

HealthLink

User Guide

18.05.2026 SP

HealthLink SmartForms for Shexie Platinum

Welcome to HealthLink SmartForms. The smartest way for health professionals to submit Fitness to Drive medical assessments to **Transport for NSW**.

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

©HealthLink



Submitting HealthLink SmartForms from Shexie Platinum

SmartForms enable **Shexie Platinum** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, **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

Part 1: Fitness to Drive Assessments:

Step 2:
Launching a new Fitness to Drive form

Step 3:
Completing the form

Step 4:
Previewing, Submitting and Parking

Step 5:
Accessing parked and auto-saved forms

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Accessing submitted forms

Part 2: Interlock Program Recommendation:

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Completing the form

Step 4:
Previewing, Submitting and Parking

Step 5:
Accessing parked and auto-saved forms

Step 6:
Accessing submitted forms

Step 1: Accessing HealthLink SmartForms

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

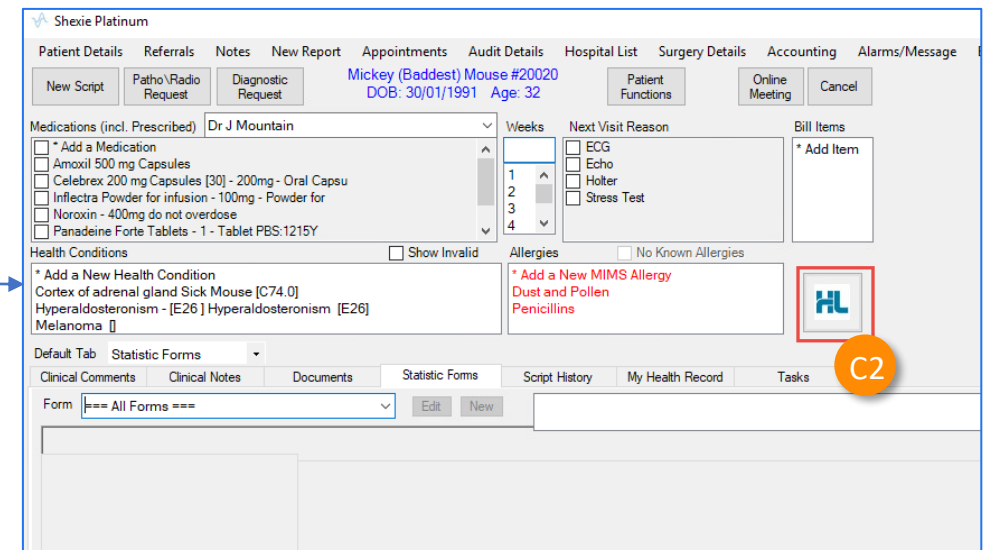
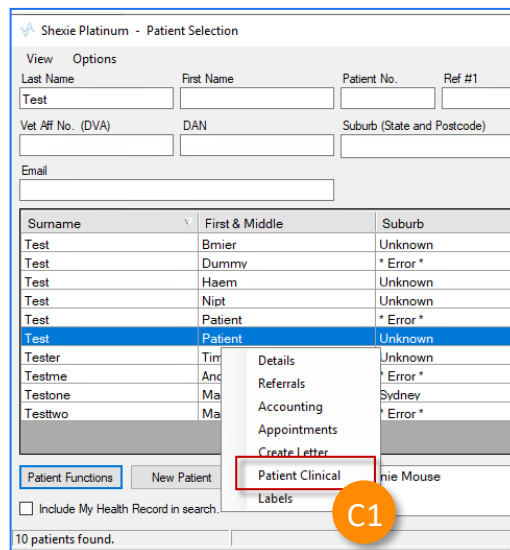
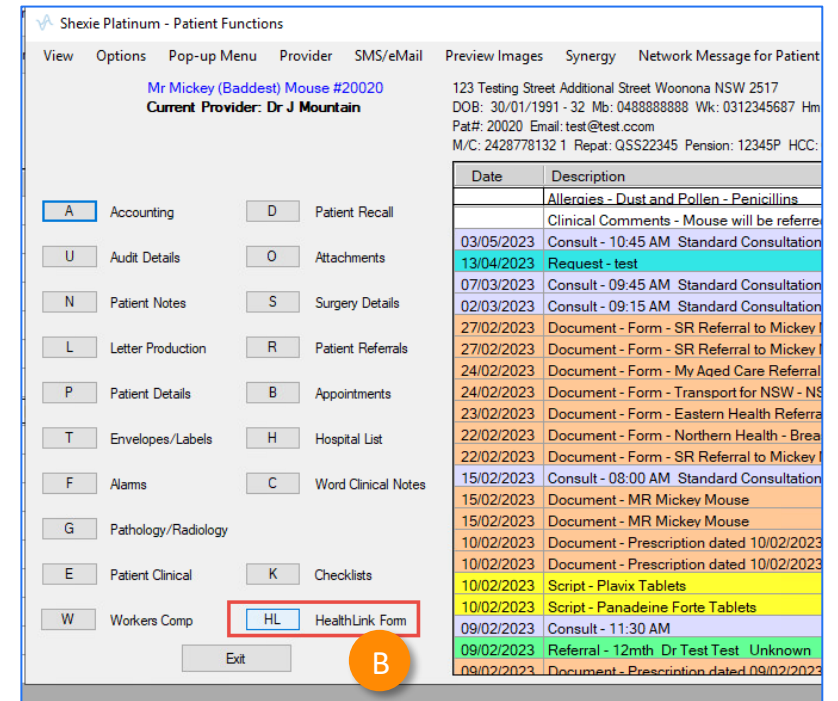
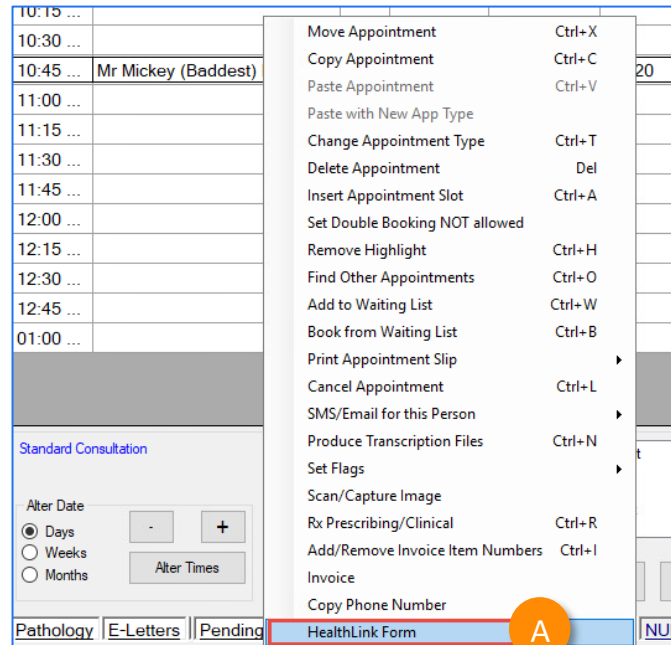
Open and search for a patient via Patient Search. Once you are in the patient record click on **HL – HealthLink Form**.

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

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.

