

HealthLink SmartForms for Best Practice

Welcome to HealthLink SmartForms. The smartest way for health professionals to complete an electronic Work Capacity Certificate (eWCC) to certify capacity for injured workers in South Australia.

Your practice must be running Best Practice Lava SP3 or above to access the HealthLink SmartForms.



Submitting an electronic Work Capacity Certificate (eWCC) from Best Practice

Using HealthLink SmartForms

SmartForms enable **Best Practice** users to easily refer and engage with all HealthLink SmartForm service providers including **ReturntoWorkSA**.

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.

The electronic Work Capacity Certificate (eWCC) is used by medical practitioners to certify capacity for injured workers in South Australia. It is a prescribed form and legally required. ReturntoWorkSA partnered with HealthLink in 2021 to create a native integration for Best Practice users.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036 Option 1

Step 1:

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Minimum system requirements

A

To access the forms within your Best Practice software...

You need to be running the correct browser, Best Practice version and have completed the HealthLink Client installation..

B

HealthLink Client Installation

A

Browser	IE 11 update 2929437, Edge, Chrome, Firefox
Best Practice	Best Practice 1.9.0 and above
HealthLink	HealthLink Client Installation to enable HealthLink Forms Use

B

HealthLink Client Installation

Some practices may already have access to the HealthLink Forms Library – if so, no further installation or set up is required. You will be notified when the eWCC is available for use.

If practices do not already have access to the HealthLink Forms Library this will require set up. HealthLink will contact practices that have Best Practice version 1.9.0 and above to install the HealthLink Client and enable the HealthLink Forms library.

Once this set up is complete and the ReturntoWorkSA eWCC is available in the HealthLink Forms Library it is ready to use and send actual certificates to ReturntoWorkSA which are then automatically loaded into their live system.

If the HealthLink forms library is not available in your practice or available for a particular doctor – please contact the support team on the contact details below.

Tech Support:

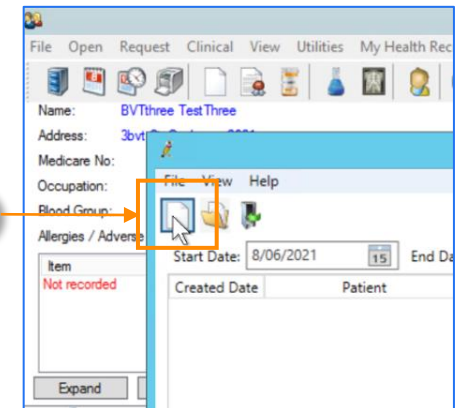
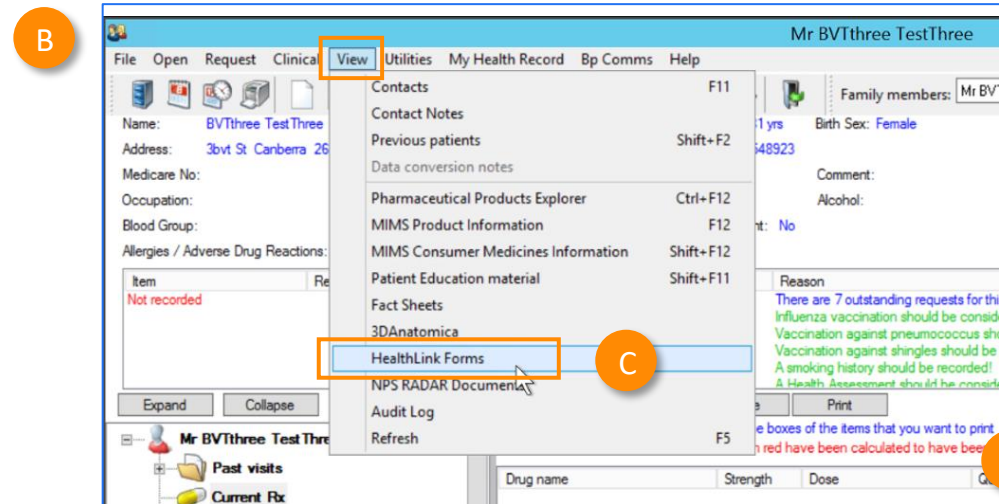
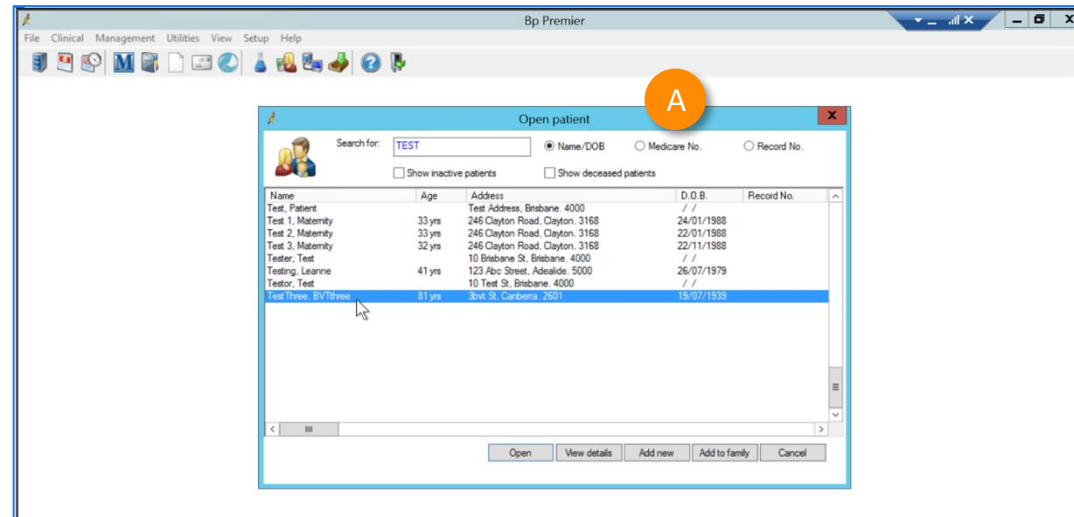
Phone: 1800 125 036 Option 1

