

# HealthLink SmartForms for Communicare

Welcome to HealthLink SmartForms. The smartest way  
for health professionals to submit an online form to

## **Transport for NSW.**

SmartForms enable secure referrals and form submission to Hospitals, Private Specialists, Transport for NSW and My Aged Care. They help you deliver timely patient care, with confirmation of secure delivery and a copy saved to your Practice Software.

All sites must be running Communicare 22.4 or greater to access the HealthLink SmartForms.



# Submitting HealthLink SmartForms from Communicare to **Transport for NSW**

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## SECTION A: • Accessing HealthLink SmartForms

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## SECTION B:

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### **1: Fitness to Drive Assessments:**

Step 1: **Launching a new Fitness to Drive form**

Step 2: **Completing the form**

Step 3: **Previewing, Submitting and Parking**

### **2: Interlock Program Recommendation:**

Step 1: **Launching a new Interlock Program Recommendation form**

Step 2: **Completing the form**

Step 3: **Previewing, Submitting and Parking**

### **3: Mobility Parking Scheme – Medical Certificate:**

Step 1: **Launching a new Mobility Parking Scheme form**

Step 2: **Completing the form**

Step 3: **Previewing and Parking the form**

Step 4: **Submitting the form**

Step 5: **Printing the Medical Certificate**

## SECTION C: • Accessing parked and auto-saved forms

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## SECTION D: • Accessing submitted forms

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**HealthLink Technical Support**

Phone: 1800 125 036

Email: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

## SECTION A:

# Setting up HealthLink SmartForms

Configuration of Healthlink Smart Forms within Communicare is to be completed by Communicare technical support. This section is included for reference and support purposes only.

Open File > “System Parameters” > “Secure Messaging” and make sure all fields in the “HealthLink” section contain the correct values.

- A. EDI/Mailbox: HealthLink EDI to use
- B. Password: respective ‘connection password’ for EDI, if not known contact Healthlink Helpdesk.
- C. Forms Engine URL: URL of the Forms Engine, should be http://, then the IP of machine where HMS Client is running
- D. Forms Engine Port: 5088, unless a different port is configured for HMS Client
- E. Session Expiry: minutes after which a Smart Forms user session expires in case it was not terminated automatically when closing the Aduro Forms window.

Click “Save”, enter Access code (obtained from Communicare Support) when prompted and restart Communicare.

The screenshot shows the 'Communicare System Parameters' dialog box with the 'Secure Messaging' tab selected. The 'Argus Configuration' section contains fields for 'Server Address' (argusv6-sv) and 'Server Port' (60000). The 'HealthLink' section contains fields for 'EDI/Mailbox' (pmsccare), 'Password' (masked with asterisks), 'Forms Engine URL' (http://localhost), 'Forms Engine Port' (5088), and 'Session Expiry' (720 minutes). At the bottom right are 'Save', 'Cancel', and 'Help' buttons.

| Web Services | HealthTracker | Appearance | Integration  | Prescription Forms |                   |                  |
|--------------|---------------|------------|--------------|--------------------|-------------------|------------------|
| System       | Clinical      | Patient    | Appointments | Devices            | Electronic Claims | Secure Messaging |

Secure Messaging is a means for sending and receiving electronic documents to/from other providers and organisations.

Argus Configuration

Communicare uses Argus to send electronic documents securely. The Argus server configuration below is shared by all organisations which are a part of this Communicare site.

Server Address:  Hostname or IP address of the Argus server.

Server Port:  Port number of the Argus service. Default is 60000.

HealthLink

A EDI/Mailbox:

B Password:

C Forms Engine URL:

D Forms Engine Port:

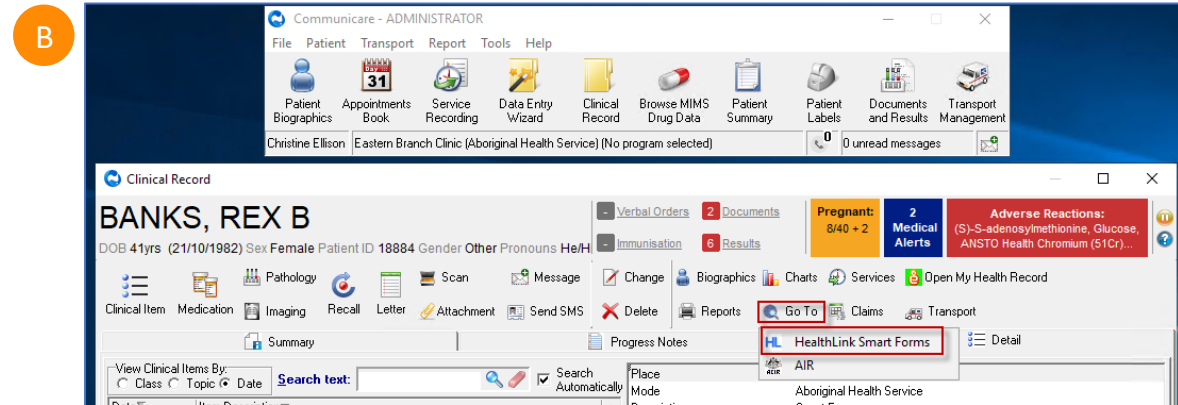
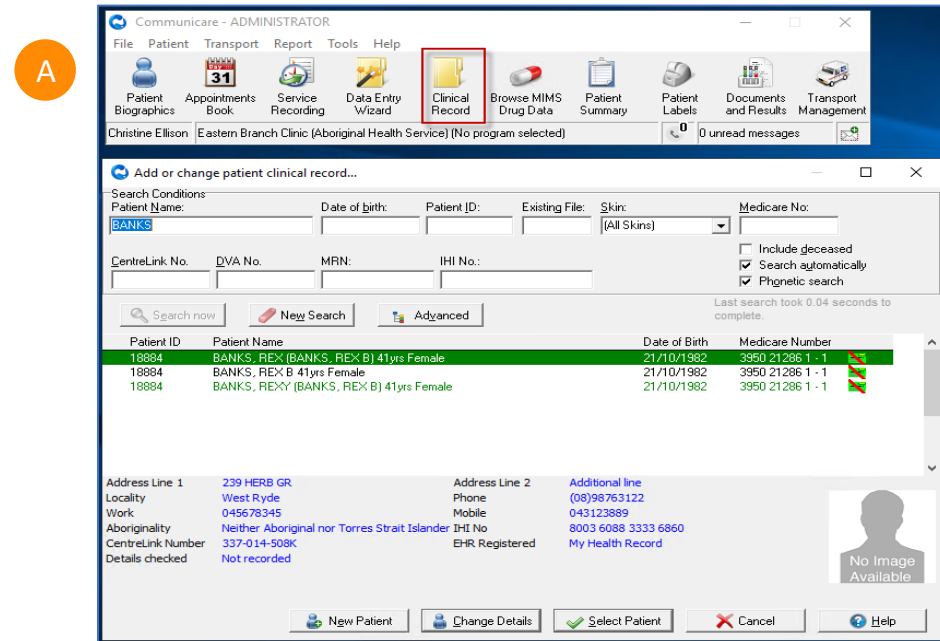
E Session Expiry:  Minutes

## SECTION A:

# Launch HealthLink SmartForms

A Open the Clinical record tab and search for the required patient.