Shexie Platinum - HealthLink User Helpdesk No: 1300 743943 (1300 SHELXIE)

Wednesday 03 May 2023

Shexie Platinum - HealthLink Form

Patient: Mr Mickey (Baddest) Mouse Provider: Dr J Mountain 0319352K Status: All

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 **Transport for NSW**

Create Update Support HealthLink | PRO

Search a Directory

SR Specialists+Referrals Refer to Private Specialist HL HealthLink Direct

IAR Decision Support Tool for Mental Health K Konnect NET Spotlight Services
Return.ioWorkSA Work Capacity Certificate

Referral Services

Access Canberra Prototype	ACT Public Outpatient and Community
Application	Austin Health referrals
Banyule Community Health	ccCHIP - Cardiometabolic Health in Psychosis
Chris O'Brien Lifecare Services	DPV Community Health
Eastern Health	Grampians Health
Head to Health	Hearing Australia Medical Certificate
Medicare Mental Health (1800 595 312)	Mercy Hospital for Women
Monash Health	My Aged Care Referral
Northern Health	Northern NSW LHD - referrals
Northern Sydney Local Health District Services	NSW Certificate of Capacity
NSW Health Outpatient Referrals	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 referrals Demo
PRP Diagnostic Imaging	SA Health
Spectrum Medical Imaging	Sydney LHD Aged Care, Allied Health and Community services
Sydney LHD Hospitals Services	Tasmanian Health Service
Tasmanian Mental Health and Alcohol and Other Drugs	TINSW SPA Homepage Dev ATS
TINSW SPA Homepage Dev Local 2	Transport for NSW
Victoria General Practice Referral	Victorian Standard of Treatment
WA Health Referrals	Wentree Mercy Hospital

Step 2:

Launching a new form



To launch the SmartForm, select the online form you require from the list of available forms.

NSW
GOVERNMENT

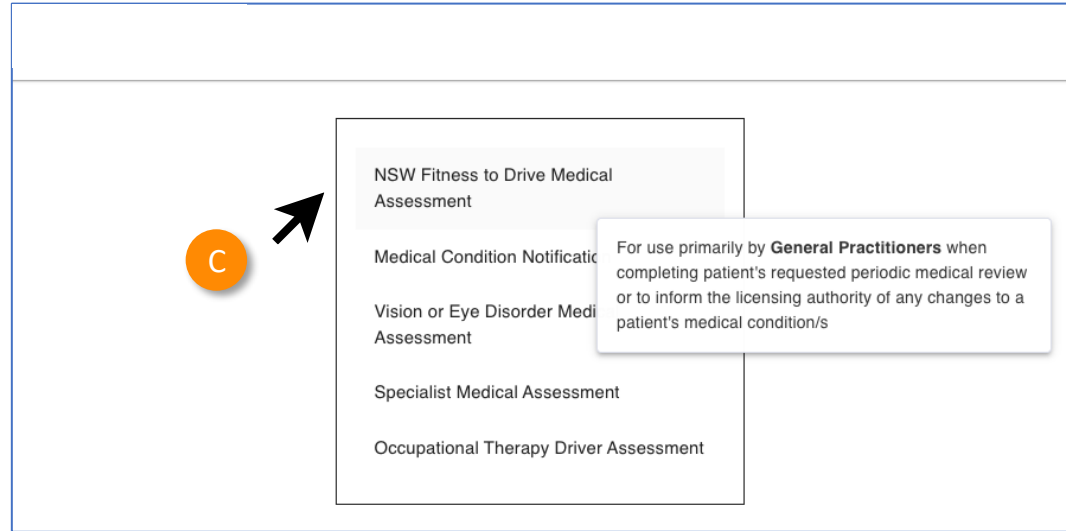
- NSW Fitness to Drive Medical Assessment
- Medical Condition Notification
- Vision or Eye Disorder Medical Assessment
- Specialist Medical Assessment
- Occupational Therapy Driver Assessment
- NSW Interlock Program Recommendation

Part 1:

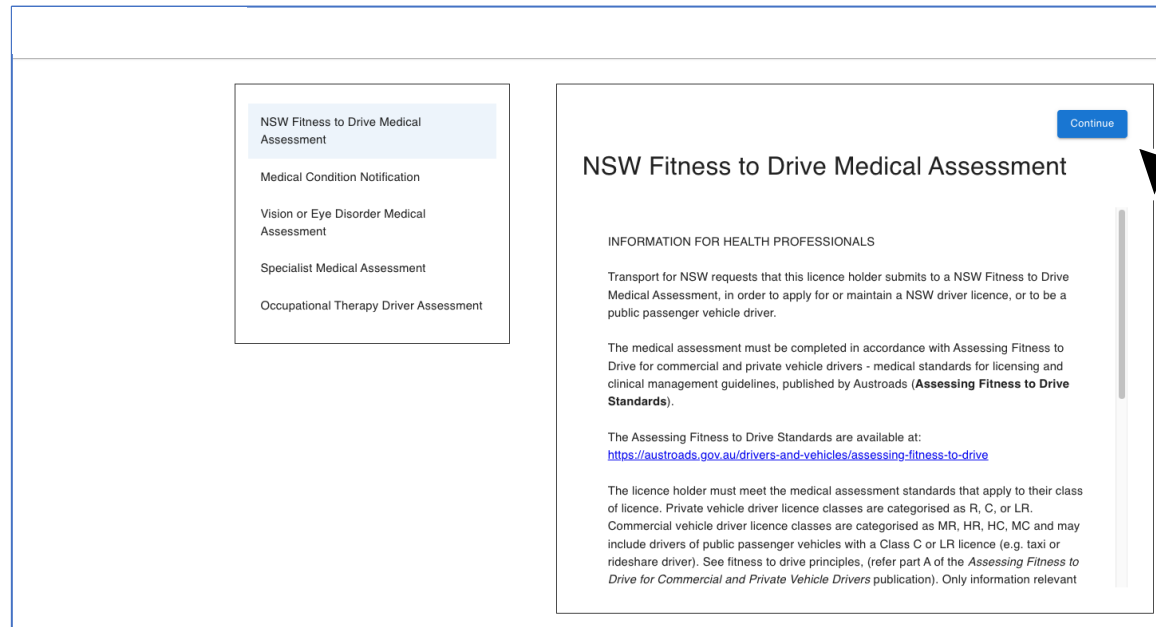
Fitness to Drive Medical Assessment

Step 2: Fitness to Drive Launching a new form

C To launch the SmartForm, select the **NSW Fitness to Drive Medical Assessment** form from the list of available forms.



D A pop-up information box for Health Professionals will appear next. Once you have read the information, click the **continue** box.




Step 3: Fitness to Drive Completing the form

C

Once your patient's driver license number has been validated you will be able to continue with the **Medical Assessment**.


NSW Fitness to Drive Medical Assessment


Medical Assessment 

Licence class: C
Medical standard: Private

Attachments / Reports
0 files attached (0 KB)

Patient Information


Recipient / Referrer 

Driver Licence Verification 

Driver licence number Customer number

Driver licence number *

Date of birth *

Patient consent obtained* 

Patient surname *

Current medical assessment information

Name

Date of birth

Licence number

Licence class



Field of Practice *

Medical standard

Assessing medical standard *

Address

Reason for medical

 Consider the nature of the driving task when performing this assessment. 

C


Step 3: Fitness to Drive Completing the form

D

The SmartForm is responsive, and it will indicate which questions are mandatory as you move through your patient's medical assessment.


