

HealthLink SmartForms for Zedmed

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.

Your practice must be running Zedmed v35 or above to access the HealthLink SmartForms.



Submitting HealthLink SmartForms from Zedmed to **Transport for NSW**

SECTION A: • Accessing HealthLink SmartForms

SECTION B:

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

SECTION D: • Accessing submitted forms

HealthLink Technical Support

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Step 1: Accessing HealthLink SmartForms

To access the forms within your
Zedmed software...

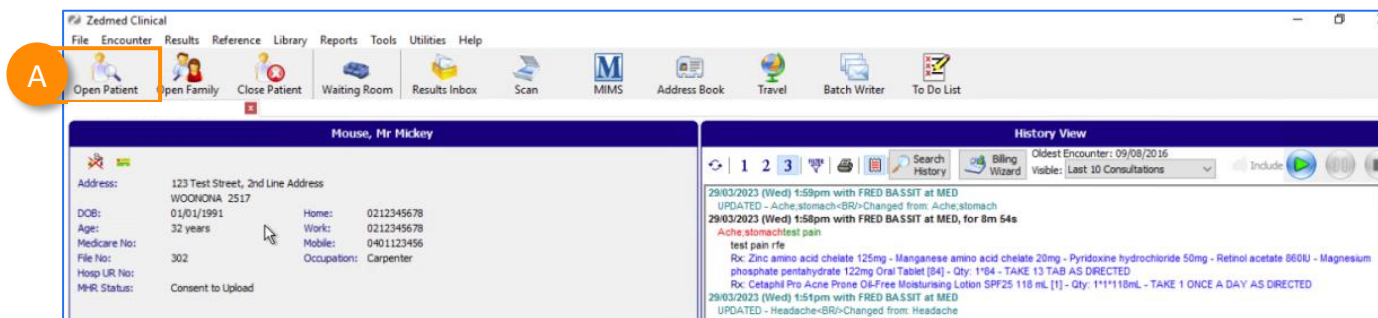
A First, search for the patient and open their
electronic medical record.
(Hotkey: F4)

Once the patient's file is open, there are
several ways to launch the HealthLink
forms page.

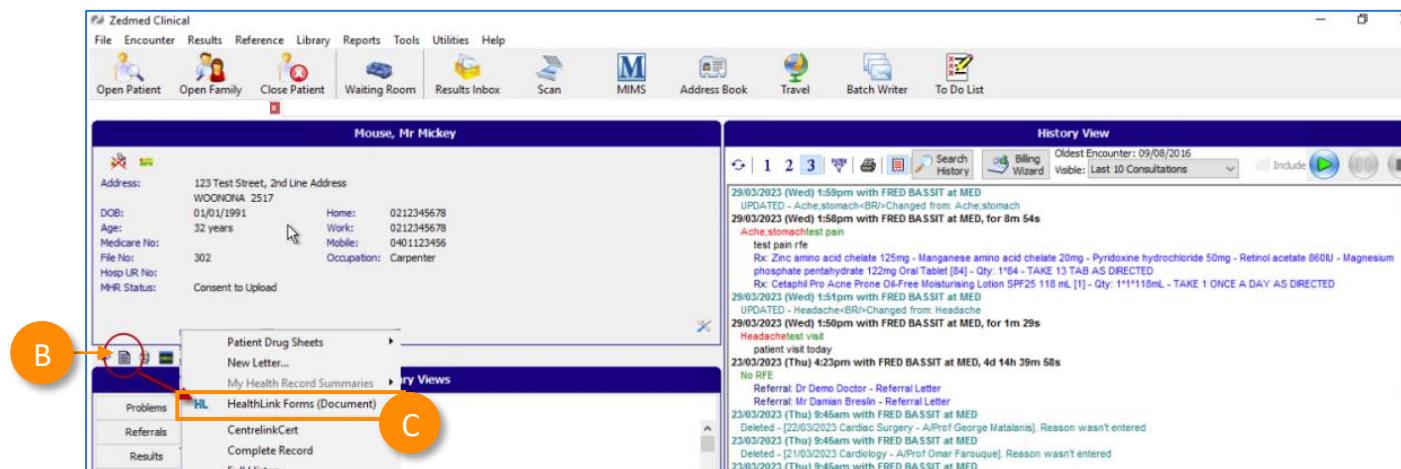
B One way is to click the **Quick Documents**
icon

C and select **HealthLink Forms (Document)**
from the pop-up menu.

Alternatives methods on the following page...



