

HealthLink



User Guide

25.02.2026 GE

HealthLink SmartForms for Genie

Welcome to HealthLink SmartForms. The smartest way for health professionals to refer their patients to Grampians Health.



Your practice must be running Genie v8.8 or above to access the HealthLink SmartForms.

Submitting eReferrals from Genie

Using HealthLink SmartForms

SmartForms enable **Genie** users to easily refer and engage with all HealthLink SmartForm service providers including Grampians Health, NSW LHDs, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and 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
(eReferrals)**

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Previewing, Submitting and Parking

Step 5:

Accessing parked and auto-saved forms

Step 6:

Accessing submitted forms

Step 7:

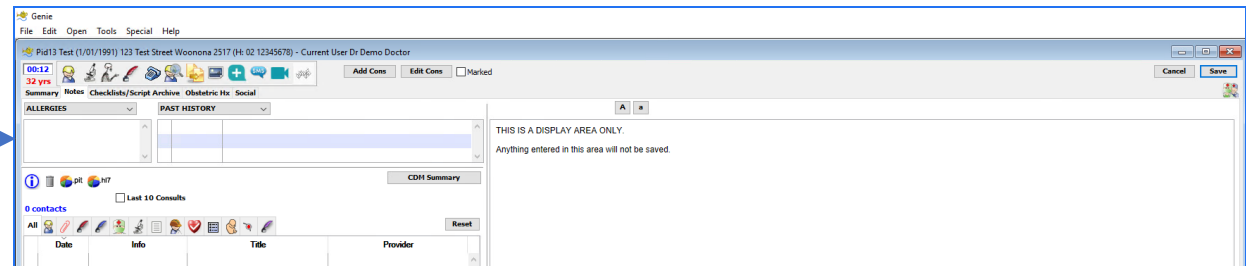
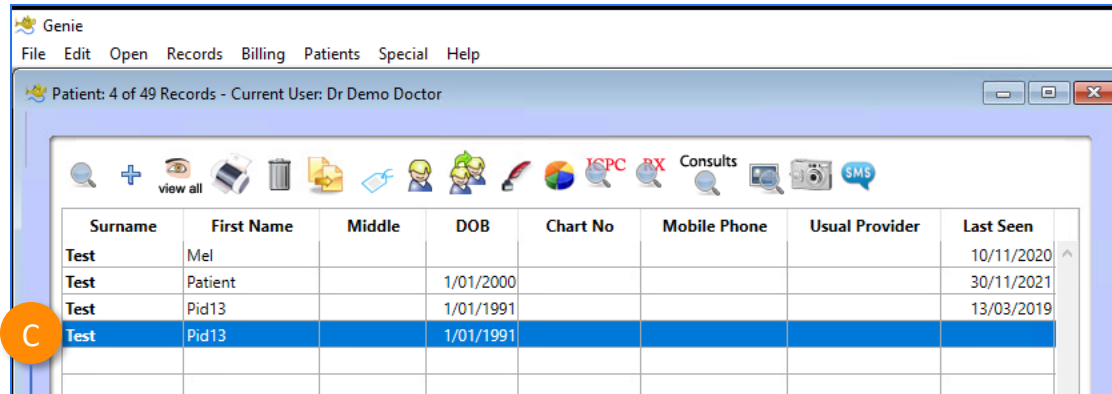
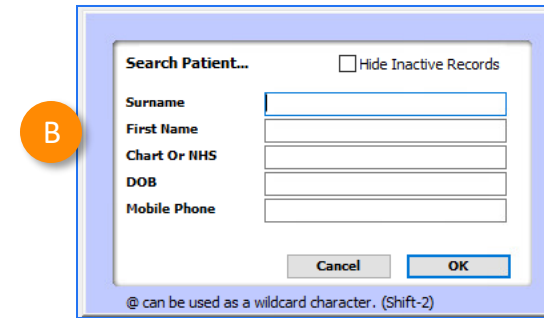
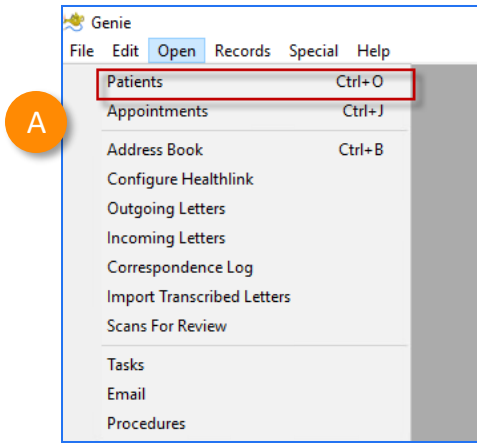
**What happens after a referral has
been made?**

Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your Genie software...

First, search for the patient and open their electronic medical record:

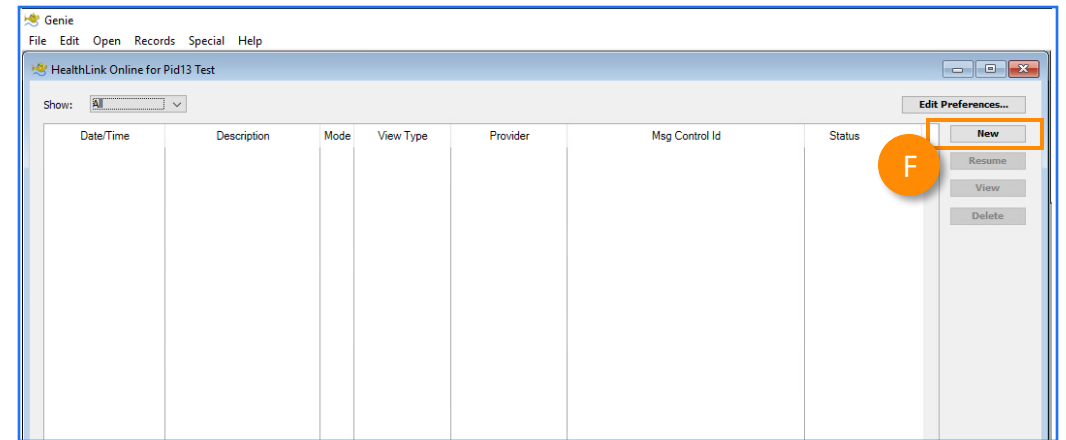
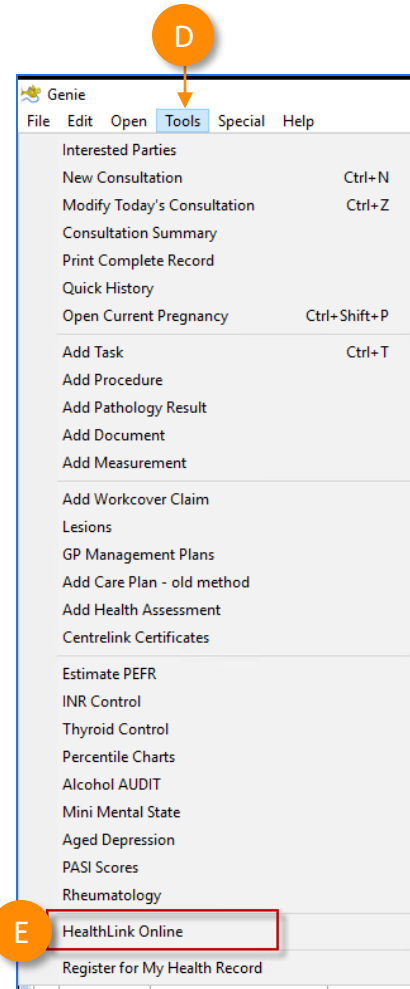
- A** Open > Patients from the main menu.
- B** Search for the patient you require.
- C** Select the patient and their record will come up.



Step 1: Accessing HealthLink SmartForms (eReferrals)

From the patient's record...

- D** Select **Tools**
- E** Then **HealthLink Online**
- F** Now click the **New** button to launch the HealthLink home page to create a new referral.



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 **Grampians Health**.

To launch the SmartForm, **Grampians Health** require you to then:

- C** • **select a specific service** and
- D** • **facility** (only if there's multiple facilities for that service)
- E** Then click **Continue** to launch the form.