NSW Fitness to Drive Medical Assessment


Driver Licence Verification


Medical Assessment 
Licence class: C
Medical standard: Private

Attachments / Reports
0 files attached (0 KB)


Patient Information

Recipient / Referrer 


VISION
Does the patient have a current vision or eye disorder? *  Yes No

CARDIOVASCULAR DISEASE
Does the patient have a cardiovascular condition(s)? *  Yes No
Please select the relevant condition(s) *

- Acute Myocardial Infarction
- Aneurysms (Abdominal and Thoracic)
- Angina
- Anticoagulant Therapy
- Atrial Fibrillation
- Cardiac Arrest
- Complicated Congenital Disorder

 A person may drive without restriction and without reporting to the driver licensing authority if they have uncomplicated congenital heart disease and there are no or minimal symptoms relevant to driving.

- Coronary Artery Bypass Grafting
- Dilated Cardiomyopathy
- Heart Failure
- Heart Transplant
- Hypertension
- Hypertrophic Cardiomyopathy
- Implantable Cardiac Defibrillator (ICD)
- Pacemaker
- Paroxysmal Arrhythmias
- Percutaneous Coronary Intervention (PCI)



Step 3: Fitness to Drive Completing the form

Attachments / Reports

- E** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.
- F** 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...**
 - G** stored in your Practice Management Software by clicking the **Browse** button .
 - H** **Note:** Make sure to update the date parameters if you want to see files that are older than six months.

NSW Fitness to Drive Medical Assessment

Medical Assessment
Licence class: C
Medical standard: Private

Attachments / Reports
2 reports selected (0 KB)
0 files attached (0 KB)

Patient Information

Recipient / Referrer

Diagnostic Reports / Patient Documents
Supports file types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt

Caution: larger attachments may take significant time to preview

Name	Date ↑	Comments	Type	Size (KB)
<input type="checkbox"/> RTF # 2 RTF	11/07/2025	RTF # 2	rtf	60
<input type="checkbox"/> JPG # 2.JPG	11/07/2025	JPG # 2	jpg	99
<input type="checkbox"/> PDF #2.PDF	11/07/2025	PDF #2	pdf	214

Local File Attachments
Supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt
Note: Files without a file extension are not accepted. Please save it with an appropriate file type, then try again.

Name	Date ↑	Comments	Type	Size (KB)
No Local Files Selected Click "Browse" button to add local files				

NSW Fitness to Drive Medical Assessment

Medical Assessment
Licence class: C
Medical standard: Private

Attachments / Reports
2 reports selected (0 KB)
0 files attached (0 KB)

Patient Information
HL License # 9702
Magdonbushnell
No patient ID available
01/01/1980

Recipient / Referrer

Diagnostic Reports / Patient Documents
Supports file types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt

Caution: larger attachments may take significant time to preview

Name	Date ↑	Comments	Type	Size (KB)
<input type="checkbox"/> RTF # 2 RTF	11/07/2025	RTF # 2	rtf	60
<input type="checkbox"/> JPG # 2.JPG	11/07/2025	JPG # 2	jpg	99
<input type="checkbox"/> PDF #2.PDF	11/07/2025	PDF #2	pdf	214

Local File Attachments
Supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt
Note: Files without a file extension are not accepted. Please save it with an appropriate file type, then try again.

Name	Date ↑	Comments	Type	Size (KB)
No Local Files Selected Click "Browse" button to add local files				

Browse Diagnostic Reports / Patient Documents
Please select the report(s) to be submitted with this referral.

Search Options

Search File Name

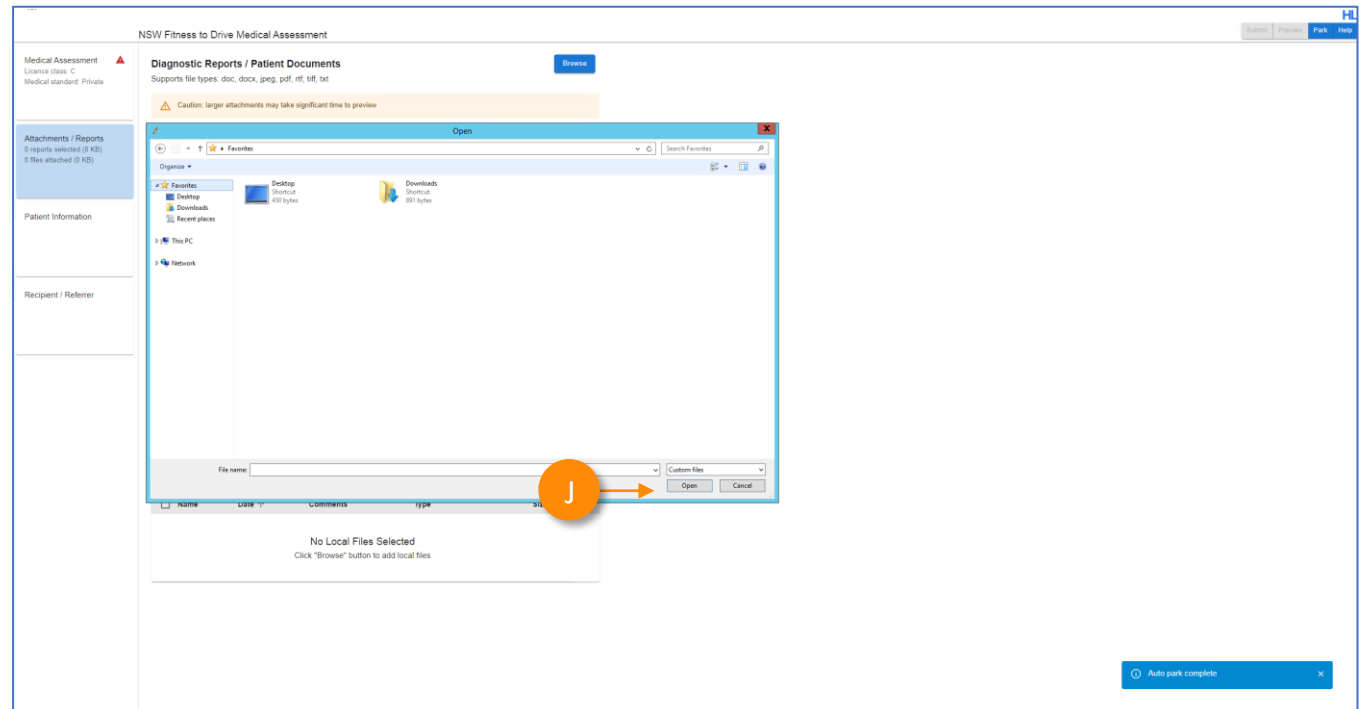
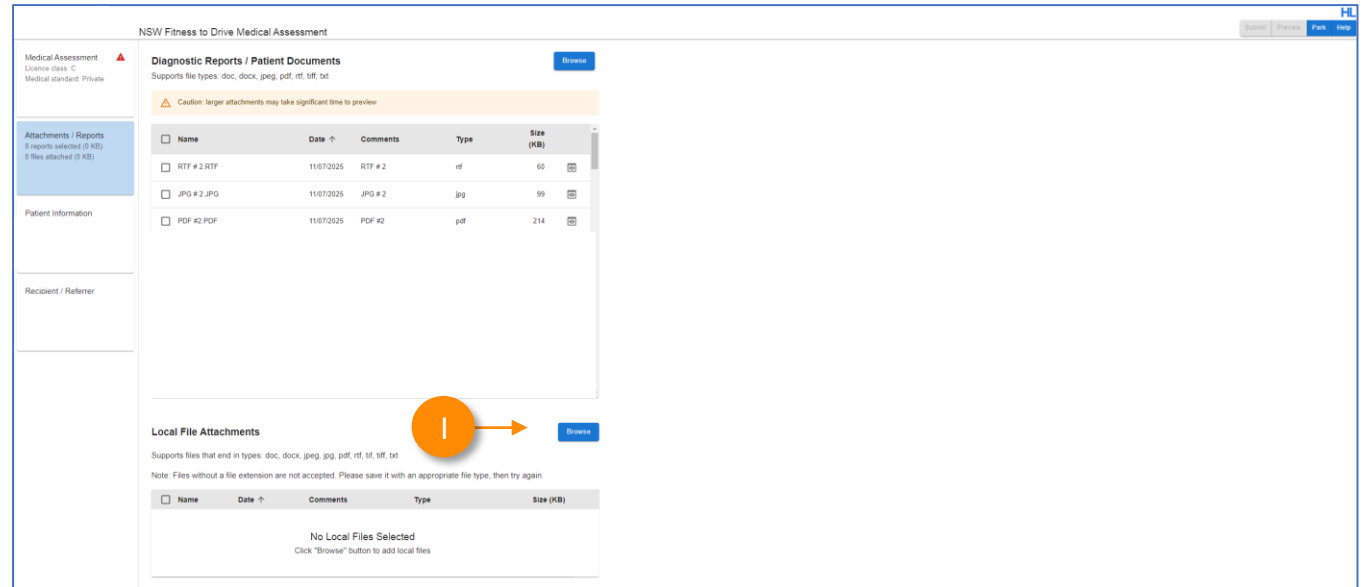
Date From: 15/06/2025
Date To: 15/07/2025