Method 1:

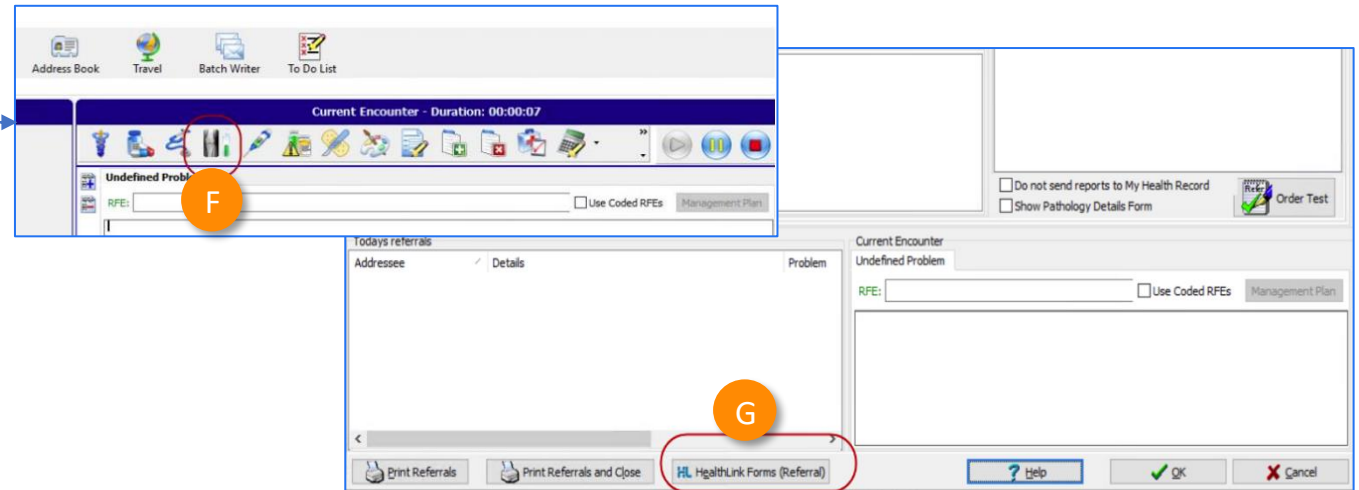
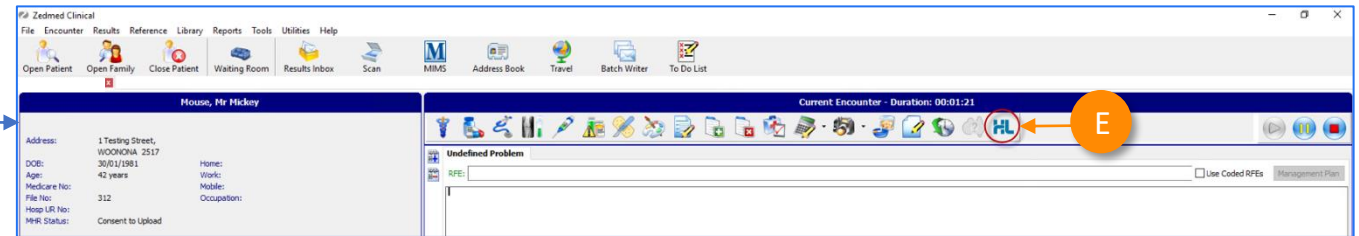
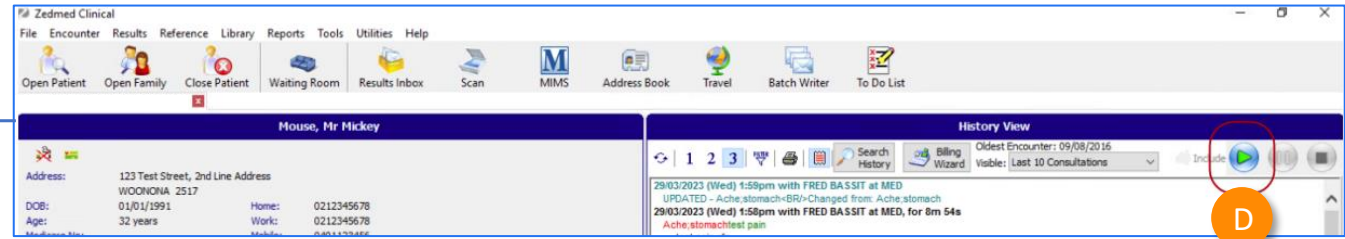


Step 1: Accessing HealthLink SmartForms

Alternatively, when you've opened the patient's medical record...