For more information on Grampians Health referred services, go to: www.gh.org.au/services

The screenshot shows the HealthLink PRO interface. At the top, there are navigation links for 'Create', 'Update', and 'Support', along with the 'HealthLink | PRO' logo. Below this is a search bar with the text 'Specialists+Referrals Refer to Private Specialist' and a button for 'HL HealthLink Direct'. The main content area is titled 'Referral Services' and contains a grid of service links. A callout box highlights the 'Grampians Health' link, explaining that the form can be used to send referrals to Grampians Health - Ballarat, enabling faster streamlined management of referrals. Below the grid, the 'Grampians Health' form is shown with a search bar for services and a dropdown for facilities. A 'Continue' button is highlighted in the top right corner.

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.

Grampians Health General Medicine - Grampians Health Ballarat

Submit Preview Park Help

Requested Information ▲ ✔ Form has been auto-saved.

Attachments / Reports No reports selected No files attached

Medications, Allergies, Alerts ▲ 2 long term medications specified 8 medications specified No medical warnings specified

Medical, Social and Family History Medical history specified

Patient Information ▲ MICKEY HEATLEY 8003602345688835 17/12/1967

Referrer Information Sam Entwistle 889843 No Different Regular GP

Referred To* Dr Edward Ritchie

Referral Date* 19/02/2026

Referral Continuation* !

Referral Period* Indefinite

Patient's preferred contact method* SMS

! Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required* Yes No

Does the patient identify as living with a disability / disabilities** Yes No

Is the patient an NDIS participant?* ! Yes No

Additional Needs / Reasonable Adjustments Required* Yes No

Does the patient have a carer / support person?* Yes No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?* ! Yes No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

Patient Consent*

Grampians Health General Medicine - Grampians Health Ballarat

Submit Preview Park Help

Requested Information ▲ ✔ Form has been auto-saved.

Attachments / Reports No reports selected No files attached

Medications, Allergies, Alerts ▲ 2 long term medications specified 8 medications specified No medical warnings specified

Medical, Social and Family History Medical history specified

Patient Information ▲ MICKEY HEATLEY 8003602345688835 17/12/1967

Referrer Information Sam Entwistle 889843 No Different Regular GP

Patient Information

Date of birth* ! 17/12/1967 → 8003602345688835 ← 8003602345688835

Medicare/DVA Eligible* Yes No

Medicare number* 6288253442 2 Medicare expiry

DVA number QX901226 Pension number

Private health fund name Patient membership number

Name* MICKEY Disney HEATLEY (Mmouse)

Gender* Female Patient's Indigenous status* Neither Aboriginal nor Torres Strait Islander origin

Gender Identity Country of Birth

Residential Address 95 Pitt Street, Apartment, Sydney, NSW, 2000

Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

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**.



Name*
MICKEY

Patient Information
MICKEY HEATLEY
8003602345688835
17/12/1967

Gender*
Female

Gender Identity

Residential Address
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

Patient's Indigenous status*
Neither Aboriginal nor Torres Strait Islander origin

Country of Birth

Referrer Information
889843
No Different Regular GP

General Medicine

Patient's preferred contact method*
SMS

Attachments / Reports

Interpreter Required*
 Yes No

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Medical, Social and Family History
Medical history specified

Patient Information
8003602345688835
17/12/1967

Referrer Information
889843
No Different Regular GP

Referral Guidelines
Please supply all relevant information with the referral as per the guidelines in the relevant [HealthPathways](#) and [pathways \(cancer pathways\)](#)

Urgency* Routine: Greater than 30 days

Referral purpose*
Please select

Referral Details* [Browse for Consultation Notes](#)

Please indicate the presenting problem or working diagnosis

Urgency Information

High Priority
Referrals should be categorised as 'High Priority' if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life, if not managed promptly. An appointment should be scheduled within 30 calendar days of the referral being received and accepted for these patients.


Routine
Referrals should be categorised as 'Routine' if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life, if specialist assessment is delayed beyond one month.