Name	Date ↑	Comments	Type	Size (KB)
No files loaded Enter Search Options and click "Search"				

Step 3: Fitness to Drive Completing the form

Attachments / Reports

- I Another option to add attachments is the ability to browse for files in your local computer's file by clicking the **Browse** button.
- J Select the file for your local computer file and select **Open**.



Step 3: Fitness to Drive

Completing the form


Patient information

K Patient information will be pre-populated by the SmartForm in the **Patient information** tab.



NSW Fitness to Drive Medical Assessment


Submit Preview Park Help

Medical Assessment 
Licence class: C
Medical standard: Private


Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)


Patient Information

No patient ID available
01/01/1980


Recipient / Referrer 

Patient Information

Medicare number Date of birth*  Pension number

Name Patient Name 

First name* Last name*

Residential Address: 13 Test Street, Sydney, NSW, 2000
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1*


Address line 2

Suburb

State*

Postcode

Postal Address
Same as residential
 Yes No

Postal Address: 13 Test Street, Sydney, NSW, 2000
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1*

Step 3: Fitness to Drive Completing the form

Recipient / Referrer

L Recipient / Referrer information will be pre-populated by the SmartForm in the **Recipient / Referrer** tab.

Note: Before submitting please double check your medical practitioner information is correct.

You can assess a person's fitness to drive in NSW if you're a registered medical practitioner or specialist. This includes general practitioners, specialists, optometrists, ophthalmologists and allied health professionals.



NSW Fitness to Drive Medical Assessment HL
Submit Preview Park Help

Medical Assessment Information Required ▲

Attachments / Reports
0 reports selected (0 KB)
0 files attached (0 KB)

Patient Information ▲
Patient Correct

Recipient / Referrer
Patient Name
0000000Y

Medical Practitioner Information

Medicare Provider Number *

Medical Registration Number

Full Name: Patient Name ⓘ

Name: Patient Name ^

First name *

Last name *

Practice name *

Practice Address: 13 Test Street, Suite, Sydney, NSW, 2000 ^

Address line 1 *

Address line 2

Suburb

State *

Postcode

Practice telephone *

Email *

Practice fax

FBI

Step 4: Fitness to Drive Previewing, Submitting and Parking

Previewing

A When you are ready to review your form, check the **Declaration** tick box.

NSW Fitness to Drive Medical Assessment

HL

Submit

Preview

Park

Help

Review period recommendation

TfNSW Default

i TfNSW Default means that TfNSW will determine the review frequency based on the patient's medical condition(s), the AFTD or age-related policy. Alternatively, you can select a bespoke review period.

Driving assessment recommendation/s (if applicable)

- Transport for NSW practical driving test
- Occupational Therapist Driver assessment
- None

Recommended licence condition/s (if applicable)

- Downgrade to a lower class of licence
- Daylight hours only
- May only drive automatic vehicles
- Radius restrictions

Recommend other licence condition/s:

Specialist review recommendation/s (if applicable)

Recommend other specialist/s review:

Ophthalmologist **x**

TfNSW will create an immediate request for a specialist review to be conducted. Please arrange a referral/s.

- Any additional comments on conditions likely to affect driving? **i**

i NOTE: Additional comments not required if condition(s) has already been assessed on this form

DECLARATION

- Applicant declaration read and accepted.* **i**

A Advise the Customer that the Medical Report can be printed for them, emailed to them or that a copy can be obtained on application from a Service NSW centre.

Step 4: Fitness to Drive Previewing, Submitting and Parking

Previewing

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

C If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it. You can click on each error in the **please fix the following errors** box and the form will take you directly to the required field.

D You can scroll through any errors by using the **Go to Error** function on the bottom left hand corner of the SmartForm.

NSW Fitness to Drive Medical Assessment

[Submit](#)[Preview](#)[Park](#)[Help](#)

⚠ Please fix the following errors:

Medical Assessment

- [Seizure or Epilepsy]: Does the patient have epilepsy? is a required field
- [Neurological Condition]: Does the patient have vestibular, neurological or other neurodevelopmental disorders? is a required field
- [Sleep Disorder]: Does the patient have established sleep apnoea syndrome, narcolepsy, or excessive sleepiness? is a required field
- [Mental Health]: Does the patient have a chronic psychiatric condition of such severity that may impact safe driving? is a required field
- [Musculoskeletal Disorder]: Does the patient have a musculoskeletal disorder that may impact on safe driving? is a required field
- [Substance Use Disorder]: Does the person have an alcohol use disorder such as alcohol dependence or heavy frequent alcohol use or a substance use disorder such as substance dependence or other substance use that is likely to impair safe driving? is a required field
- [Medications]: Is the patient taking multiple medications that may affect driving? is a required field
- [Treatment History]: When did you first treat the patient? is a required field
- [Treatment History]: When did the patient first attend this practice? is a required field
- [Treatment History]: Did you have any knowledge of the patient's medical history before undertaking this assessment? is a required field
- [Recommendations]: Please complete the Recommendations section
- [Declaration]: Applicant declaration read and accepted is a required field

Recipient / Referrer

- Medicare Provider Number is a required field

SEIZURE OR EPILEPSY

Does the patient have epilepsy? * ⓘ

Yes No

NEUROLOGICAL CONDITION

Does the patient have vestibular, neurological or other neurodevelopmental disorders? * ⓘ

Yes No

SLEEP DISORDER

Does the patient have established sleep apnoea syndrome, narcolepsy, or excessive sleepiness? * ⓘ

Yes No

Goto Error:

< Previous

Current

Next >

Step 4: Fitness to Drive Previewing, Submitting and Parking

Previewing / Parking

E Click Preview. A pop-up **Preview** will appear for your review.

