

HealthLink



User Guide

25.02.2026 SP

HealthLink SmartForms for Shexie Platinum

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



Your practice must be running Shexie Platinum 7.0 or above to access the HealthLink SmartForms.

Submitting eReferrals from Shexie Platinum

Using HealthLink SmartForms

SmartForms enable **Shexie Platinum** 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.

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?

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1: Accessing HealthLink SmartForms (eReferrals)

There are three ways to access the forms within your Shexie software...

A

From Appointments

In the appointment calendar, right click on the patient and then select **HealthLink Form**

or

B

From Patient Functions

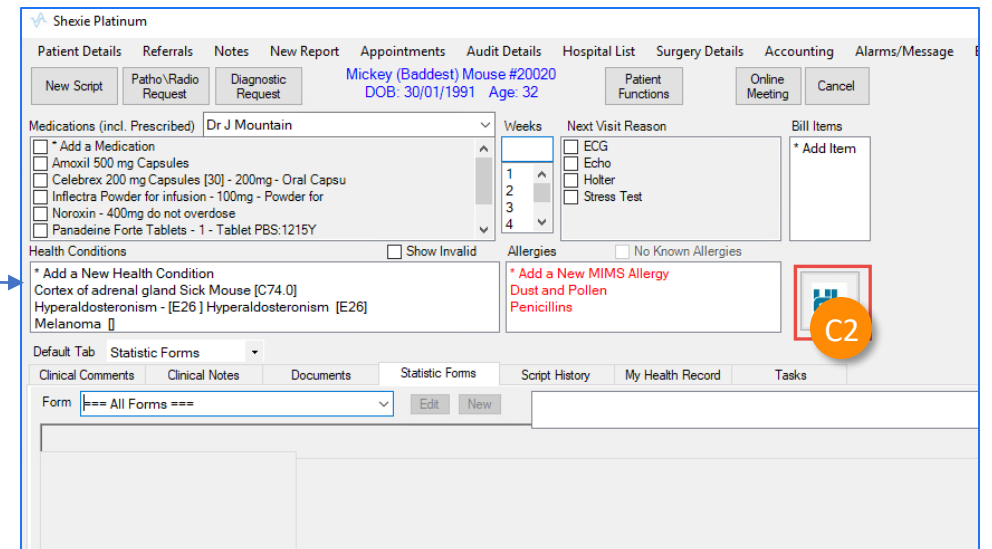
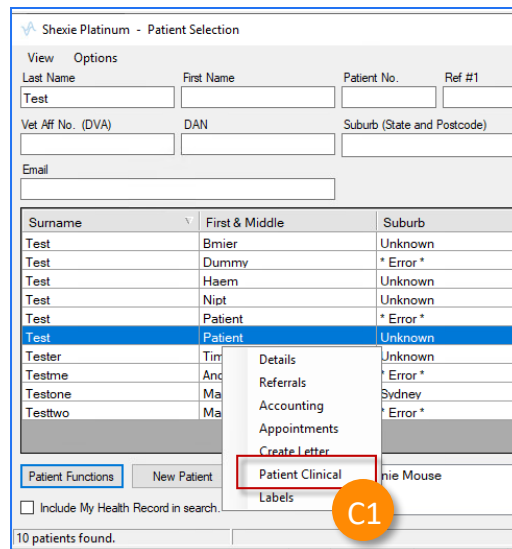
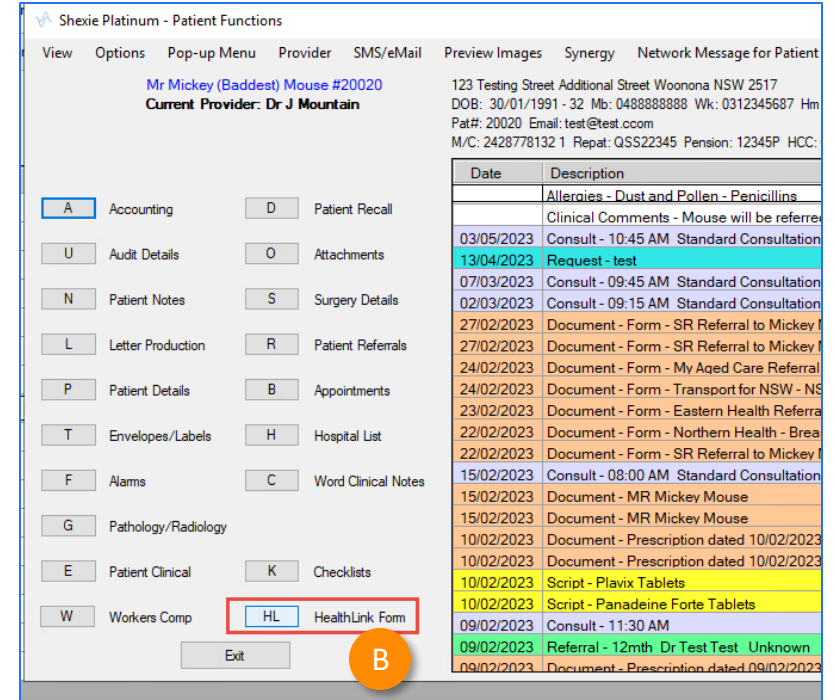
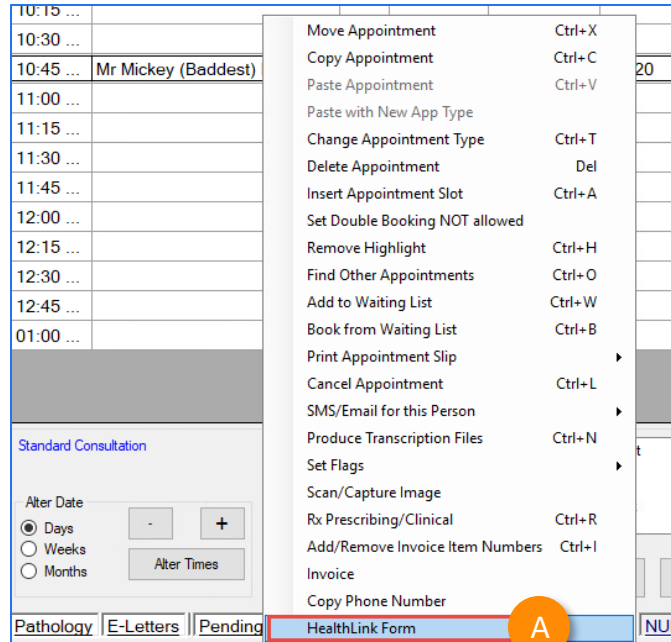
Open and search for a patient via Patient Search. Once you are in the patient record click on **HL – HealthLink Form**.