Ok

Step 3: Completing the form

Reason for referral

E In some forms there may be a drop down to select the referral purpose.

 **Grampians Health** General Medicine - Grampians Health Ballarat

Requested Information  **General Medicine**

Referral Period* Indefinite

Patient's preferred contact method* SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts
2 long term medications specified
8 medications specified
No medical warnings specified


Medical, Social and Family History
Medical history specified

Patient Information
8003602345688835
17/12/1967

Referrer Information
889843
No Different Regular GP


Interpreter Required* Yes No

Does the patient identify as living with a disability / disabilities?* No

Is the patient an NDIS participant?*  Yes No

Additional Needs / Reasonable Adjustments Required* Yes No


Does the patient have a carer / support person?* Yes No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?*  Yes No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

Patient Consent*

Referral Guidelines
Please supply all relevant information with the referral as per the guidelines in the relevant [HealthPathways](#) and [Optimal Care pathways \(cancer pathways\)](#)

Urgency*  Routine: Greater than 30 days

Referral purpose* **E**

Referral Details*

Please indicate the presenting problem or working diagnosis

Additional information
Please include social history, patient services and any other relevant information.

Please select

- Establish a diagnosis
- Provide clinical assessment
- Inform a treatment plan
- Partnership care
- Requesting specific tests or investigations
- Requesting treatments or an intervention

Step 3: Completing the form

Attachments

F The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

G You can select any item from the **table** – showing you patient medical records captured from the **last six months**.

Or you can **browse for files...**

H • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

I **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

J • **Or** in your local computer's file system by clicking the **Browse for Local File** button.


<input type="checkbox"/>	Date	Name	Comments	Type	Size
<input type="checkbox"/>	01/09/2021	File_123		rtf	80 KB
<input checked="" type="checkbox"/>	01/10/2021	File_456		rtf	8 KB
<input checked="" type="checkbox"/>	01/11/2021	File_789		rtf	90 KB

<input type="checkbox"/>	Date	Name	Comments	Type	Size
<input type="checkbox"/>	08/07/2021	File_One	Aged Care Referral	...	43 KB
<input type="checkbox"/>	09/10/2019	File_Two	Aged Care Referral	...	52 KB
<input type="checkbox"/>	01/10/2019	File_Three	Aged Care Referral	...	48 KB
<input type="checkbox"/>	24/09/2019	File_Four	Aged Care Referral	...	44 KB

Step 3: Completing the form

Then click through the remaining Tabs on the left to ensure all the pre-populated patient information has been either selected, or de-selected, as appropriate to submit to the service provider.

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.


Gastroenterology - Grampians Health Ballarat

Requested Information ▲

✓ Form has been auto-saved.

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts ▲
2 long term medications specified
8 medications specified
No medical warnings specified

Medical, Social and Family History
Medical history specified

Patient Information ▲
Patient's name
8003602345688835
17/12/1967

Referrer Information
Referrer's name
889843
No Different Regular GP

Long Term Medications i
+

Date	Details	Instructions	
09/05/2014	hkl-aspirin 130 tab	1-2 once daily orally	✕
16/09/2013	Travatan Eye Drops 40mcg/mL Eye drops	1 nocte Instil 1 drop in each eye before retiring. Remove soft contact lenses before app	✕

Other Medications i
Browse for More Medications
+

Date	Details	Instructions	
09/05/2014	eye drop 2500 drops	daily	✕
09/05/2014	eye drop 2500 drops	prn with food	✕
09/05/2014	hkl-aspirin 130 tab	orally	✕
14/01/2013	Ceclor CD 375mg Sustained release tablets	1 mane	✕
09/01/2013	Ventolin CFC-free Inhaler 100mcg/dose Inhaler	As required	✕
17/08/2012	Accupril 5mg Tablets	1 bd	✕
04/05/2012	Panadeine Forte Tablets	2 every 4 hours	✕
14/02/2012	Roaccutane 10mg Capsules	1 with food	✕

Medical Warnings
 Date Description Comments
No records found.