A copy of the form is saved directly to the patient file.

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.

NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

HL

The screenshot shows the 'NSW Fitness to Drive Medical Assessment' form. The main form is partially visible on the left, showing sections for 'Medical Assessment', 'Medical Practitioner Information', 'Patient Information', and 'Recipient / Referrer'. A 'Preview' pop-up window is open in the center, displaying the assessment details. The pop-up has a title bar with 'Print', 'Submit', and 'Close' buttons. The main form has a 'Preview' button highlighted with an orange box and a callout 'F'. The pop-up has a callout 'E' pointing to the 'Close' button.

Medical Assessment
Licence class: C
Medical standard: Private
Ready to Submit

Medical Practitioner Information
Medicare Provider Number*
000000000

Patient Information
HLGAECTNJR
MASRDNQTTUICHHL
No patient ID available
01/01/1980

Recipient / Referrer

Medical Practitioner Information
Full Name: Brett Mitchell
Name: Brett Mitchell
Practice name*
Furious Five Psych
Practice Address: 4/69 eyre S
Address line 1*
4/69 eyre Street
Address line 2
Suburb
NORTH WARD
State*
Queensland
Postcode
4810
Practice telephone*
+61 04 17728660
EDI
auportal

Preview
Print Submit Close

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Assessment Statement
This assessment has been completed in accordance with 'Assessing Fitness to Drive'. The standards can be viewed at <https://www.austroads.gov.au>

Privacy Statement
Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsens Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies. If your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or rideshare service providers under the *Passenger Transport Act 2014* (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

NSW Fitness to Drive Medical Assessment - Transport for NSW
Patient: , 45yrs, DOB 01/01/1980.
Residential address
Postal address: . .
Referred by:

Medical Assessment Information

Driver Licence Verification
Driver licence number: 45232285

Step 4: Fitness to Drive Submitting

Submitting

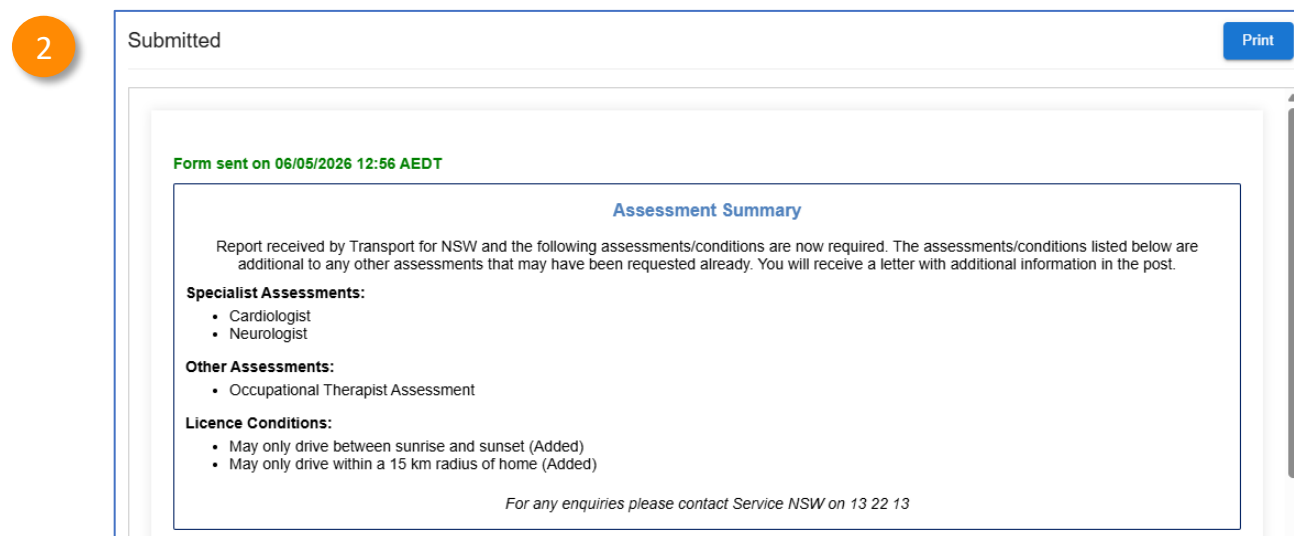
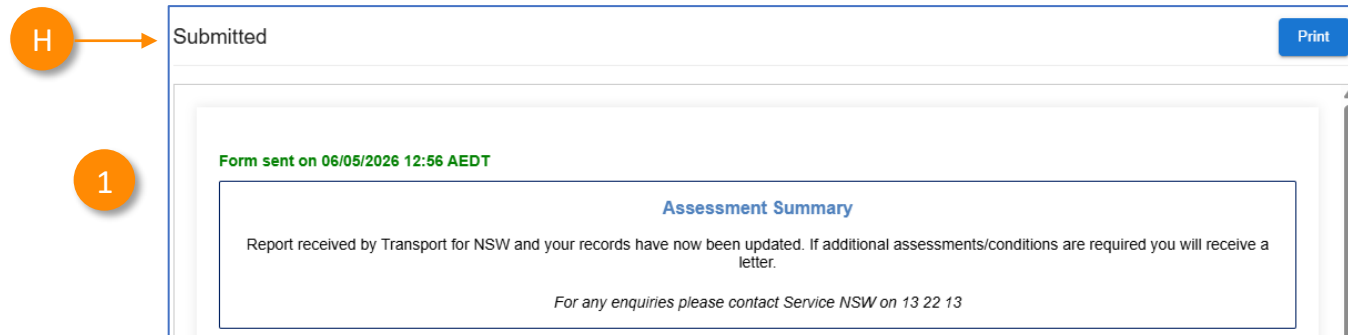
G When you are ready to send your form, click **Submit**.

H 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**.

There are four submission response outcomes:

- 1. Straight through processing:** successfully received by Transport for NSW. The data has been processed automatically and the licence record updated.
- 2. Straight through processing with assessments/conditions:** successfully received by Transport for NSW. Additional Assessments to be requested based on Doctor recommendations/business rules.

A copy of the submitted form is saved directly to the patient file.