B Select “Go To” and click “HealthLink SmartForms”



## SECTION A:

# 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**

A

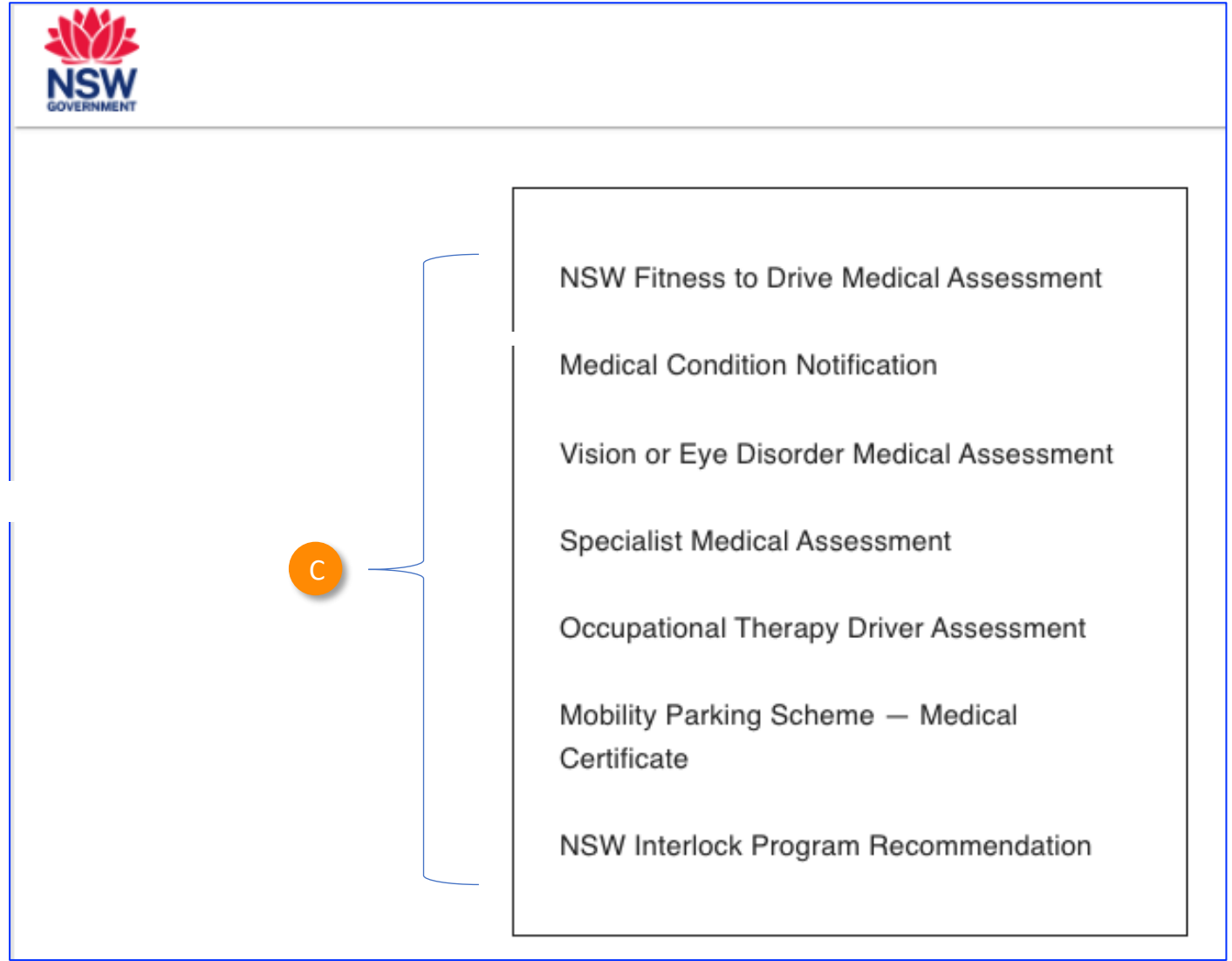
The screenshot displays the HealthLink PRO interface. At the top, there's a blue header with 'Create', 'Update', and 'Support' links on the left, and the 'HealthLink | PRO' logo on the right. Below the header is a 'Search a Directory' section with two buttons: 'SR Specialists+Referrals Refer to Private Specialist' and 'HL HealthLink Direct'. A blue banner below this contains links for 'IAR Decision Support Tool for Mental Health', 'Return to WorkSA Work Capacity Certificate', 'Kconnect NET', and a 'Spotlight Services' section. The main content area is titled 'Referral Services' and features a search bar with the placeholder 'Search Referral Services' and a 'Clear' button. A list of services is displayed in two columns. In the left column, 'Transport for NSW' is highlighted with a red circle and an arrow pointing to it. In the right column, 'Transport for NSW' is also highlighted with a red circle and an arrow pointing to it. The list of services includes: Access Canberra Prototype, Application, Banyule Community Health, Chris O'Brien Lifehouse Services, Eastern Health, Head to Health, Medicare Mental Health (1800 595 212), Monash Health, Northern Health, Northern Sydney Local Health District Services, NSW Health Outpatient Referrals, NSW Health Outpatient referrals - Far West LHD, NSW Health Outpatient referrals - Western Sydney LHD, NSW Health Outpatient referrals - South Eastern Sydney LHD, PRP Diagnostic Imaging, Spectrum Medical Imaging, Sydney LHD Hospitals Services, Tasmanian Mental Health and Alcohol and Other Drugs, TINSW SPA Homepage Dev Local 2, Victoria General Practice Referral, WA Health Referrals, ACT Public Outpatient and Community, Austin Health referrals, ccCHIP - Cardiometabolic Health in Psychosis, DPV Community Health, Grampians Health, Hearing Australia Medical Certificate, Mercy Hospital for Women, My Aged Care Referral, Northern NSW LHD - referrals, NSW Certificate of Capacity, NSW Health Outpatient referrals - Central Coast LHD, NSW Health Outpatient referrals - Western NSW LHD, NSW Health Outpatient referrals - Illawarra Shoalhaven LHD, Parkville Hospital referrals Demo, SA Health, Sydney LHD Aged Care, Allied Health and Community services, Tasmanian Health Service, TINSW SPA Homepage Dev ATS, Victorian Standard of Practice, and Werrisbee Mercy Hospital.

## SECTION A:

# Launching a new form

C

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



The screenshot shows the NSW Government logo at the top left. A large empty rectangular box represents the SmartForm selection area. To the right of this box, a list of seven forms is displayed, enclosed in a rounded rectangle. A blue bracket on the left side of this list points to the main selection area, with an orange circle containing the letter 'C' positioned next to the bracket.