Clinical Medication Comments

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts ▲
2 long term medications specified
8 medications specified
No medical warnings specified

Medical, Social and Family History
Medical history specified

Patient Information ▲
Patient's name
8003602345688835
17/12/1967

Referrer Information
Referrer's name
889843
No Different Regular GP

Medical Practitioner Information

Medicare Provider Number*

Medical Registration Number

HPI-I

HPI-O

Name

Full name i

Practice name

Practice Address

Practice telephone*

Practice fax

Email

EDI*

Patient has a different regular GP

Step 4: Previewing, Submitting and Parking

Previewing

A You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.

B Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

Grampians Health Gastroenterology - Grampians Health Ballarat

Submit Preview Park Help

Requested Information: General Surgery

Medical Practitioner Information: Medicare Provider Number* 0000000A, Medical Registration Number 123456, HPI-I, Name, Full name

Attachments / Reports

Preview, not submitted copy Submit

Gastroenterology - Grampians Health Ballarat

Grampians Health

Patient: MICKEY HEATLEY (Mmouse), 58yrs, F, DOB 17/12/1967, PH: 0401 201 2011, Work 03 9 23423221, Home 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000

Referred by: Sam Entwistle, Millstone Family Practice, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566661627, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Referred To: Dr Timothy Elliot
Referral Date: 20/02/2026
Referral Continuation: New

Grampians Health Gastroenterology - Grampians Health Ballarat

Submit Preview

Requested Information **▲** Gastroenterology **✓** Form has been auto-saved.

Attachments / Reports No reports selected 1 file attached **▲** Please fix the following errors:
• Patient Consent is a required field

Medications, Allergies, Alerts 2 long term medications specified 8 medications specified No medical warnings specified

Medical, Social and Family History Medical history specified

Patient Information Patient's name 800360234568835 17/12/1967

Referrer Information Referrer's name 889843 No Different Regular GP

Referred To* Dr Timothy Elliot

Referral Date* 20/02/2026

Referral Continuation* **i** New Amended referral/update previously sent referral Renew expired referral

Referral Period* Indefinite

Patient's preferred contact method* SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required* Yes No

Does the patient identify as living with a disability / disabilities?* Yes No

Is the patient an NDIS participant?* **i** Yes No

Additional Needs / Reasonable Adjustments Required* Yes No

Does the patient have a carer / support person?* Yes No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?* **i** Yes No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

Patient Consent*

Step 4: Previewing, Submitting and Parking

Submitting

- C** When you are ready to send your form, click **Submit**.
- D** 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.

- E** 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.

D

Form sent on 20/02/2026 09:34 AEST

Print

E

Gastroenterology - Grampians Health Ballarat



Patient: Patient's name, 58yrs, F, DOB 17/12/1967, PH: 0401 201 2011, Work 03 9 23423221, Home 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: same as residential address

Referred by: Referrer, Millstone Family Practice, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566681627, PH 03 9 358 0116, FAX 03 9 4433456

Referral date: 20/02/2026 12:19 NZDT


Clinical Referral Information

Referred To:	Dr Timothy Elliot
Referral Date:	20/02/2026
Referral Continuation:	New
Referral Period:	Indefinite
Patient's preferred contact method:	SMS


Step 4: Previewing, Submitting and Parking

Parking

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



Gastroenterology - Grampians Health Ballarat



Submit
Preview
Park
Help ▾

Requested Information ▲

Gastroenterology

✓

Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.

Attachments / Reports

No reports selected
No files attached

Referred To* Dr Timothy Elliot ▾

Referral Date* 20/02/2026

Referral Continuation*
 New
 Amended referral/update previously sent referral
 Renew expired referral

Referral Period* Indefinite ▾

Patient's preferred contact method* SMS ▾

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required*
 Yes No

Does the patient identify as living with a disability / disabilities?* No ▾

Is the patient an NDIS participant?*
 Yes No

Additional Needs / Reasonable Adjustments Required*
 Yes No

Does the patient have a carer / support person?*
 Yes No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?*
 Yes No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

Patient Consent*

Medications, Allergies, Alerts ▲

2 long term medications specified
8 medications specified
No medical warnings specified

Medical, Social and Family History

Medical history specified

Patient Information ▲

Patient's name
8003602345688835
17/12/1967

Referrer Information

Referrer's name
889843
No Different Regular GP

Step 5:

Accessing parked and auto-saved forms

To access parked or auto-saved forms, from the patient's record...