Step 4: Fitness to Drive Submitting

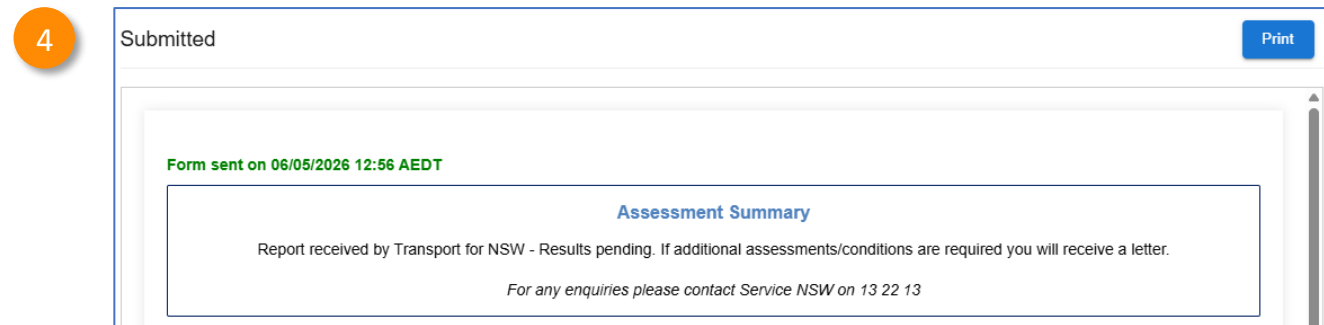
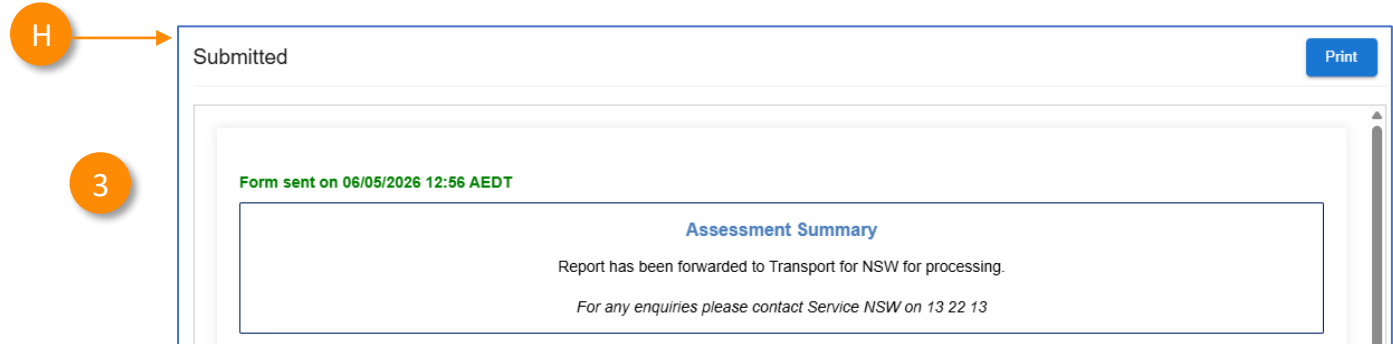
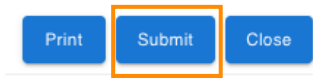
Submitting continued

- G** When you are ready to send your form, click **Submit**.
- H** 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**.

There are four submission response outcomes:

3. **Manual processing required by Transport for NSW:** successfully received by Transport for NSW and the data will be processed manually.
4. **Technical issue:** successfully received by Transport for NSW, but there was an issue with automatic processing at Transport for NSW. Transport for NSW will manually process the data.

A copy of the submitted form is saved directly to the patient file.

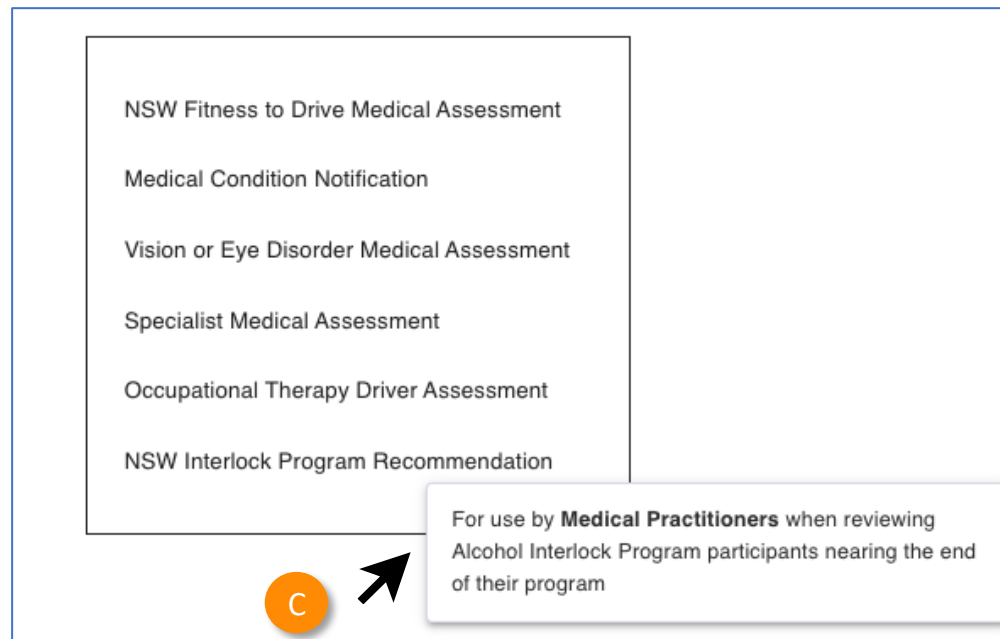


Part 2:

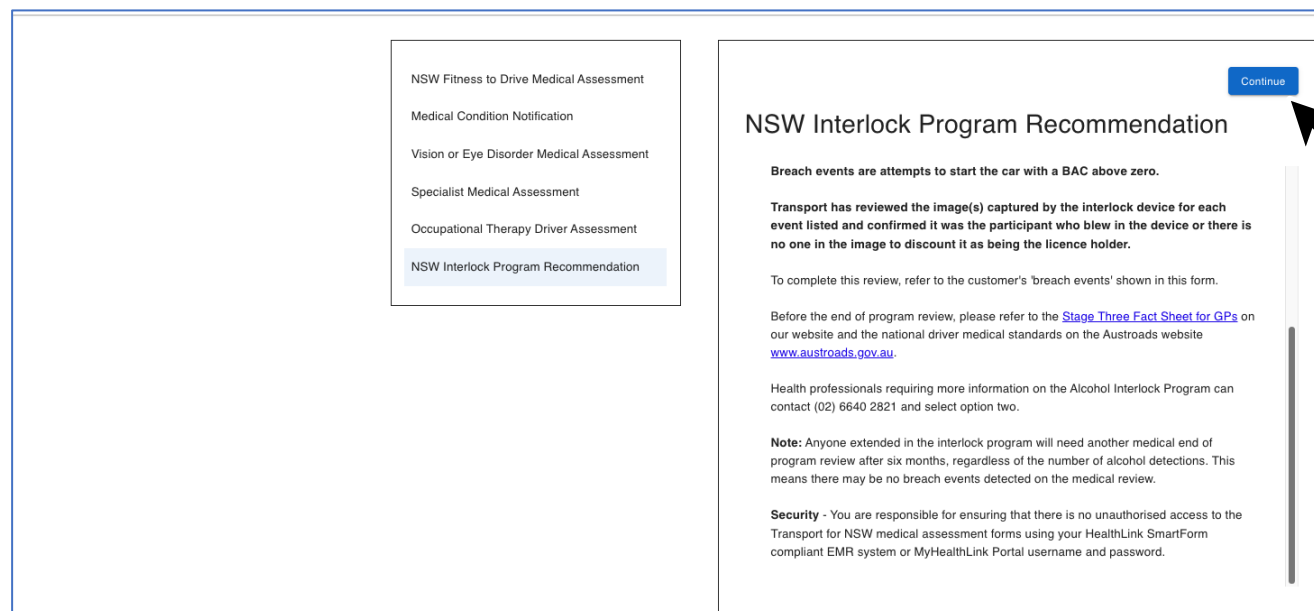
Interlock Program Recommendation

Step 2: Interlock Program Recommendation Launching a new form

C To launch the SmartForm, select the **NSW Interlock Program Recommendation** form from the list of available forms.