Email: helpdesk@healthlink.net

Step 1: Accessing HealthLink SmartForms

There are two ways to access the forms within your Best Practice software...

- A** Option 1. Via the **View** Tab: first, search for the patient and open their electronic medical record.
- B** Click **View** from the menu.
- C** Select **HealthLink Forms**.
- D** And then click the **New Form** button to launch the **HealthLink** home page.



Step 1: Accessing HealthLink SmartForms

Or

A

Option 2. Via the Open Word Processor (New Letter) Icon: first, search for the patient and open their electronic medical record.

B

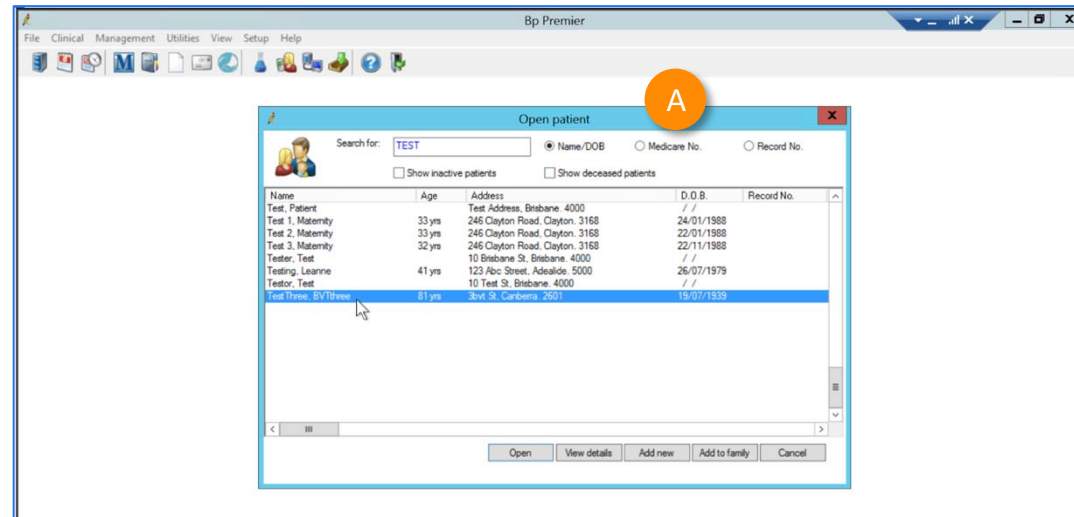
Select the **Open Word Processor (New Letter) Icon**.

C

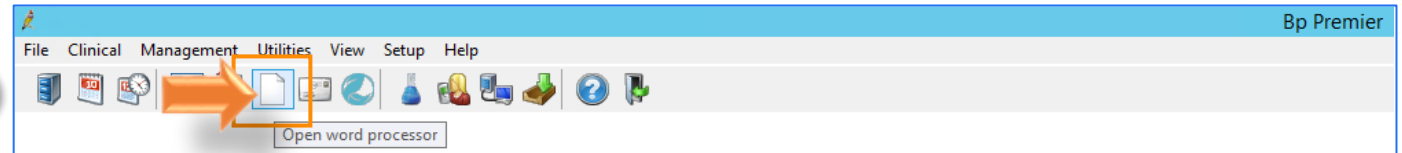
In the toolbar, select **HealthLink Forms** icon.