A Go to **Tools**

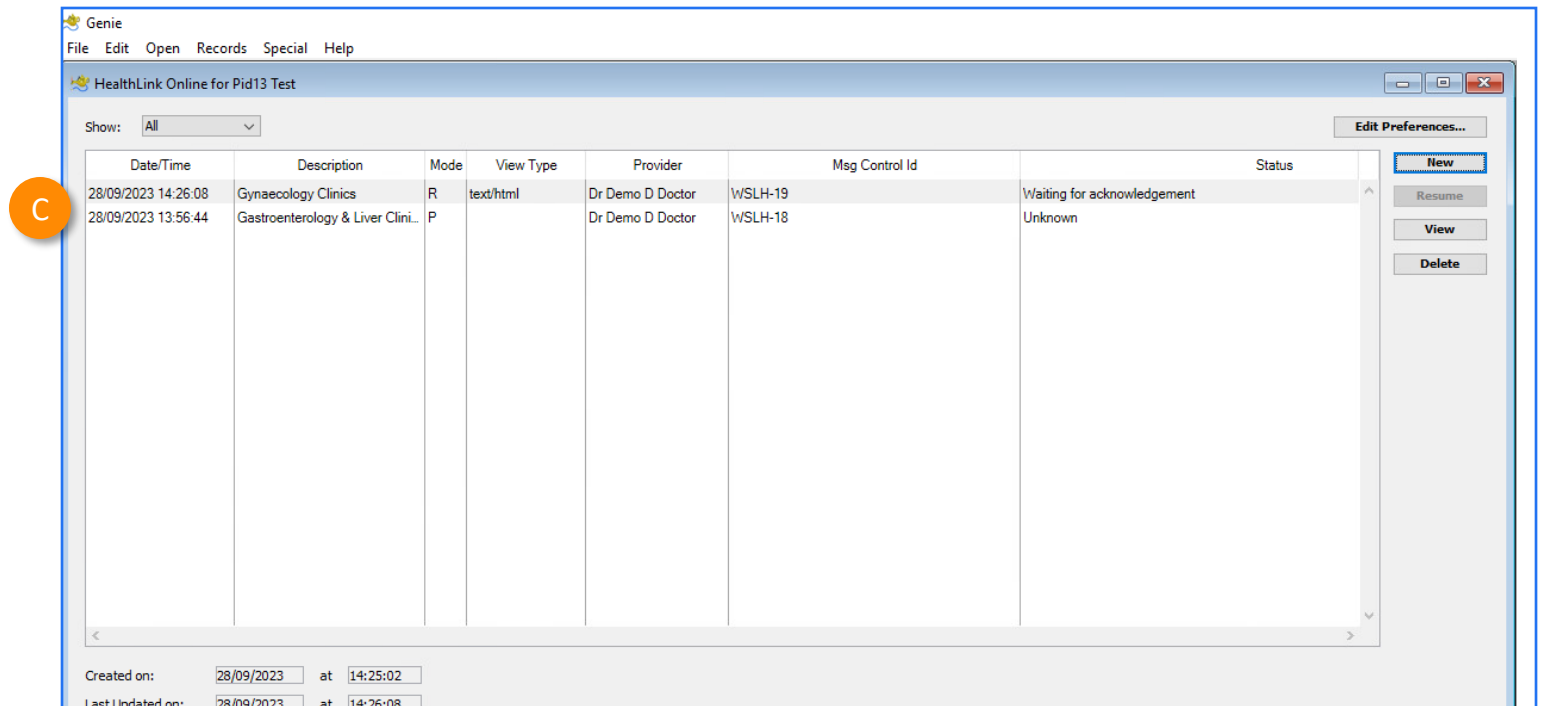
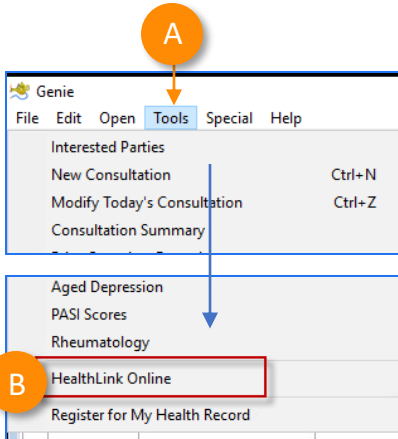
B **HealthLink Online**