D A pop-up information box for Health Professionals will appear next. Once you have read the information, click the **continue** box.



Step 3: Interlock Program Recommendation 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.

B


Mandatory Fields must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

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.


Note: Once you have ticked on the **patient consent obtained** box – the form will validate your patient's driver license number, and you will be able to proceed with the recommendation.


Step 3: Interlock Program Recommendation Completing the form


C The SmartForm is responsive, and it will indicate which questions are mandatory as you move through your patient's medical assessment.



NSW Interlock Program Recommendation - Transport for NSW


Interlock Program Recommendation Information Required 

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


Recipient / Referrer 


Patient Information


Medicare number

Date of birth* 
Required

Pension number

Name: 

First name* **Last name*** 

Residential Address: No address specified
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA in the State field 

Address line 1*

Address line 2

Suburb

State*

Postcode

Postal Address
Same as residential
 Yes No

Step 3: Interlock Program Recommendation Completing the form

Recipient / Referrer

D Recipient / Referrer information will be pre-populated by the SmartForm in the **Recipient / Referrer** tab.

Note: Before submitting please double check your medical practitioner information is correct.

D →

NSW GOVERNMENT

NSW Interlock Program Recommendation - Transport for NSW

Interlock Program Recommendation Information Required

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

Recipient / Referrer

Recipient

Referral number
RMS-5003216

Medical Practitioner Information

Medicare Provider Number *
Medical Registration Number

Full Name: ⓘ

Name

First name *
Last name *

Practice name *



Practice Address:

Address line 1 *
Address line 2

Step 4: Interlock Program Recommendation Previewing, Submitting and Parking

Previewing

A When you are ready to review your form, check the **Declaration** tick box.




Submit Preview Park Help

NSW Interlock Program Recommendation - Transport for NSW

06-04-2026 14:39:46	Initial Test Failed High BAC	0.067
03-04-2026 09:19:34	Initial Test Failed	0.045
01-04-2026 07:51:15	Retest Failed	0.034
01-04-2026 04:28:45	Initial Test Failed	0.031


Interlock Program Recommendation
Licence class: C
Medical standard: Private
Ready to Submit

Patient Information

Recipient / Referrer 


TREATMENT HISTORY
How long have you treated the patient? *

First Visit
 12 months or less
 1 to 5 years
 5 years or more


Did you have any knowledge of the patient's medical history before undertaking this assessment? *  Yes No

RECOMMENDATIONS*



Meets the medical criteria for a conditional licence and should continue to be monitored by an alcohol interlock device - **Extend or Re-enter** the Alcohol Interlock Program
 Meets the medical criteria for an unconditional licence - **Exit or Not Re-enter** the Alcohol Interlock Program

 NOTE: Alcohol interlock device no longer a requirement to be installed in a vehicle.

DECLARATION

I have reviewed all of the verified breach events *
 Applicant declaration read and accepted. * 

Patients should be given a copy of their review, as it includes a privacy statement relevant to them. This can be provided by printing the form, emailing to them or they can obtain a copy on application from a Service NSW Centre.

Goto Error:  

< Previous Current Next >

Step 4: Interlock Program Recommendation Previewing, Submitting and Parking


Previewing

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


C If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it. You can click on each error in the **please fix the following errors** box and the form will take you directly to the required field.

D You can scroll through any errors by using the **Go to Error** function on the bottom left hand corner of the SmartForm.

Submit Preview Park Help



NSW Interlock Program Recommendation - Transport for NSW



Interlock Program Recommendation
Licence class: C
Medical standard: Private
Ready to Submit

Patient Information

10/10/1980

Recipient / Referrer ⚠

⚠ Please fix the following errors:

Recipient / Referrer

- Medicare Provider Number is a required field

Driver Licence Verification ▼

VERIFIED BREACH EVENTS



⚠ The breach events listed below have been verified by Transport for NSW as being attributable to the customer. If any manual adjustments have been made, the patient will provide an amended letter.

As at 8 May 2026

Verified Breach Events		
Date / Time	Recorded Event	Blood Alcohol Concentration (BAC)
01-05-2026 19:36:04	Initial Test Failed High BAC	0.147
25-04-2026 22:47:31	Retest Failed High BAC	0.067
25-04-2026 18:37:29	Initial Test Failed High BAC	0.098

Goto Error:

< Previous **Current** Next >

Step 4: Interlock Program Recommendation Previewing, Submitting and Parking

Previewing / Parking

E Click Preview. A pop-up **Preview** will appear for your review.

A copy of the form is saved directly to the patient file.

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.

NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

The screenshot shows the NSW Fitness to Drive Medical Assessment form with a preview pop-up window. The pop-up window contains the following text:

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The end of program review information captured below will be considered by Transport and you will be sent a letter confirming your exit or continuation in the Alcohol Interlock Program.

Assessment Statement
This assessment has been completed in accordance with 'Assessing Fitness to Drive'. The standards can be viewed at <https://www.austroads.gov.au>

Privacy Statement
We are collecting your personal information in connection with your Alcohol Interlock Program end of program review. We may retain, use and disclose your personal information in connection with verifying your identity and your end of program review. We will not otherwise disclose your personal information unless authorised by law. Providing this information is voluntary but we will not be able to complete your review unless you provide it. Your personal information will be held and managed by Transport for NSW in accordance with the Privacy and Personal Information Protection Act 1998. To access or amend your personal information please use the access and amendment application forms available at transport.nsw.gov.au/about-us/transport-privacy.

NSW Interlock Program Recommendation - Transport for NSW

Patient: [Redacted], DOB 10/10/1980.

Residential address: 88 EBLEY STREET, BONDI JUNCTION, NSW 2022

Referred by: Brett Mitchell, Furious Five Psych, Prov. No. 362649, PH +61 04 17728660

Referral date: 12/05/2026 11:27 Pacific/Auckland

Medical Assessment Information

Driver Licence Verification

Driver licence number: 69178693
MAIP participant number: 362649

Step 4: Interlock Program Recommendation Submitting

Submitting

G When you are ready to send your form, click **Submit**.

H 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**.

There are three submission response outcomes:

1. **Straight through processing: successfully received by Transport for NSW. The data has been processed automatically and the licence record updated.**
2. **Manual processing required by Transport for NSW: successfully received by Transport for NSW and the data will be processed manually.**
3. **Technical issue: successfully received by Transport for NSW, but there was an issue with automatic processing at Transport for NSW. Transport for NSW will manually process the data.**

A copy of the submitted form is saved directly to the patient file.

The image displays three sequential screenshots of a web form titled 'Submitted'. At the top right of the form, there are three buttons: 'Print', 'Submit', and 'Close'. An orange box highlights the 'Submit' button, with an arrow pointing to a circular callout 'G'. Another arrow points from a circular callout 'H' to the top left of the form. The form content is divided into three numbered sections:

- 1:** Shows a 'Form sent on 23/04/2026 11:23 AEDT' timestamp. The summary box contains the text: 'Recommendation received by Transport and your records have been updated. You will receive a letter about your participation in the Alcohol Interlock Program. For any enquiries please contact Service NSW on 13 22 13'. Below this, a red warning message states: 'The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The end of program review information captured below will be considered by Transport and you will be sent a letter confirming your exit or continuation in the Alcohol Interlock Program.'
- 2:** Shows the same timestamp. The summary box contains: 'Recommendation has been forwarded to Transport for processing. You will receive a letter about your participation in the Alcohol Interlock Program. For any enquiries please contact Service NSW on 13 22 13'. The red warning message is identical to the first screenshot.
- 3:** Shows the same timestamp. The summary box contains: 'Recommendation received by Transport - Results pending. You will receive a letter about your participation in the Alcohol Interlock Program. For any enquiries please contact Service NSW on 13 22 13'. The red warning message is identical to the first screenshot.