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

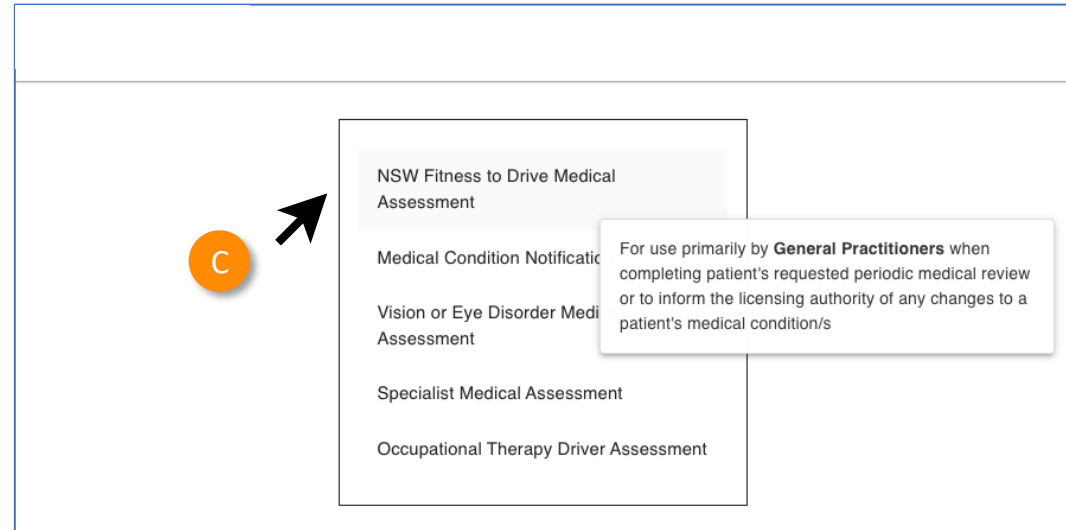
**Part 1:**

# Fitness to Drive Medical Assessment

## Step 1: 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.



NSW Fitness to Drive Medical Assessment

Medical Condition Notification

Vision or Eye Disorder Medical Assessment

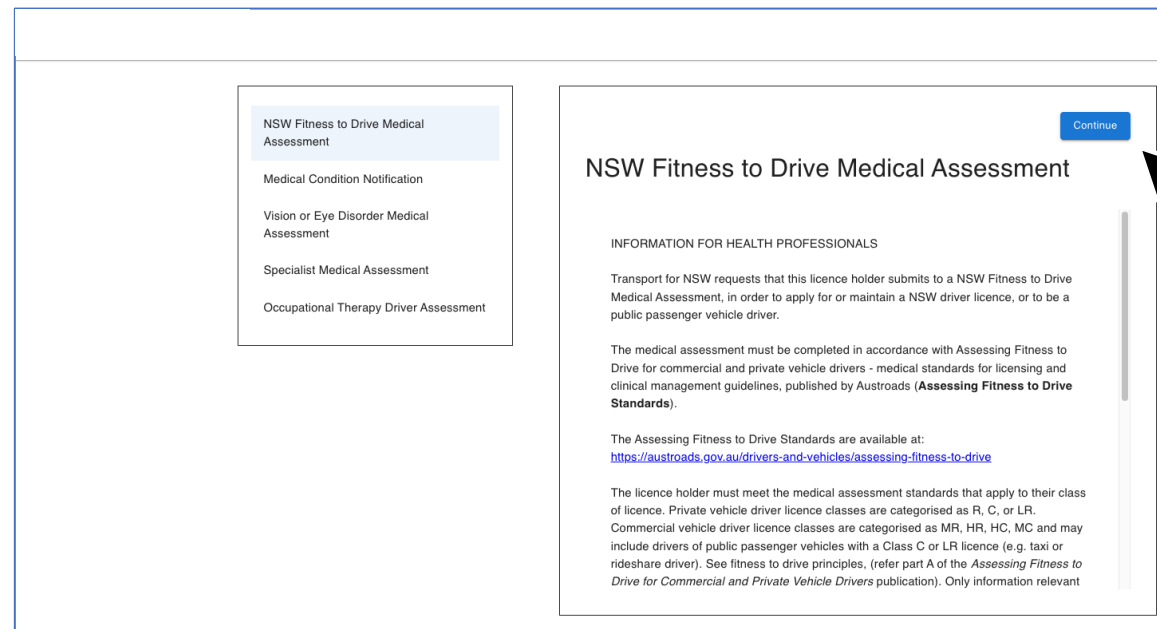
Specialist Medical Assessment

Occupational Therapy Driver Assessment

For use primarily by **General Practitioners** when completing patient's requested periodic medical review or to inform the licensing authority of any changes to a patient's medical condition/s

D

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



NSW Fitness to Drive Medical Assessment

Medical Condition Notification

Vision or Eye Disorder Medical Assessment

Specialist Medical Assessment

Occupational Therapy Driver Assessment

**NSW Fitness to Drive Medical Assessment**

INFORMATION FOR HEALTH PROFESSIONALS

Transport for NSW requests that this licence holder submits to a NSW Fitness to Drive Medical Assessment, in order to apply for or maintain a NSW driver licence, or to be a public passenger vehicle driver.

The medical assessment must be completed in accordance with Assessing Fitness to Drive for commercial and private vehicle drivers - medical standards for licensing and clinical management guidelines, published by Austroads (**Assessing Fitness to Drive Standards**).

The Assessing Fitness to Drive Standards are available at:  
<https://austroads.gov.au/drivers-and-vehicles/assessing-fitness-to-drive>

The licence holder must meet the medical assessment standards that apply to their class of licence. Private vehicle driver licence classes are categorised as R, C, or LR. Commercial vehicle driver licence classes are categorised as MR, HR, HC, MC and may include drivers of public passenger vehicles with a Class C or LR licence (e.g. taxi or rideshare driver). See fitness to drive principles, (refer part A of the *Assessing Fitness to Drive for Commercial and Private Vehicle Drivers* publication). Only information relevant

Continue

## Step 2: Fitness to Drive 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 to their medical

NSW Fitness to Drive Medical Assessment

Medical Assessment Information Required

Attachments / Reports 0 files attached (0 KB)

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

Recipient / Referrer

Driver Licence Verification

☒ Driver licence number ☐ Customer number

Driver licence number \* Date of birth \*

☐ Patient consent obtained \* Validate / Retrieve Patient surname \*

Current medical assessment information

Name Date of birth Licence number Licence class Field of Practice \* General Practitioner Medical standard Assessing medical standard \*

Address Reason for medical

Consider the next steps in your assessment.

Continue with Medical Assessment

NSW Fitness to Drive Medical Assessment

Medical Assessment Information Required

Attachments / Reports 0 files attached (0 KB)

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

Recipient / Referrer

Driver Licence Verification

☒ Driver licence number ☐ Customer number

Driver licence number \* Date of birth \*

☒ Patient consent obtained \* Validate / Retrieve Patient surname \*

Current medical assessment information

Name Date of birth Licence number Licence class Field of Practice \* General Practitioner Medical standard Assessing medical standard \*

Address Reason for medical

Consider the next steps in your assessment.

Continue with Medical Assessment

**Patient Consent**

You confirm that you have obtained your patient's consent:

a. to complete this Transport for NSW medical form  
b. to disclose their personal and health information to Transport for NSW and/or to other medical professionals nominated by Transport for NSW.

OK

## Step 2: 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 \*  
45232285

Date of birth \*  
01/01/1980

✓ Patient consent obtained \* ⓘ Validate / Retrieve

Patient surname \*  
Name

**Current medical assessment information**

Name Patient Name

Date of birth 01/01/1980

Licence number 45232285

Licence class C

Field of Practice \* General Practitioner ▾

Medical standard Private

Assessing medical standard \* Private ▾

**Address**  
100 BUNGARRIBEE ROAD  
BLACKTOWN NSW 2148

**Reason for medical**  
Congenital Disorders

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

**Continue with Medical Assessment**

C

## Step 2: 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.

Medical Assessment

Licence class: C

Medical standard: Private

Attachments / Reports

0 files attached (0 KB)

Patient Information

Recipient / Referrer

NSW Fitness to Drive Medical Assessment

Driver Licence Verification

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

Coronary Artery Bypass Grafting

Dilated Cardiomyopathy

Heart Failure

Heart Transplant

Hypertension

Hypertrophic Cardiomyopathy

Implantable Cardiac Defibrillator (ICD)

Pacemaker

Paroxysmal Arrhythmias

Percutaneous Coronary Intervention (PCI)

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.

