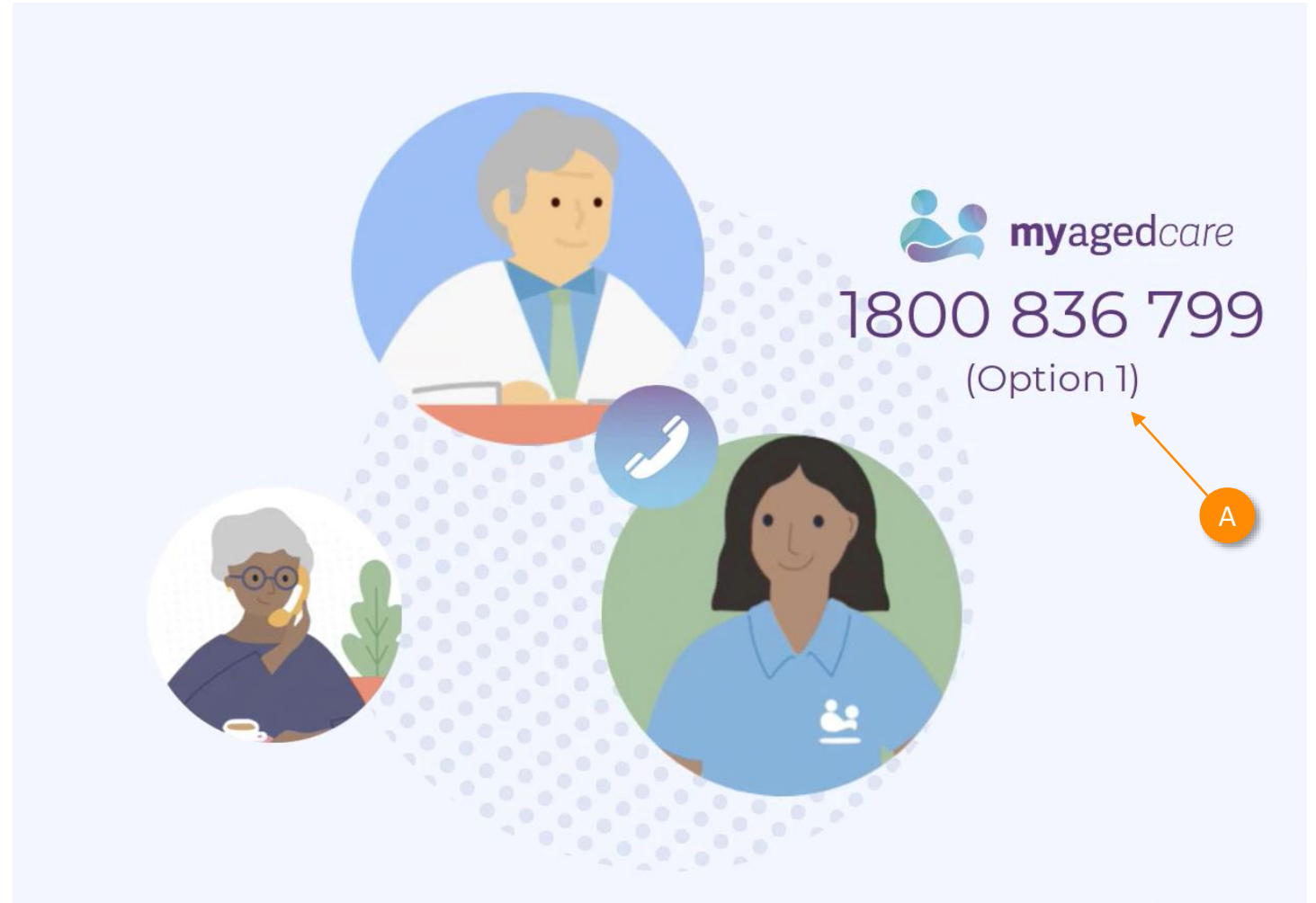


Step 7:

What happens after an e-Referral has been made?

- If a completed referral is received by My Aged Care, the information can be sent directly to an assessor who will then call your patient to discuss and organise an assessment.
- Make sure your patient is aware that they may be contacted by My Aged Care or an assessor.
- Your patient should hear from My Aged Care or an assessment organisation within two to six weeks.
- If the referral is incomplete, My Aged Care will contact you to confirm the information provided.
- After an e-Referral is submitted to the Department of Health, Disability and Ageing, the client and their representatives can track its progress through myGov (<https://my.gov.au>). They will also receive a My Aged Care welcome pack in the mail containing helpful information and outlining what their next steps will be. This information is not sent back to their referring Doctor/ General Practitioner.
- You can follow up on your referral by calling the My Aged Care industry line on 1800 836 799 (option 1).

A



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.