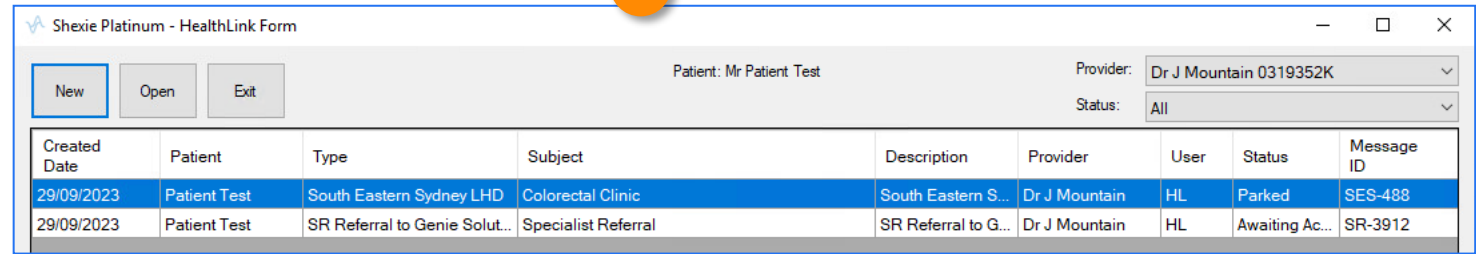
Step 5:

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**

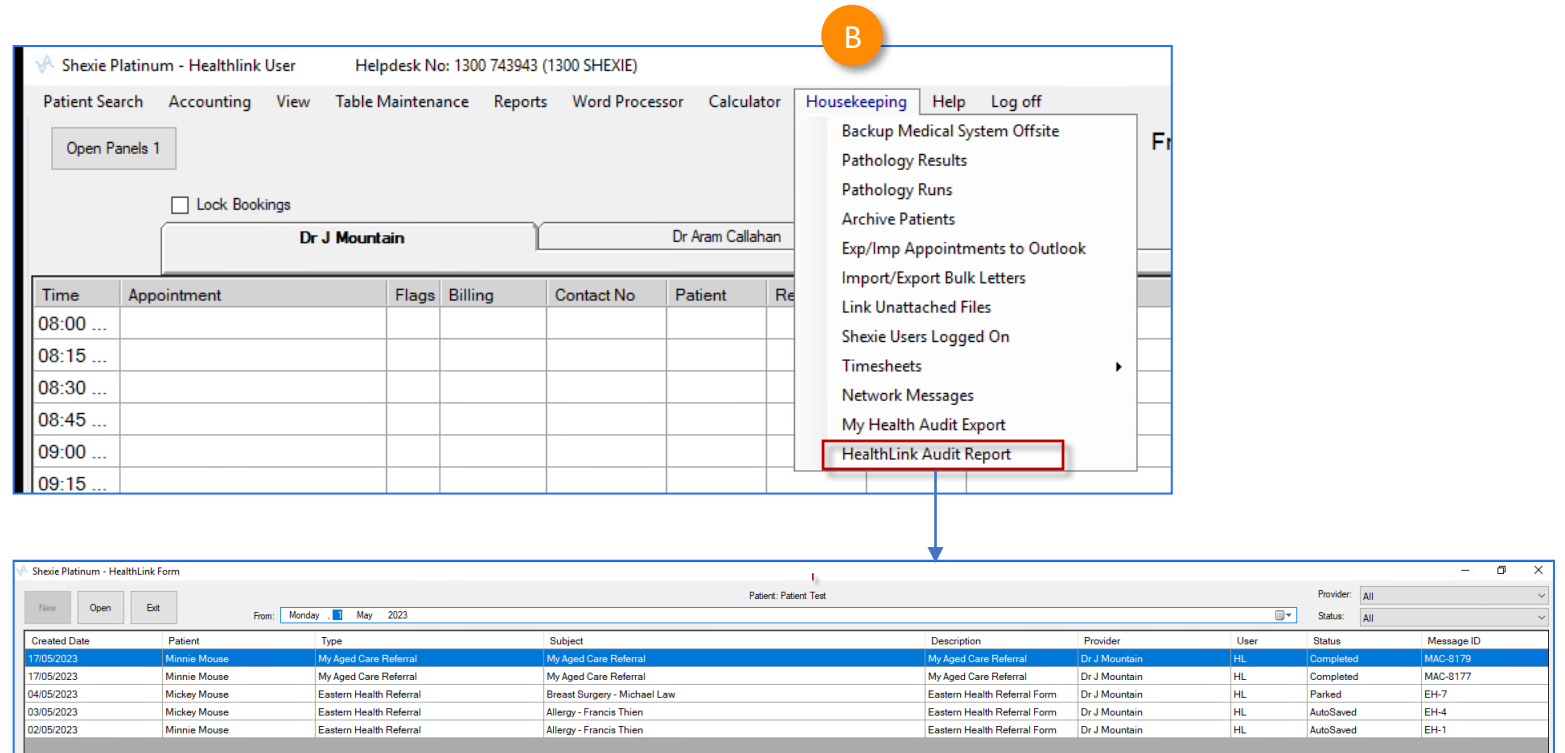
Note: when returning to a parked or auto-saved form, due to security policy, any previously added attachments will need to be re-added.



Shexie Platinum - HealthLink Form

Patient: Mr Patient Test Provider: Dr J Mountain 0319352K
Status: All

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



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

Lock Bookings

Dr J Mountain Dr Aram Callahan

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

- Backup Medical System Offsite
- Pathology Results
- Pathology Runs
- Archive Patients
- Exp/Imp Appointments to Outlook
- Import/Export Bulk Letters
- Link Unattached Files
- Shexie Users Logged On
- Timesheets
- Network Messages
- My Health Audit Export
- HealthLink Audit Report**

Shexie Platinum - HealthLink Form

From: Monday, May 2023 Patient: Patient Test Provider: All Status: All

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 shows the Shexie Platinum software interface. The top navigation bar includes tabs for Patient Details, Referrals, Notes, New Report, Appointments, Audit Details, Hospital List, Surgery Details, Accounting, Alarms/Message, Env/Labels, Checklists, Synergy, SMS/eMail, Add to Waiting List, and Immunisation. Below this, there are buttons for New Script, Patho/Radio Request, Diagnostic Request, Patient Functions, Online Meeting, and Cancel. The main area is divided into sections for Medications (incl. Prescribed), Health Conditions, Allergies, Next Visit Reason, and Bill Items. A red circle with the letter 'A' highlights the 'Documents' tab in the navigation bar. The 'Documents' tab is active, showing a table with columns for Date, Description, Folder, and Status. The first row shows a document dated 29/09/2023 with the description 'Form - SR Referral to Genie Solutions - Speci...' and a status of 'Dispatched'. The right sidebar contains various filters and options for document viewing, including checkboxes for All Folders, Bloods, Correspondence, Images, Letters, and Radiology, and a Status dropdown menu.

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.