## Step 2: 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  
0 reports selected (0 KB)  
0 files attached (0 KB)

Patient Information

Recipient / Referrer

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

Caution: larger attachments may take significant time to preview

| Name        | Date ↑     | Comments | Type | Size (KB) |
|-------------|------------|----------|------|-----------|
| RTF # 2 RTF | 11/07/2025 | RTF # 2  | rtf  | 60        |
| JPG # 2 JPG | 11/07/2025 | JPG # 2  | jpg  | 99        |
| 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<br>Click "Browse" button to add local files |        |          |      |           |

NSW Fitness to Drive Medical Assessment

Medical Assessment  
Licence class: C  
Medical standard: Private

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

Patient Information  
HLGentry #102  
Maddison, David  
No patient ID available  
01/01/1990

Recipient / Referrer

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

Caution: larger attachments may take significant time to preview

| Name        | Date ↑     | Comments | Type | Size (KB) |
|-------------|------------|----------|------|-----------|
| RTF # 2 RTF | 11/07/2025 | RTF # 2  | rtf  | 60        |
| JPG # 2 JPG | 11/07/2025 | JPG # 2  | jpg  | 99        |
| 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.

**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<br>Enter Search Options and click "Search" |        |          |      |           |

# Step 2: 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**.

NSW Fitness to Drive Medical Assessment

Medical Assessment  Licence class: C Medical standard: Private

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

Patient Information

Recipient / Referrer

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

 Caution: larger attachments may take significant time to preview

| <input type="checkbox"/> | 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, tiff, txt  
Note: Files without a file extension are not accepted. Please save it with an appropriate file type, then try again.

| <input type="checkbox"/>                                            | Name | Date ↑ | Comments | Type | Size (KB) |
|---------------------------------------------------------------------|------|--------|----------|------|-----------|
| No Local Files Selected<br>Click "Browse" button to add local files |      |        |          |      |           |



NSW Fitness to Drive Medical Assessment

Medical Assessment  Licence class: C Medical standard: Private

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

Patient Information

Recipient / Referrer

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

 Caution: larger attachments may take significant time to preview

**Open**

File Explorer window showing the file selection process:

- Origin: Favorites
- Files: Desktop (Download, 430 bytes), Downloads (Download, 891 bytes), Recent places
- Left sidebar: This PC, Network
- Bottom: File name field, Custom file type dropdown, Open and Cancel buttons



No Local Files Selected  
Click "Browse" button to add local files

## Step 2: 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\*  
01/01/1980 

Pension number

**Name** Patient Name 

First name \*  
Patient

Last name \*  
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 \*  
13 Test Street

Address line 2

Suburb  
Sydney

State \*  
NSW

Postcode  
2000

**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 \*  
13 Test Street

©HealthLink

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## Step 2: 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.



HL

NSW Fitness to Drive Medical Assessment

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 \*  
0000000

Medical Registration Number

Full Name: Patient Name ⓘ

**Name:** Patient Name ^

First name \*  
Patient

Last name \*  
Name

Practice name \*  
HealthLink Townsville

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

Address line 1 \*  
13 Test Street

Address line 2  
Suite

Suburb  
Sydney

State \*  
NSW

Postcode  
2000

Practice telephone \*  
0244015650

Email \*  
name@patient.com

Practice fax  
0244015651

FBI

## Step 3: 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

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

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 3: 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 >

D

## Step 3: 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. A 'Preview' pop-up window is open, displaying a summary of the form data and a warning message. The warning message states: '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.'

The 'Preview' window also displays the following information:

- 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, Milsans 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

The background form shows the following information:

- Medical Assessment:** Licence class: C, Medical standard: Private, Ready to Submit.
- Attachments / Reports:** 0 files attached (0 KB)
- Patient Information:** HLGAECTNJR, MASPDONOTTOUCHHL, No patient ID available, 01/01/1980
- Recipient / Referrer:**
- Medical Practitioner Information:** Medicare Provider Number: 000000000, Full Name: Brett Mitchell, Name: Brett Mitchell, Practice name: Furious Five Psych, Practice Address: 4/69 eyre Street, Address line 1: 4/69 eyre Street, Address line 2: , Suburb: NORTH WARD, State: Queensland, Postcode: 4810, Practice telephone: +61 04 17728660, EDI: auportal

Buttons in the 'Preview' window: Print, Submit, Close.

## Step 3: 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.**

The image displays two screenshots of a web form titled 'Submitted' with a 'Print' button in the top right corner. An orange arrow labeled 'H' points to the top of the first screenshot.

**Screenshot 1 (labeled with a circled '1'):** The form shows a green status message: 'Form sent on 06/05/2026 12:56 AEDT'. Below this is a section titled 'Assessment Summary' containing the text: 'Report received by Transport for NSW and your records have now been updated. If additional assessments/conditions are required you will receive a letter.' and 'For any enquiries please contact Service NSW on 13 22 13'.

**Screenshot 2 (labeled with a circled '2'):** The form shows the same green status message. The 'Assessment Summary' section contains the text: 'Report received by Transport for NSW and the following assessments/conditions are now required. The assessments/conditions listed below are additional to any other assessments that may have been requested already. You will receive a letter with additional information in the post.' This is followed by three sections: 'Specialist Assessments:' with a bulleted list of 'Cardiologist' and 'Neurologist'; 'Other Assessments:' with a bulleted list of 'Occupational Therapist Assessment'; and 'Licence Conditions:' with a bulleted list of 'May only drive between sunrise and sunset (Added)' and 'May only drive within a 15 km radius of home (Added)'. The footer text 'For any enquiries please contact Service NSW on 13 22 13' is also present.

A row of three blue buttons: 'Print', 'Submit', and 'Close'. The 'Submit' button is highlighted with an orange border, and an orange arrow labeled 'G' points to it from the right.

## Step 3: Fitness to Drive Submitting

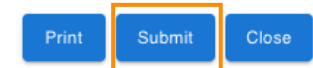
### Submitting continued

- 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.**



G



3

Submitted Print

Form sent on 06/05/2026 12:56 AEDT

**Assessment Summary**

Report has been forwarded to Transport for NSW for processing.

For any enquiries please contact Service NSW on 13 22 13

4

Submitted Print

Form sent on 06/05/2026 12:56 AEDT

**Assessment Summary**

Report received by Transport for NSW - Results pending. If additional assessments/conditions are required you will receive a letter.

For any enquiries please contact Service NSW on 13 22 13

**Part 2:**

# Interlock Program Recommendation

## Step 1: 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.

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

For use by **Medical Practitioners** when reviewing Alcohol Interlock Program participants nearing the end of their program

D

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

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

**NSW Interlock Program Recommendation**

**Breach events are attempts to start the car with a BAC above zero.**

Transport has reviewed the image(s) captured by the interlock device for each event listed and confirmed it was the participant who blew in the device or there is no one in the image to discount it as being the licence holder.

To complete this review, refer to the customer's 'breach events' shown in this form.

Before the end of program review, please refer to the [Stage Three Fact Sheet for GPs](#) on our website and the national driver medical standards on the Austroads website [www.austroads.gov.au](http://www.austroads.gov.au).

Health professionals requiring more information on the Alcohol Interlock Program can contact (02) 6640 2821 and select option two.