D

And then click the **New Form** button to launch the **HealthLink home page**.



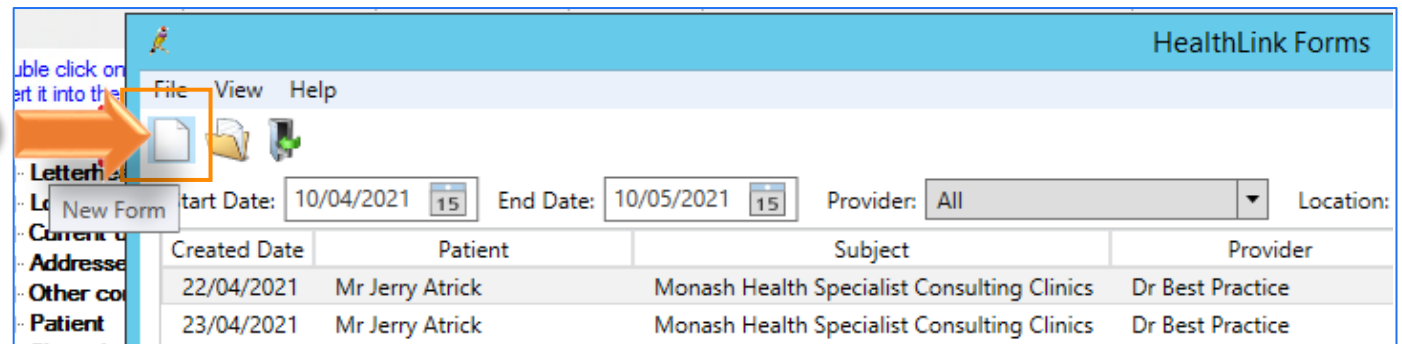
B



C



D



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 **Spotlight Services** section, click on the link named **ReturntoWorkSA Work Capacity Certificate**.
- C** **Medical Practitioners will now have the option of:**
- Create a New WCC
 - Create Subsequent WCC
 - Finish Draft WCC

These options are dependent on what has previously been completed for the patient. (See further details on this functionality in Section 5 New Functionality).

Create Update Support HealthLink | PRO

Search a Directory

SR Specialists+Referrals Refer to Private Specialist HL HealthLink Direct

K Konnect NET ReturnToWorkSA Work Capacity Certificate Spotlight Services

Referral Services Search Referral Services Clear

Access Canberra Prototype ACT Public Outpatient and Community
Application for ACT Approval to Prescribe Controlled Medicines Austin Health eReferrals
Banyule Community Health ccCHIP - Cardiometaabolic Health in Psychosis
Chris O'Brien Lifehouse Services DPV Community Health
Eastern Health Grampians Health

ReturntoWorkSA Work Capacity Certificate

Patient Dummy
January 01, 1950

Create New WCC Create New WCC

Create Subsequent WCC
No submitted WCC for this patient

Finish Draft WCC

Last Saved Date	Injury Date	Injury Caused	Clinical Diagnosis	Employer Name	Claim Number
16/03/2026	16/03/2026	example	example	example	unknown

Showing 1 to 1 of 1 entries First Previous 1 Next Last

Step 3: Completing the form

Now you've loaded the form to complete and submit.

A

The form will load and prepopulate the required fields. Highlighted below for sections A, B, & G, of the form.

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.

A

B

Work Capacity Certificate^①



A. Patient and employer details

Family Name *	Lane	
Given Names *	Simon	
ReturnToWorkSA Claim #	12345678	02
	(if known)	
Other Claim #		
Employer Name *	DD & Parj Pty Ltd	
Date of Birth *	12/12/1987	

B. Injury details and assessment

I examined you on *	30/08/2016	
---------------------	---	----------------------

G. Doctor's details

Doctor's Name *	Dr Julianne Smith	
Address line1 *	Suites 1 - 4	
Address line2	25 Young St	
Suburb *	Unley	
State	SA	
Postcode	5061	
Phone	0884595487	
Provider Number *	0319352K	
Email Address		
Fax		
Completion Date *	30/08/2016	

Step 4:

Saving a draft and reviewing previously submitted forms

Saving a draft

A Forms can be completed and saved as a draft, saved and printed without sending, or sent and printed. Authorisation from the patient is required prior to sending electronically to ReturnToWorkSA.

Reviewing a previously submitted form

B An alternate way to view previously submitted forms, open the patient record, select “Correspondence Out” and choose the eWCC.