or

C

From Patient Clinical

From the Patient search screen, after you have located the patient, click on the patient's name, select **Patient Clinical** and then click on the **HL icon**.



Step 1:

Accessing HealthLink SmartForms (eReferrals)

If the patient has not had a HealthLink smartform created previously, when you click on the **HL** icon, you will be taken directly to the HealthLink home page (skip to next page).

- D** If the patient has any previously created smartforms, you will be presented with a pop-up window where you can **access a previously parked/saved form,**
- E** or **create a new form** for that patient.

The screenshot shows the 'Shexie Platinum - HealthLink User' interface. At the top, there is a menu bar with options like 'Patient Search', 'Accounting', 'View', 'Table Maintenance', 'Reports', 'Word Processor', 'Calculator', 'Housekeeping', 'Help', and 'Log off'. The date 'Wednesday 03 May 2023' is displayed in the top right. Below the menu, there is a patient information section for 'Mr Mickey (Baddest) Mouse' with fields for 'Provider' (Dr J Mountain 0319352K) and 'Status' (All). A 'New' button is highlighted with a red box and an orange callout 'E'. Below this is a table of appointment data.

Time	Appoint	Created Date	Patient	Type	Subject	Description	Provider	User	Status	Message ID
09:00 ...		29/09/2023	Patient Test	South Eastern Sydney LHD	Colorectal Clinic	South Eastern S...	Dr J Mountain	HL	Parked	SES-488
09:15 ...		29/09/2023	Patient Test	SR Referral to Genie Solut...	Specialist Referral	SR Referral to G...	Dr J Mountain	HL	Awaiting Ac...	SR-3912
09:30 ...										
09:45 ...										
10:00 ...										
10:15 ...										
10:30 ...										
10:45 ...	Mr Mick									
11:00 ...										
11:15 ...										
11:30 ...										
11:45 ...										
12:00 ...										
12:15 ...										
12:30 ...										
12:45 ...										
01:00 ...										

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

Create Update Support

HealthLink | PRO

Search a Directory

SR Specialists+Referrals Refer to Private Specialist HL HealthLink Direct

Konnect NET ReturnToWorkSA Work Capacity Certificate Spotlight Services

Referral Services

Q Search Referral Services Clear

Access Canberra Prototype ACT Public Outpatient Services

Application for ACT Approval to Prescribe Controlled Medicines Austin Health eReferrals

Banyule Community Health ccCHP - Cardiology

Chris O'Brien Lifehouse Services DPV Community Health

Eastern Health **Grampians Health**

Head to Health Hearing Australia

IAR-DST Calculation Medicare Mental Health

Mercy Hospital for Women Monash Health

My Aged Care Referral Northern Health

Northern NSW LHD - eReferrals Northern Sydney LHD

NSW Certificate of Capacity NSW Health Outpatient referrals - Central Coast LHD

NSW Health Outpatient referrals - Central Coast LHD NSW Health Outpatient referrals - Far West LHD

NSW Health Outpatient referrals - Western NSW LHD NSW Health Outpatient referrals - Western Sydney LHD

NSW Health Outpatient referrals - Illawarra Shoalhaven LHD NSW Health Outpatient referrals - South Eastern Sydney LHD

Parkville Hospital eReferrals Demo PBP Diagnostic Imaging

SA Health Spectrum Medical Imaging

Sydney LHD Aged Care, Allied Health and Community services Sydney LHD Hospitals Services

The Grampians Health form can be used to send referrals to Grampians Health - Ballarat, enabling faster streamlined management of referrals. Using this form you will receive immediate confirmation of receipt by Grampians Health. Before referring to our services please visit Western Victoria Health Pathways <https://westvic.communityhealthpathways.org/> or <https://www.gh.org.au/services/specialist-outpatients-ballarat/> for conditions we treat.

Grampians Health

Type here to search for a service Facility*

Addiction Medicine

Adult Eating Disorder

Antenatal

Breast Surgery

Cardiology

Cancer and Blood Services

CDAMS

Continence

Diabetes

Ear Nose & Throat

Emergency Department

Endocrinology

Gastroenterology

Coeliac

Gastroenterology

Inflammatory Bowel Disease

Liver

General Medicine

General Surgery

Geriatrics-Complex

Gynaecology

Iron Clinic

Continue

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* !
 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 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 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
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field
95 Pitt Street, Apartment, Sydney, NSW, 2000

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*

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 categorized 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 categorized 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.

Patient Consent*


Urgency
Routine: Greater than 30 days


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.

The screenshot shows the 'Diagnostic Reports / Patient Documents' section of a form. On the left, there are tabs for 'Requested Information' (General Surgery), 'Attachments / Reports' (highlighted with callout F), 'Medications, Allergies, Alerts', and 'Medical, Social and Family History'. The main area contains instructions for attaching files and a table of existing attachments. Callout H points to the 'Browse for Patient Document' button, and callout J points to the 'Browse for Local File' button. The table lists three files:

<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	

Callout G points to the first checked row in the table. A 'Caution: larger attachments may take significant time to preview' message is visible below the table.


The screenshot shows the 'Attach File' dialog box. It has a title bar 'Attach File' and a close button. The main area contains instructions: '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 all users with access to the patient's information.' Below this are fields for 'Name', 'Date from' (08/01/2019), 'Date to' (08/07/2021), and a 'Search' button. At the bottom are 'Attach' and 'Cancel' buttons. Callout I points to the 'Date from' field. The table below shows a list of files:

<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 ▲

Gastroenterology

✓ **Form has been auto-saved.**

Attachments / Reports

No reports selected
No files attached

i

To help recipients assess the patient's medications, please provide the medication details in the Details column including the generic name, strength, brand name (where relevant) and form. You can update fields by clicking on it.