**Note:** Anyone extended in the interlock program will need another medical end of program review after six months, regardless of the number of alcohol detections. This means there may be no breach events detected on the medical review.

**Security** - You are responsible for ensuring that there is no unauthorised access to the Transport for NSW medical assessment forms using your HealthLink SmartForm compliant EMR system or MyHealthLink Portal username and password.

Continue

## Step 2: 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.

**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**

**Driver Licence Verification**

☒ Driver licence number ☐ Customer number

Driver licence number \* Date of birth \*

Patient surname \* ☐ Patient consent obtained \* [Validate / Retrieve](#)

**Current medical assessment information**

Name Date of birth Licence number Licence class Field of Practice \* General Practitioner

**Address**

**Reason for medical**

**Assessing Fitness to Drive**

Please refer to the [Assessing Fitness to Drive](#) document for more information.

[Close](#)

**Recipient / Referrer**

Brett Mitchell

**Current medical assessment information**

Name Date of birth Licence number Licence class Field of Practice \* General Practitioner

[Consider the nature of the driving task when performing this assessment.](#)

[Continue with Recommendation](#)

## Step 2: 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

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## Step 2: 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.





### 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

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## Step 3: Interlock Program Recommendation Previewing, Submitting and Parking

### Previewing

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



NSW Interlock Program Recommendation - Transport for NSW

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

Patient Information

Recipient / Referrer 

|                     |                              |       |
|---------------------|------------------------------|-------|
| 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 |

#### 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:

 **A**

< Previous

Current

Next >

©HealthLink

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## Step 3: 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.

**NSW**  
GOVERNMENT

**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** 

**Goto Error:**  

< Previous

Current

Next >

 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                             |

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### Step 3: 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 displays the 'NSW Fitness to Drive Medical Assessment' interface. A 'Preview' pop-up window is open, showing a summary of the assessment. The background form is partially visible, showing fields for 'Interlock Program Recommendation', 'Patient Information', and 'Recipient / Referrer'. The 'Preview' 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](https://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 'Submitted' form, each with a 'Print' button in the top right corner. The form is titled 'Submitted' and includes a date stamp 'Form sent on 23/04/2026 11:23 AEDT'. The main content area is titled 'NSW Interlock Program Recommendation Summary' and contains the following text: 'Recommendation received by Transport and your records have been updated. You will receive a letter about your participation in the Alcohol Interlock Program.' and 'For any enquiries please contact Service NSW on 13 22 13'. A red warning message at the bottom 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.'

**Outcome 1 (Screenshot 1):** The text reads 'Recommendation received by Transport and your records have been updated. You will receive a letter about your participation in the Alcohol Interlock Program.'

**Outcome 2 (Screenshot 2):** The text reads 'Recommendation has been forwarded to Transport for processing. You will receive a letter about your participation in the Alcohol Interlock Program.'

**Outcome 3 (Screenshot 3):** The text reads 'Recommendation received by Transport - Results pending. You will receive a letter about your participation in the Alcohol Interlock Program.'

Annotations: An orange arrow labeled 'H' points to the 'Submitted' title. An orange circle labeled '1' is next to the first screenshot. An orange circle labeled '2' is next to the second screenshot. An orange circle labeled '3' is next to the third screenshot. An orange circle labeled 'G' points to the 'Submit' button in the top right corner of the first screenshot.

**Part 3:**

# Mobility Parking Scheme

## Step 1: Mobility Parking Scheme Launching a new form

C

To launch the SmartForm, select the **NSW Mobility Parking Scheme – Medical Certificate** 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.

The screenshot illustrates the process of launching a new form in the NSW Health SmartForm system. It is divided into two main sections: a list of available forms and a detailed view of the selected form.

**Top Section (Form Selection):**

- A list of forms is displayed, including:
  - NSW Fitness to Drive Medical Assessment
  - Medical Condition Notification
  - Vision or Eye Disorder Medical Assessment
  - Specialist Medical Assessment
  - Occupational Therapy Driver Assessment
  - Mobility Parking Scheme — Medical Certificate** (highlighted)
  - NSW Interlock Program Recommendation
- A pop-up information box (labeled 'C') appears over the selected form, stating: "For use by any **Medical Practitioner** when certifying a patient's eligibility for a Mobility Parking Scheme Permit."

**Bottom Section (Form Details):**

- The same list of forms is shown on the left, with the 'Mobility Parking Scheme — Medical Certificate' form highlighted.
- The main area displays the details of the selected form, titled "Mobility Parking Scheme — Medical Certificate".
- A "Continue" button is located in the top right corner of the form details area.
- A pop-up information box (labeled 'D') is shown on the right side of the form details, containing the following information:
  - INFORMATION FOR HEALTH PROFESSIONALS**
  - Mobility Parking Scheme**
  - When a person applies for a Mobility Parking Scheme permit, they must see a medical doctor or specialist to determine if they are eligible for the permit.
  - Medical practitioners need to ensure the permit is only issued to eligible people with a disability. A registered medical practitioner needs to:
    - certify the eligibility of the person with a disability.
    - only if required, provide a further assessment for fitness to drive.
  - To be eligible for a Mobility Parking Scheme permit the person must have a disability affecting mobility or a significant visual impairment. This includes checking if the patient:
    - is unable to walk because of permanent or temporary loss of the use of one or both legs or other permanent medical or physical condition, or
    - physical condition is detrimentally affected as a result of walking 100 metres, or
    - requires the use of crutches, a walking frame, callipers, scooter, wheelchair or other similar mobility aid.

## Step 2: Mobility Parking Scheme 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 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 TfNSW details, and you will be able to proceed to click the **Continue with Medical Certificate** button.

**Medical Certificate** Information Required

**Patient Information**

- No patient name
- No patient ID available
- No date of birth

**Recipient / Referrer**

Doctor Demo

**Driver Licence Verification**

☒ Driver licence number ☐ Customer number

Driver licence number \* Date of birth \*

Patient surname \*

☒ Patient consent obtained \* [Validate / Retrieve](#)

**Current assessment information**

Name Date of birth Licence number Field of Practice \* General Practitioner

**Address**

12 DARCY STREET  
PARRAMATTA NSW 2150

[Continue with Medical Certificate](#)

## Step 2: Mobility Parking Scheme Completing the form

**C** In order to apply for a Mobility Parking Scheme permit, your patient must meet the **eligibility criteria**.

**D** If your patient does not meet one of the eligibility criteria, the application cannot proceed.

**NSW GOVERNMENT**

### Mobility Parking Scheme — Medical Certificate

**Medical Certificate** ⚠

**Patient Information**  
MPSBJGPCK DONOTUSEMPS  
No patient ID available  
20/07/1977

**Recipient / Referrer** ⚠  
Doctor Demo

**Driver Licence Verification** ▼

**MPS**

**i** The patient must have a primary diagnosis that affects their functional mobility. If your patient has behavioural, mental health or psychosocial issues alone they are not eligible for an MPS permit.

**The patient meets the following eligibility criteria: (tick all that apply) \* i**

- ☐ Is unable to walk because of permanent or temporary loss of use of one or both legs or another permanent medical or physical condition
- ☐ Has a physical condition that is detrimentally affected as a result of walking 100 metres
- ☐ Requires the use of crutches, a walking frame, callipers, scooter, wheelchair or similar mobility aid
- ☐ Is permanently blind (as defined for Disability Support Pension)

**OR**

- ☐ Does not meet one of the above eligibility criteria

**The patient meets the criteria above for a: \***

- ☐ Individual permit (5 years)
- ☐ Temporary permit

**DECLARATION**

- ☐ Applicant declaration read and accepted. \* i

**OR**

- ☒ Does not meet one of the above eligibility criteria

**⚠** Cannot proceed with application as patient has not met eligibility criteria. If your patient would like to discuss further, please refer them to Service NSW.