Click on “View” to see the full form.

A

[Return to Drafts](#) [Print & Save](#) [Save as draft](#)

☐ I confirm my patient has authorised me to send this WCC electronically to ReturnToWorkSA

[Send & Print](#)

B

Allergies / Adverse Drug Reactions:

Item	Reaction	Severity
Bee Sting	Requires Antihistamin	

Reactions

Item	Reaction	Severity
Bee Sting	Requires Antihistamin	

Notifications:

Type	Due	Reason
Outstanding requests	09/04/2020	There is 1 outstanding request for this patient!
Preventive health	12/05/2020	Influenza vaccination should be considered!
Preventive health	12/05/2020	Vaccination against pneumococcus should be considered!
Preventive health	12/05/2020	Vaccination against shingles should be considered!

Fact Sheets

Preventive Hea

Expand

Collapse

Add

View

Delete

Print

Record Note

< Previous

Next >

03/12/1999 Asthma

10/06/2008 Uti

22/10/2011 Wart(S) -

15/05/2012 X-Ray - C

14/02/2013 Cryothera

Inactive

Immunisations

Investigation reports

Correspondence In

Correspondence Out

21/03/2005 Dr A Practitione

07/09/2009 Dr A Practitione

22/10/2011 Dr A Practitione

21/11/2012 Dr A Practitione

06/06/2019 silhdhaem Syd

12/10/2019 agedcfm My A

03/12/2019 phtasref Prima

15/01/2020 phtasref Prima

15/01/2020 phtasref Prima

12/05/2020 Return to W

Past prescriptions

Observations

OFFICIAL: Sensitive/Medical in Confidence

ReturnToWorkSA

www.rtwsa.com

13 18 55

Work Capacity Certificate

Version 2 effective 1 July 2017

A. Patient and employer details

Mandatory

Family Name: Patientsurname

Given Names: Patientfirstname

Claim Number (if known):

Employer Name: 1216 RE MYER ADELAIDE

Date of Birth: 18/05/1960

B. Injury details and assessment

Mandatory

I examined you on 17/01/2019 For injury(s)/condition(s) you stated occurred /developed on 02/01/2019

The stated cause was:

test

The injury(s)/condition(s) you presented with is/are consistent with your stated cause(s):

Is this a new injury/condition?: Yes

My clinical diagnosis/es based on my examination of you and other available information is:

test

Other comments/clinical findings:

C. Certification

Mandatory

In my opinion, you: (please tick whichever apply)

☒ have recovered from your injury/condition and are fit to return to your normal duties and hours on: 07/02/2019

☐ are fit to perform suitable duties that accommodate your functional abilities from:

☐ are medically unfit to undertake suitable duties while recovering from your injury for the period:

Reason:

Note: Certification based on your functional ability, not available duties. (estimated timeframe will assist with planning for return to safe work) OR ☐ uncertain at this stage

☐ I estimate you should have functional capacity to return to work in days/weeks

I would like to review your progress on /or at your next medical consultation ☐

Comments:

D. Treatment plan

Complete all fields relevant to your patient

currently logged in: Dr Best Practice (HealthLink Townsville)

Tu

Step 5: New functionality

Medical Practitioners can retrieve certificates that have either been saved as a draft or previously saved and submitted.

When users open the HealthLink forms library and select ReturntoWorkSA form – they will be presented with a table that lists the forms for that patient that are either in draft or saved and submitted state.

A

Medical Practitioners will have the option to:

- **Create New WCC** – this will launch a new WCC form with only the required prepopulated fields.

- **Create Subsequent WCC** – below this heading will be a table that lists all of that patients previous WCC certificates with the following details in the table:

- Submission Date
- Injury Date
- Injury Caused
- Clinical Diagnosis
- Employer Name
- Claim Number

Medical Practitioners will be able to select one of these certificates to clone and resubmit as a new certificate.

ReturntoWorkSA Work Capacity Certificate

Patient Dummy

January 01, 1950

Create New WCC

Create Subsequent WCC

No submitted WCC for this patient

Finish Draft WCC

Last Saved Date	Injury Date	Injury Caused	Clinical Diagnosis	Employer Name	Claim Number	
16/03/2026	16/03/2026	example	example	example	unknown	

Showing 1 to 1 of 1 entries

First Previous **1** Next Last

Finish Draft WCC – this will allow Medical Practitioners to return to a certificate that has not been completed or submitted to complete.