C Once a form is **parked** or **saved** it will show in this screen. From here you can highlight and **resume** the form or view the form's **status**.

Submitted forms also show in this window.

Unknown indicates that the message has not been submitted.

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 6: Accessing submitted forms

A A copy of the submitted referral will go into the patient's record under the purple Quill

Note: The only way to access the parked/autosaved or submitted form is from within the patient record.

B From here you can highlight the submitted report to view it.

Note: this area only shows the SmartForms that have been submitted.

The screenshot shows the Genie patient record for Pid13 Test (1/01/1991) at 123 Test Street Woonona 2517. The interface includes a menu bar (File, Edit, Open, Tools, Special, Help), a toolbar with various icons, and a navigation pane with tabs for Summary, Notes, Checklists/Script Archive, Obstetric Hx, and Social. The main content area is divided into sections for ALLERGIES and PAST HISTORY. Below these is a section for HealthLink Online forms, which contains a table of submitted forms. A purple quill icon is visible in the first row of the table, indicating a submitted form. An orange circle with the letter 'A' points to this quill icon.

Date	Info	Title	Provider
28/09/2023		Gastroenterology & Liver Clinics [P]	Dr Demo Doctor

The screenshot shows the Genie patient record for the same patient, but with the submitted form highlighted in the table. An orange circle with the letter 'B' points to the highlighted row. The right-hand side of the screen displays the details of the submitted form, including patient information, referral date, and clinical referral information.

Form sent on 28/09/2023 14:26 NZDT

Sensitive: Personal

Gynaecology Clinics

NSW Health

Patient: Pid13 Test, 32yrs, M, DOB 01/01/1991, PH: 02 12345678
Residential address: 123 Test Street, Woonona, NSW 2517
Postal address: same as residential address
Referred by: Demo Doctor, Healthlink Test Clinic, Prov. No. 1234567X, HPI-I 8003614900014588, PH 987654321, FAX 98764545
Referral date: 28/09/2023 14:26 NZDT

Clinical Referral Information

Referred To: Specialist - unnamed referral

Referral date: 28/09/2023
Referral type: New
Referral period: 12 months
Referral priority: Non-urgent (365 days)
Patient available for appointment at short notice? No
Third party compensable? No

Reason for referral: Fibroids

Supportive referral Information

- FBC
- Iron studies (if appropriate)
- Cervical screen test (most recent)
- Abdominal ultrasound (if appropriate)