## Step 2: Mobility Parking Scheme

# Completing the form

E

If your patient's **eligibility** is already confirmed by Transport for NSW, they can apply for a Mobility Parking Scheme Permit through Service NSW and do not need a Medical Certificate.

E



### Mobility Parking Scheme — Medical Certificate

Medical Certificate 

Patient Information  
MPSIKRWIW DONOTUSEMPS  
No patient ID available  
20/07/1977

Recipient / Referrer   
Doctor Demo

Driver Licence Verification

☒ Driver licence number ☐ Customer number

Driver licence number \*  
69179221

Date of birth \*  
20/07/1977

Patient surname \*  
DONOTUSEMPS

☒ Patient consent obtained \* 

Validate / Retrieve

Current assessment information

Name  
Mpsikrwiw DONOTUSEMPS

Date of birth  
20/07/1977

Licence number  
69179221

Field of Practice \*  
General Practitioner

Address  
12 DARCY STREET  
PARRAMATTA NSW 2150

 Your patient's eligibility is already confirmed on Transports records. This means your patient can already apply for their MPS permit. This form is not required.

## Step 2: Mobility Parking Scheme

# Completing the form

F

Use the check boxes to complete your patient's diagnosis/condition. If you select **OR another non-clinically recognisable disability that meets the eligibility criteria**, you will be asked to add in the relevant diagnosis/condition to the free text box.

G

If your patient requires a Fitness to Drive medical assessment, you need to go back and complete the assessment form separately once you have submitted your patient's Mobility Parking Scheme – Medical Certificate.

F

**Medical Certificate**

Patient Information  
MPSBJGPCK DONOTUSEMPS  
No patient ID available  
20/07/1977

Recipient / Referrer  
Doctor Demo

**Mobility Parking Scheme — Medical Certificate**

**The patient must have a primary diagnosis that affects their functional mobility. If your patient has behavioural, mental health or psychosocial issues alone they are not eligible for an MPS permit.**

**The patient meets the following eligibility criteria: (tick all that apply) \***

☒ Is unable to walk because of permanent or temporary loss of use of one or both legs or another permanent medical or physical condition

☒ Has a physical condition that is detrimentally affected as a result of walking 100 metres

☐ Requires the use of crutches, a walking frame, callipers, scooter, wheelchair or similar mobility aid

☐ Is permanently blind (as defined for Disability Support Pension)

**OR**

☐ Does not meet one of the above eligibility criteria

**The patient's diagnosis/condition meets one of the clinically recognisable disabilities under the MPS: (if applicable) \***

|                                                                                                                |                                                     |                                                 |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Paraplegia                                                                 | <input type="checkbox"/> Quadriplegia               | <input type="checkbox"/> Leg amputation         |
| <input type="checkbox"/> Chromosomal or syndromic conditions                                                   | <input type="checkbox"/> Neurodegenerative disorder | <input type="checkbox"/> Neuromuscular disorder |
| <input type="checkbox"/> Motor neurone disease                                                                 | <input type="checkbox"/> Cerebral palsy             | <input type="checkbox"/> Permanent blindness    |
| <input type="checkbox"/> OR another non-clinically recognisable disability that meets the eligibility criteria |                                                     |                                                 |

**The patient meets the criteria above for a: \***

☒ Individual permit (5 years)

☐ Temporary permit

**Warning:** As part of this MPS submission, the patient requires a NSW Fitness to Drive medical assessment. Please ensure you complete a separate NSW Fitness to Drive form after submitting this form.

**The patient's diagnosis/condition meets one of the clinically recognisable disabilities under the MPS: (if applicable) \***

|                                                                                                                           |                                                     |                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Paraplegia                                                                                       | <input type="checkbox"/> Quadriplegia               | <input type="checkbox"/> Leg amputation         |
| <input type="checkbox"/> Chromosomal or syndromic conditions                                                              | <input type="checkbox"/> Neurodegenerative disorder | <input type="checkbox"/> Neuromuscular disorder |
| <input type="checkbox"/> Motor neurone disease                                                                            | <input type="checkbox"/> Cerebral palsy             | <input type="checkbox"/> Permanent blindness    |
| <input checked="" type="checkbox"/> OR another non-clinically recognisable disability that meets the eligibility criteria |                                                     |                                                 |

What is the patient's relevant diagnosis/condition for their MPS permit? \*

## Step 2: Mobility Parking Scheme

# Completing the form

### Patient Information

H

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



### Mobility Parking Scheme — Medical Certificate

Medical Certificate 

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

Recipient / Referrer   
Doctor Demo

#### 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

## Step 2: Mobility Parking Scheme

# Completing the form

### Recipient / Referrer

**I** 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.



Mobility Parking Scheme — Medical Certificate

SubmitPreviewParkHelp

Medical Certificate 

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

Recipient / Referrer   
Doctor Demo

Recipient

Referral number  
MPS-1146

Medical Practitioner Information

Medicare Provider Number\*  
Medical Registration Number

Full Name: Doctor Demo 

Name: Doctor Demo

First name\*  
Doctor

Last name\*  
Demo

Practice name\*  
Furious Five Psych

Practice Address: Unit 1/5-7 Martinez Avenue, West End, Queensland, 4810

Address line 1\*  
Unit 1/5-7 Martinez Avenue

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## Step 2: Mobility Parking Scheme

# Completing the form

**J** Once the form is completed, read and accept the applicant and Medical Practitioner declarations.

**Note:** Please provide your patient with a copy of their assessment.



### Mobility Parking Scheme — Medical Certificate

Medical Certificate 

Patient Information  
MPSBJGPCK DONOTUSEMPS  
No patient ID available  
20/07/1977

Recipient / Referrer   
Doctor Demo

☒ Is unable to walk because of permanent or temporary loss of use of one or both legs or another permanent medical or physical condition

☒ Has a physical condition that is detrimentally affected as a result of walking 100 metres

☐ Requires the use of crutches, a walking frame, callipers, scooter, wheelchair or similar mobility aid

☐ Is permanently blind (as defined for Disability Support Pension)

OR

☐ Does not meet one of the above eligibility criteria

The patient's diagnosis/condition meets one of the clinically recognisable disabilities under the MPS: (if applicable) \* 

☐ Paraplegia

☐ Quadriplegia

☐ Leg amputation

☐ Chromosomal or syndromic conditions

☐ Neurodegenerative disorder

☐ Neuromuscular disorder

☐ Motor neurone disease

☐ Cerebral palsy

☐ Permanent blindness

☒ OR another non-clinically recognisable disability that meets the eligibility criteria

What is the patient's relevant diagnosis/condition for their MPS permit? \*

The patient meets the criteria above for a: \*

☐ Individual permit (5 years)

☒ Temporary permit

Select permit period \*

**DECLARATION**

☒ Applicant declaration read and accepted. \* 

Patients should be provided with a copy of their assessment, as it contains a relevant privacy statement and may be required for applications submitted at a Service NSW Centre. This can be done by printing the form or emailing it to them.