Medications, Allergies, Alerts ▲

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

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

<input type="checkbox"/>	Date	Description	Comments
No records found.			

Clinical Medication Comments

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

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

Medical Practitioner Information

Medicare Provider Number* 889843	Medical Registration Number
HPI-I 8003611566681627	HPI-O 123456
Name Full name <input type="text" value="Sam Entwistle"/>	
<input type="checkbox"/> Referrer's name	
Practice name <input type="text" value="Millstone Family Practice"/>	
Practice Address <input type="text" value="156 George Street, Galleria, Sydney, NSW, 2000"/>	
Practice telephone* <input type="text" value="03 9 358 0116"/>	Practice fax <input type="text" value="03 9 4433456"/>
Email <input type="text" value="zongjun@gmail.com"/>	
EDI* <input type="text" value="ma65test"/>	
<input type="checkbox"/> 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

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

Preview, not submitted copy

Submit

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.

Grampians Health
Gastroenterology - Grampians Health Ballarat

Submit Preview Park Help

Requested Information
General Surgery

Attachments / Reports

Medications, Allergies, Alerts

Medical, Social and Family History

Patient Information

Medical Practitioner Information

Medicare Provider Number*
889843

Medical Registration Number

HPI-I
8003611566681627

HPI-O
123456

Name
Full name Sam Entwistle

Practice name
Millstone Family Practice

Practice Address

Print

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

Gastroenterology - Grampians Health Ballarat

Grampians Health

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

A Any form parked or submitted can be seen from the patient's file after clicking the HL icon.

B Also, you can access all forms via **Housekeeping > HealthLink Audit Report**

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

A

Created Date	Patient	Type	Subject	Description	Provider	User	Status	Message ID
29/09/2023	Patient Test	South Eastern Sydney LHD	Colorectal Clinic	South Eastern S...	Dr J Mountain	HL	Parked	SES-488
29/09/2023	Patient Test	SR Referral to Genie Solut...	Specialist Referral	SR Referral to G...	Dr J Mountain	HL	Awaiting Ac...	SR-3912

B

Time	Appointment	Flags	Billing	Contact No	Patient	Re
08:00 ...						
08:15 ...						
08:30 ...						
08:45 ...						
09:00 ...						
09:15 ...						

Created Date	Patient	Type	Subject	Description	Provider	User	Status	Message ID
17/05/2023	Minnie Mouse	My Aged Care Referral	My Aged Care Referral	My Aged Care Referral	Dr J Mountain	HL	Completed	MAC-8179
17/05/2023	Minnie Mouse	My Aged Care Referral	My Aged Care Referral	My Aged Care Referral	Dr J Mountain	HL	Completed	MAC-8177
04/05/2023	Mickey Mouse	Eastern Health Referral	Breast Surgery - Michael Law	Eastern Health Referral Form	Dr J Mountain	HL	Parked	EH-7
03/05/2023	Mickey Mouse	Eastern Health Referral	Allergy - Francis Thien	Eastern Health Referral Form	Dr J Mountain	HL	AutoSaved	EH-4
02/05/2023	Minnie Mouse	Eastern Health Referral	Allergy - Francis Thien	Eastern Health Referral Form	Dr J Mountain	HL	AutoSaved	EH-1

Step 6: Accessing submitted forms

A Submitted forms are saved back to the Documents tab where it can be viewed

The screenshot displays the Shexie Platinum software interface for a patient named Patient Test #99-Z (DOB: 05/05/1955, Age: 68). The 'Documents' tab is active, showing a table of documents:

Date	Description	Folder	Status
29/09/2023	Form - SR Referral to Genie Solutions - Speci...		Dispatched

On the right side of the interface, there is a 'Form sent on 29/09/2023 12:44 NZDT' section with the following details:

- Referral to Dr Genie Solutions**
- HealthLink Testing: 4/49 Eyre St, Townsville QLD 4810, Townsville, 4810, Ph:1300 146 465
- Referral number: SR-3912
- Referral date: 29/09/2023 12:44 NZDT
- Patient: Patient Test, 68yrs, M, DOB 05/05/1955, PH: Mob 123456789
- Residential address: don't care street, no where, qld 9999
- Postal address: same as residential address
- Referred by: John Mountain, The Practice, Prov. No. 0319352K, HPI-O 8003621566699297, HPI-I 800361823333987, PH (02) 4739 1122, FAX 02 9999 7777

Below this, there is a 'Clinical Referral Information' section with the following details:

- Referral Date: 29/09/2023
- Referral Continuation: New
- Referral Period: 12 months
- Feedback Requested: Yes
- Interpreter Required: No

Reason for Patient Referral: testing

Medications, Allergies, Alerts - No medications, allergies or alerts specified

The medication details are as provided by the sending health provider. For accurate assessments of patient medications, please refer to the sender for any clarifications you may require.

Medical, Social and Family History - No medical, social and family history specified

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

Viewing incoming reports

A From the home screen – if incoming correspondence is waiting to be viewed – tabs at the bottom will flash red.

You are also able to click on E-Letters and it will take you to the incoming correspondence area.

Shexie Platinum - Healthlink User Helpdesk No: 1300 743943 (1300 SHEXIE)

Patient Search Accounting View Table Maintenance Reports Word Processor Calculator Housekeeping Help Log off

Open Panels 1 Tuesday 03 October, 2023
08:30 AM - 10:30 AM

Lock Bookings

Dr J Mountain Dr Aram Callahan

Time	Appointment	Flags	Billing	Contact No	Patient	Ref No.1	Ref No.2	HighLights	Comment
08:30 ...									
08:45 ...									
09:00 ...									
09:15 ...									
09:30 ...									
09:45 ...									
10:00 ...									
10:15 ...									
10:30 ...									

Standard Consultation

Alter Date: Days Weeks Months Show Date:

Pathology | **E-Letters** | **Pending Letters** | **Review Complete** | | |

October 2023 November 2023

Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
25	26	27	28	29	30	1							
2	3	4	5	6	7	8	6	7	8	9	10	11	12
9	10	11	12	13	14	15	13	14	15	16	17	18	19
16	17	18	19	20	21	22	20	21	22	23	24	25	26
23	24	25	26	27	28	29	27	28	29	30	1	2	3
30	31						4	5	6	7	8	9	10

A

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

Viewing incoming reports (continued)

- D** The right-hand side shows the messages waiting for review.
- E** The right-hand panel enables you to link/match/filter etc.

Shexie Platinum E-Letters Review Pending

From: pmsshexi HealthLink Client Test Message Generator v6.8.0.5 Requested: //
Patient: Patient HealthlinkTest DOB: 12/12/1912 Collected: //

Report

-
This test report is being sent to your clinical system from HealthLink to test your installation and configuration to import clinical documents.
If your practice system is configured correctly it will automatically generate an acknowledgement indicating the successful delivery of this report.
This test report can be safely deleted.
If any further action is required you will be contacted by Healthlink
\.br

Electronic files received pending review

File Description	Date
Mickey Mouse - MR Mickey Mouse	15/02/2023
Mickey Mouse - MR Mickey Mouse	15/02/2023
Report	23/02/2023
CARDIO TESTPATIENT	23/02/2023
MR Mickey Mouse	24/11/2022
MR Mickey Mouse	24/11/2022
MR Mickey Mouse	24/11/2022
MR Mickey Mouse	24/11/2022
Mickey Mouse - MR Mickey Mouse	24/11/2022

Description for file

Report

Set Folder to: Additional Clinical Stuff
Set Status to: Document Deleted, Review Pending, Review Complete, E-Letters Review Pending, E-Letters Review Complete, Not Required
Set Date to: 23/02/2023
Filter: Show All, Matched, UnMatched

Provider Filter: All Providers
Set Provider to: Link to All Providers, Dr J Mountain, Dr Ricardo Burns 2441091Y, Dr Aram Callahan 2419151J

Link to patient: Last Name, First Name, DOB
Review All Linked Files:
Link to Patient:

Searched Patients
Reviewed Delete Print Cancel

Surname	Firstname	Suburb	Date of Birth	Patient
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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.