Have you included all appropriate supportive referral information? Yes

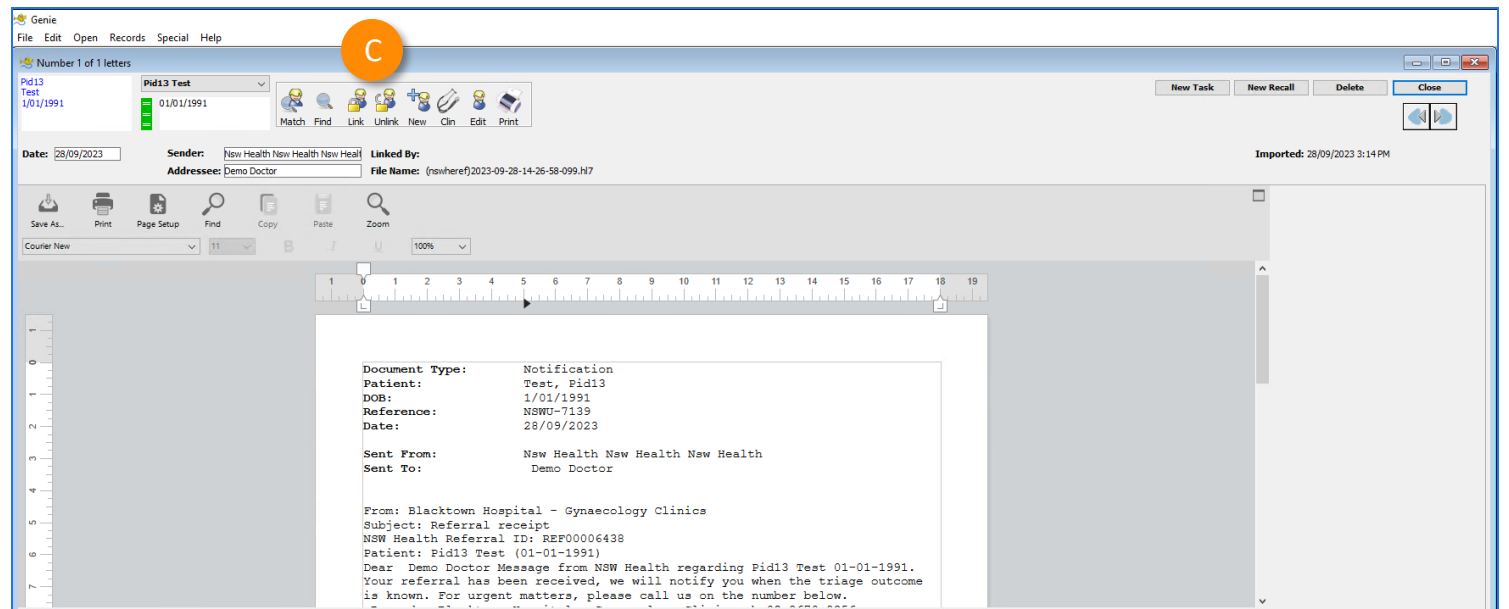
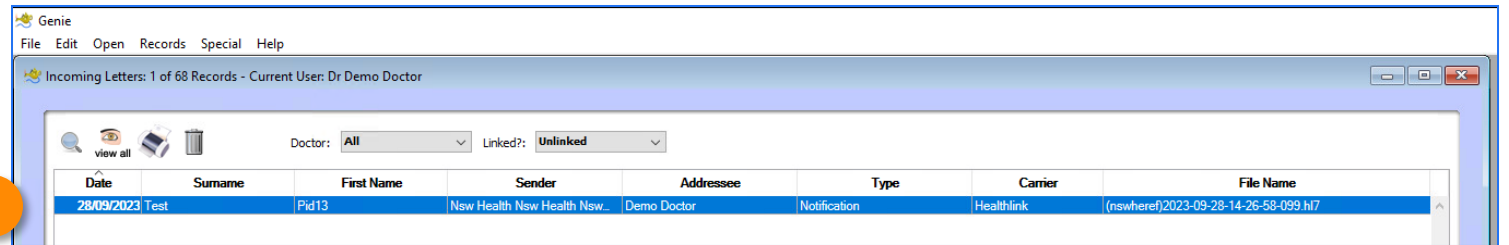
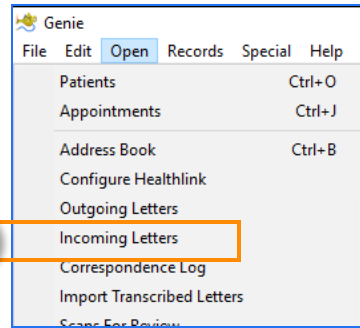
Step 7: What happens after a referral has been made?

Viewing incoming reports

A From the menu, go **Open > Incoming Letters**

B Here you can **view incoming letters**, filter by Doctor and linked or unlinked. **Sort by** date, file name or patient name, as well as search by patient name.

C Double clicking an item in this list will open it up and allow you to **link/match it to the patient**. Once the letter has been linked/matched it will show in the patient's file.



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 Lanas, a global network of healthcare technology organisations operating across the United Kingdom, Ireland, New Zealand, Australia and India. Together, we work to deliver safer, more efficient and better-connected healthcare for everyone.