☒ Medical Practitioner declaration read and accepted. \* 

## Step 3: Mobility Parking Scheme

# Previewing and Parking the form

### Previewing

- A** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- B** 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.
- C** You can scroll through any errors by using the **Go to Error** function on the bottom left hand corner of the SmartForm.

**NSW GOVERNMENT**

**Mobility Parking Scheme — Medical Certificate**

**Submit Preview Park Help**

**Medical Certificate** ⚠

**Patient Information**  
MPSBJGPCK DONOTUSEMPS  
No patient ID available  
20/07/1977

**Recipient / Referrer** ⚠  
Doctor Demo

**Please fix the following errors:**

- Medical Certificate**
  - [Declaration]: Applicant declaration read and accepted is a required field
- Recipient / Referrer**
  - Medicare Provider Number is a required field

**Driver Licence Verification** ▾

**MPS**

**i** The patient must have a primary diagnosis that affects their functional mobility. If your patient has behavioural, mental health or psychosocial issues alone they are not eligible for an MPS permit.

**The patient meets the following eligibility criteria: (tick all that apply) \*** **i**

- ☒ Is unable to walk because of permanent or temporary loss of use of one or both legs or another permanent medical or physical condition
- ☐ Has a physical condition that is detrimentally affected as a result of walking 100 metres
- ☒ Requires the use of crutches, a walking frame, callipers, scooter, wheelchair or similar mobility aid
- ☐ Is permanently blind (as defined for Disability Support Pension)

**OR**

- ☐ Does not meet one of the above eligibility criteria

**Goto Error:**

**< Previous Current Next >**

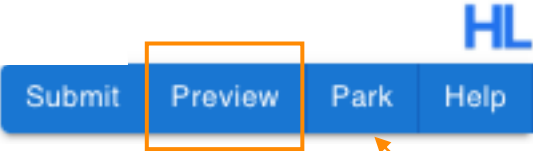
### Step 3: Mobility Parking Scheme

# Previewing and Parking the form

## Previewing / Parking

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

**E** 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.



**D**

**E**

**Preview** [Print] [Submit] [Close]

**Privacy Statement**  
Transport for NSW is committed to protecting your privacy and ensuring your personal and health information is managed according to law. The information collected in this form will be held by Transport for NSW at 231 Elizabeth Street, Sydney NSW 2000. Your personal and health information is being collected and will be retained and used for the purpose of verifying your eligibility to hold a Mobility Parking Scheme permit. The information may also be used to determine your fitness to drive and/or to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or your eligibility to hold a public passenger driver authority. You are required to provide this information under the Road Transport and Passenger Transport Legislation. Failure to do so may result in your application for a permit being refused; your driver licence being refused, suspended or cancelled, or conditions being placed on it; or your public passenger driver authority being refused, suspended or cancelled, or conditions being placed on it, as applicable. Your personal and health information held by Transport for NSW may be disclosed to a medical practitioner in order to verify it or to accredited operators, networks, booking or rideshare service providers under the Passenger Transport Act 2014 (or other related legislation). Find out more about why we collect your personal information, including how we use and manage it and how we use the Document Verification Service to validate it, by reading our privacy statement at transport.nsw.gov.au or phone 13 22 13 to request a copy.

**Mobility Parking Scheme — Medical Certificate - Transport for NSW**

**Patient:** MPSBJGPKC DONOTUSEMPS, 49yrs, DOB 20/07/1977,  
**Residential address:** 12 DARCY STREET, PARRAMATTA, NSW 2150

**Referred by:** Doctor Demo, Furious Five Psych, Prov. No. 00000000000000, PH +61 1300 145465  
**Referral date:** 31/07/2026 12:16 Pacific/Auckland

**Medical Certificate Information**

| Current medical certificate information |                      | Address        |                                        |
|-----------------------------------------|----------------------|----------------|----------------------------------------|
| <b>Name</b>                             | Mpsbjgpc DONOTUSEMPS | <b>Address</b> | 12 DARCY STREET<br>PARRAMATTA NSW 2150 |
| <b>Date of birth</b>                    | 20/07/1977           |                |                                        |
| <b>Customer number</b>                  | 69179211             |                |                                        |
| <b>Licence number</b>                   | 69179211             |                |                                        |

## Step 4: Mobility Parking Scheme Submitting

### Submitting

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

**G** This will safely and securely send the form to TfNSW electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.

There are two submission response outcomes:

1. **Straight through processing: Mobility Parking Scheme – Medical Certificate successfully received by Transport for NSW. The customer may now complete their MPS application online via the Service NSW website or attend a Service NSW Centre with a copy of their medical certificate.**

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

**Submitted** Print

Form sent on 31/07/2026 13:57

### Assessment Summary

Report has been forwarded for processing.

**Applicant Next Steps:**  
To proceed with your MPS application:

- Complete the online application via Service NSW website ([www.service.nsw.gov.au/services/mobility-parking-scheme](http://www.service.nsw.gov.au/services/mobility-parking-scheme)), or
- Attend a Service NSW Centre with a copy of this form

*For any enquiries please contact Service NSW on 13 22 13*

### Privacy Statement

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### Mobility Parking Scheme — Medical Certificate - Transport for NSW

**Patient:** MPSBJGPCK DONOTUSEMPS, 49yrs, DOB 20/07/1977,  
**Residential address:** 12 DARCY STREET, PARRAMATTA, NSW 2150  
**Referred by:** Doctor Demo, Furious Five Psych, Prov. No. 0000000000000, PH +61 1300 145465



## Step 4: Mobility Parking Scheme Submitting

### Submitting

G

2. Additional information required: Mobility Parking Scheme – Medical Certificate successfully received by Transport for NSW, but the patient requires a Fitness to Drive Assessment to be completed before they complete their MPS application online via the Service NSW website or attend a Service NSW Centre with a copy of their medical certificate.

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

Submit

Preview

Park

Help

G

G

Submitted

Print

2

Form sent on 31/07/2026 14:12

### Assessment Summary

Report has been forwarded for processing.

#### Applicant Next Steps:

To proceed with your MPS application:

- **Get your doctor to complete a NSW Fitness to Drive Assessment**
- Complete the online application via Service NSW website ([www.service.nsw.gov.au/services/mobility-parking-scheme](http://www.service.nsw.gov.au/services/mobility-parking-scheme)), or
- Attend a Service NSW Centre with a copy of this form

For any enquiries please contact Service NSW on 13 22 13

#### Privacy Statement

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#### Mobility Parking Scheme – Medical Certificate - Transport for NSW

**Patient:** MPSBJGPCK DONOTUSEMPS, 49yrs, DOB 20/07/1977,

**Residential address:** 12 DARCY STREET, PARRAMATTA, NSW 2150

**Referred by:** Doctor Demo, Furious Five Psych, Prov. No. 000000000000, PH +61 1300 145465

## Step 5: Mobility Parking Scheme Printing

### Printing

H

You can print a copy of your patient's Mobility Parking Scheme – Medical Certificate by clicking the Print button after the form is submitted or by right-clicking anywhere on the form.

The screenshot displays a web form titled "Submitted" for the Mobility Parking Scheme Medical Certificate. The form is dated "Form sent on 31/07/2026 16:18". It includes an "Assessment Summary" section stating "Report has been forwarded for processing." and "Applicant Next Steps" which instructs the user to complete the online application via the Service NSW website or attend a Service NSW Centre. A "Privacy Statement" section follows, detailing the collection and use of personal and health information. The form also includes the "Mobility Parking Scheme – Medical Certificate - Transport for NSW" logo and the NSW Government logo. A right-click context menu is open over the form, with the "Print..." option highlighted. The menu also includes options like "Back", "Refresh", "Save As...", "Create QR Code for this Page", "Translate to English", "Visual Search", "Screenshot", "More Tools", "Send Tab to Your Devices", "View Page Source", "View Frame Source", "Refresh Frame", and "Inspect".