Step 6:

How to test without sending a certificate to ReturntoWorkSA

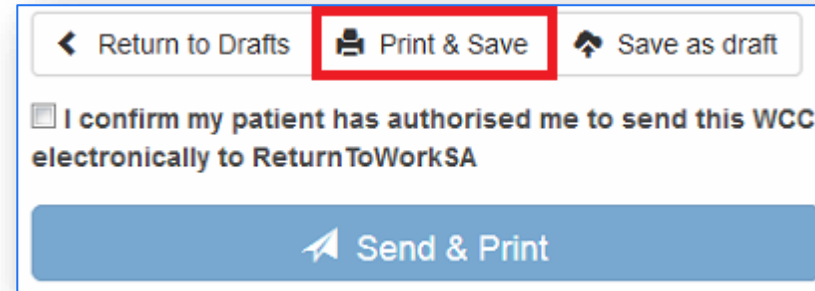
A

Once access is available to the HealthLink Forms Library, the electronic Work Capacity Certificate (eWCC) is ready to send actual certificates to ReturntoWorkSA and these are automatically loaded into their live system. Consequently, it is important that you **DO NOT SEND** a 'test' certificate if you wish to test.

If you want to test that the eWCC solution is working correctly, select a test patient record in your practice management software and run through the steps above -, completing required fields in the eWCC. At this point you can finalize testing by clicking the **PRINT & SAVE** button.

This will display a PDF copy of the form and place a copy of the PDF form into the incoming message section of your clinical application to be filed against the patient record. If all completes as expected, then you can be confident that your system is setup correctly when you need to send through the first real patient data.

A



Return to Drafts **Print & Save** Save as draft

☐ I confirm my patient has authorised me to send this WCC electronically to ReturnToWorkSA

 Send & Print

Step 7:

Where to find your copy of the eWCC form in your clinical application.

Once the form has been sent or printed a PDF copy of this form is sent to the incoming messages section of the clinical applications listed below.

- A** 1. After an eWCC is sent the saved copy will automatically appear in the Correspondence Out section of the specific patient file after the patient file is closed and re-opened.
- B** 2. **Double Click** the **RTWSA Certificate** in the list of correspondence.
3. Alternatively expand the **Correspondence Out** selection and select the **RTWSA Certificate**.

The screenshot shows a clinical application interface. The top menu bar includes File, Open, Request, Clinical, View, Utilities, My Health Record, Bp Comms, and Help. The patient information section displays Name: Test Test, D.O.B.: 15/06/1994, Age: 24 yrs, Sex: Male, Address: 123 Fake St Ballarat 3350, Medicare No., Record No., Occupation, Blood Group, Allergies / Adverse Drug Reactions, Reactions, Notifications, Type, Due, Reason, and Advance Care Directive. The left sidebar shows a tree view of patient data, including Today's notes, Past visits, Current Rx, Past history, Active, Inactive, Immunisations, Investigation reports, Correspondence In, and Correspondence Out. The Correspondence Out section is expanded, showing a list of correspondence entries. The entry for 26/02/2019, RTWSA Certificate, is highlighted in blue. The main window displays a table of correspondence with columns for Date, Subject, Addressee, and Sender. The entry for 26/02/2019, RTWSA Certificate, is highlighted in blue. Below the table, a detailed view of the RTWSA Certificate form is shown, including patient details and a section for injury details and assessment.

Date	Subject	Addressee	Sender
06/03/2017	Care Plan		Dr H. MaWounds
09/03/2017			Dr H. MaWounds
27/03/2017			Dr H. MaWounds
29/03/2017			Dr H. MaWounds
29/03/2017			Dr H. MaWounds
03/04/2017			Dr H. MaWounds
03/04/2017			Dr H. MaWounds
04/04/2017			Dr H. MaWounds
06/04/2017			Dr H. MaWounds
25/05/2017			Dr H. MaWounds
12/12/2017			Dr H. MaWounds
27/04/2018	RTWSA Certificate		Dr Frederick Findacure
27/11/2018	Specialist referral		Dr H. MaWounds
26/02/2019	RTWSA Certificate		Dr Frederick Findacure

ReturntoWorkSA www.rtwsa.com 13 18 55

Work Capacity Certificate

Version 2 effective 1 July 2017

A. Patient and employer details Mandatory

Family name: Test Given names: Test
Claim number (if known): Employer name: Test
Date of birth: 15/06/1994

B. Injury details and assessment Mandatory

I examined you on: 26/02/2019 for injury(s)/condition(s) you stated occurred/developed on: 03/02/2019
The stated cause was:
Test
The injury(s)/condition(s) you presented with is/are consistent with your stated cause(s):
Is this a new injury/condition?: Yes
My clinical diagnosis/es based on my examination of you and other available information is:
Test
Other comments/clinical findings:

Technical Support

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.