Submitted

Form sent on 31/07/2026 16:18

**Assessment Summary**

Report has been forwarded for processing.

**Applicant Next Steps:**

To proceed with your MPS application:

- Complete the online application via Service NSW website ([www.service.nsw.gov.au/services/mobility-parking-scheme](http://www.service.nsw.gov.au/services/mobility-parking-scheme)), or
- Attend a Service NSW Centre with a copy of this form

*For any enquiries please contact Service NSW on 13 22 13*

**Privacy Statement**

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**Mobility Parking Scheme – Medical Certificate - Transport for NSW**

**Patient:** MPSBJGPCK DONOTUSEMPS, 49yrs, DOB 20/07/1977,

**Residential address:** 12 DARCY STREET, PARRAMATTA, NSW 2150

**Referred by:** Doctor Demo, Furious Five Psych, Prov. No. 00000000000, PH +61 1300 145465

Print

Back

Refresh

Save As...

Print... P

Create QR Code for this Page

Translate to English

Visual Search

Screenshot

More Tools >

Send Tab to Your Devices

View Page Source

View Frame Source

Refresh Frame

Inspect

NSW

## SECTION C:

# Locating Parked and Submitted SmartForms

Submitted and parked Smart Forms can be found in two locations within Communicare:

- A Within the Details tab of a patient's Clinical Record.
- B Due to Communicare's naming convention SmartForms will all display with Item Description "Smart Form"...
- C ...followed by what had been entered within the "Comments" field at the bottom of the Form screen (Shown in the screenshot above).

Clinical Record

**BANKS, REX B**  
DOB 41yrs (21/10/1982) Sex Female Patient ID 18884 Gender Other Pronouns He/H

Pregnant: 8/40 + 2 | 2 Medical Alerts | Adverse Reactions: (S)-S-adenosylmethionine, Glucose, ANSTO Health Chromium (51Cr)...

Verbal Orders | Documents | Immunisation | Results

Clinical Item | Medication | Pathology | Recall | Letter | Scan | Message | Change | Biographics | Charts | Services | Open My Health Record

Attachment | Send SMS | Delete | Reports | Go To | Claims | Transport

Summary | Progress Notes | **Details** (A)

View Clinical Items By: Class Topic Date Search text: Search Automatically

| Date       | Item Description                                  |
|------------|---------------------------------------------------|
| 19/02/2024 | Smart Form "testform"                             |
| 16/02/2024 | Smart Form "parked form"                          |
| 16/02/2024 | Smart Form                                        |
| 15/02/2024 | Smart Form "Tasman Health Service form"           |
| 15/02/2024 | Smart Form "Eastern Health"                       |
| 14/02/2024 | Smart Form "Eastern Health Form"                  |
| 13/02/2024 | Smart Form "Monash health Form - patient is sick" |
| 08/02/2024 | Smart Form                                        |
| 08/02/2024 | Smart Form                                        |

Place: Eastern Branch Clinic  
Mode: Aboriginal Health Service  
Description: Smart Form  
Topic: General & Unspecified  
Provider: Christine Ellison  
Status: Sent

Hide Details

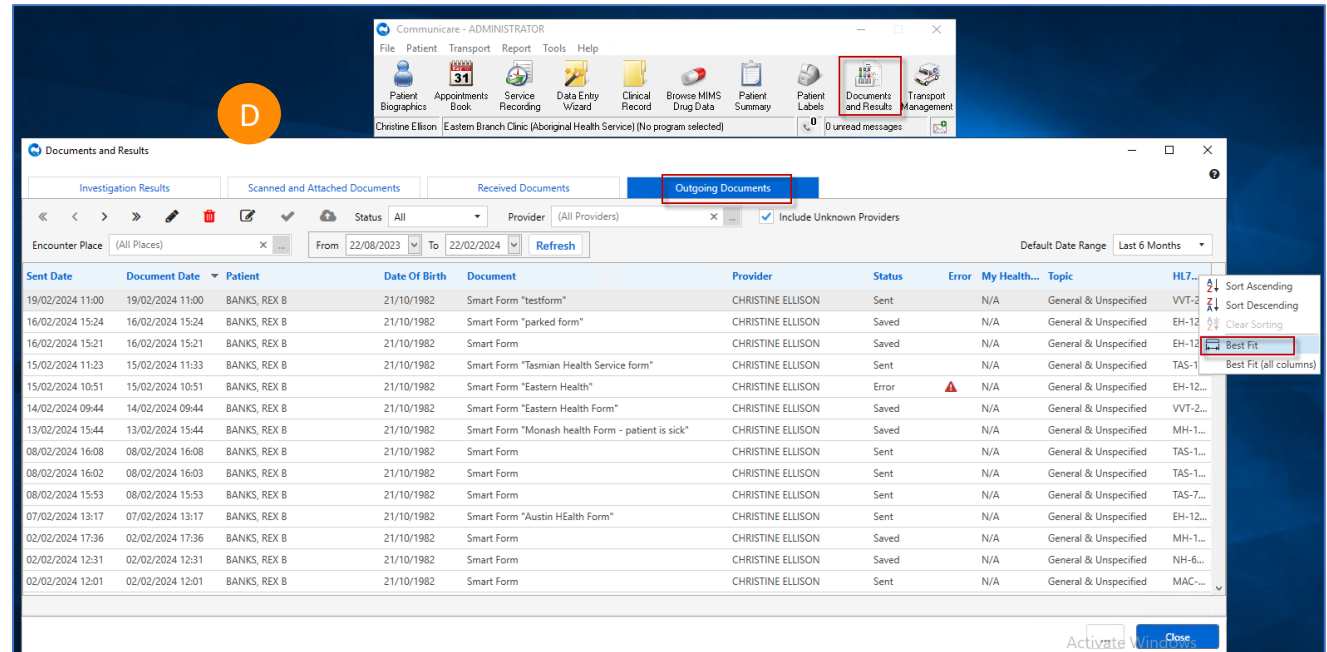
Encounter Place: Eastern Branch Clinic Encounter Mode: Viewing Rights: Common

Comment: Topic: General & Unspecified

## SECTION C:

# Locating Parked and Submitted SmartForms Continued...

**D** Smart Forms for all patients can be located within the “Documents and Results” tab under the “Outgoing Documents heading. To better view the Message ID right click the “HL7 ID” tab and select “Best Fit”. (this may be changed in the future)



| Outgoing Document Status | Meaning                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Saved                    | Form has been parked or auto-saved                                                                                                               |
| Sent                     | Synchronous forms: Successfully submitted via the Message Gateway<br><br>Asynchronous forms: Submitted and acknowledged through Message Exchange |
| Pending                  | Asynchronous forms only : Submitted through Message Exchange but not yet acknowledged                                                            |
| Error                    | Submitted through Message Exchanged and rejected or error response was received                                                                  |
| Error- Dealt-with        | User has marked and form with “Error” status as “Dealt with” – Usually after form has been resubmitted                                           |

## Helpdesk

1800 125 036

[helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

[www.healthlink.com.au](http://www.healthlink.com.au)

# HealthLink<sup>\*</sup>

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.