- D** Choose **Start Encounter**
- E** Then click the **HealthLink (HL)** icon
- Or
- F** Choose **Referral Icon** and
- G** Then click on the **Healthlink Forms (Referral)** Referral Module

Start Encounter



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

Create Update Support

HealthLink | PRO

Search a Directory

SR Specialists+Referrals Refer to Private Specialist

HL HealthLink Direct

IAR Decision Support Tool for Mental Health

Konnect NET

Return to WorkSA Work Capacity Certificate

Spotlight Services

Referral Services

Search Referral Services

Clear

Access Canberra Prototype

Application

Banyule Community Health

Chris O'Brien Lifecare 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 eReferrals

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 - eReferrals

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 eReferrals Demo

SA Health

Sydney LHD Aged Care, Allied Health and Community services

Tasmanian Health Service

TINSW SPA Homepage Dev ATS

Transport for NSW

Victorian Standard eReferrals

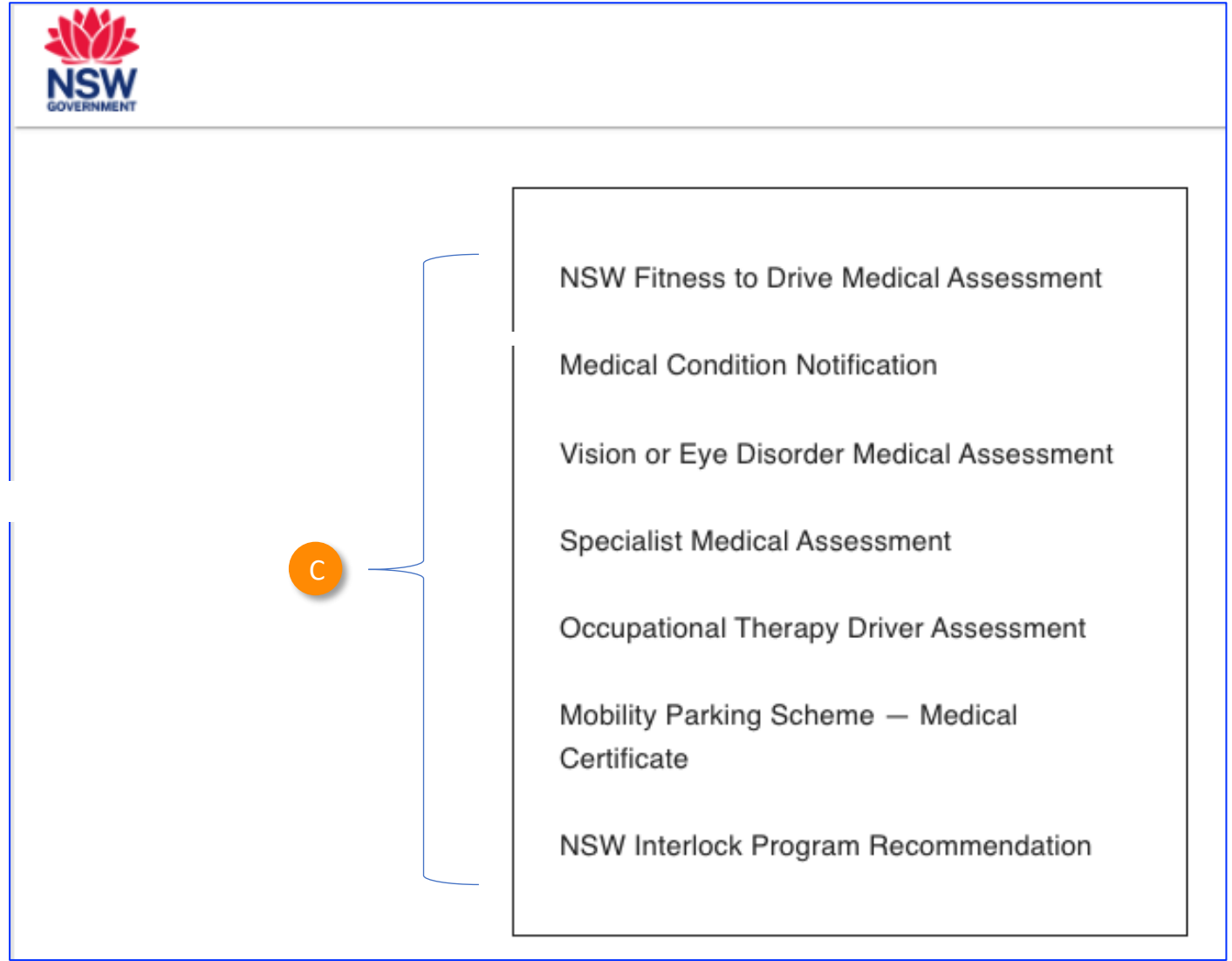
Wentworth Mercy Hospital

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

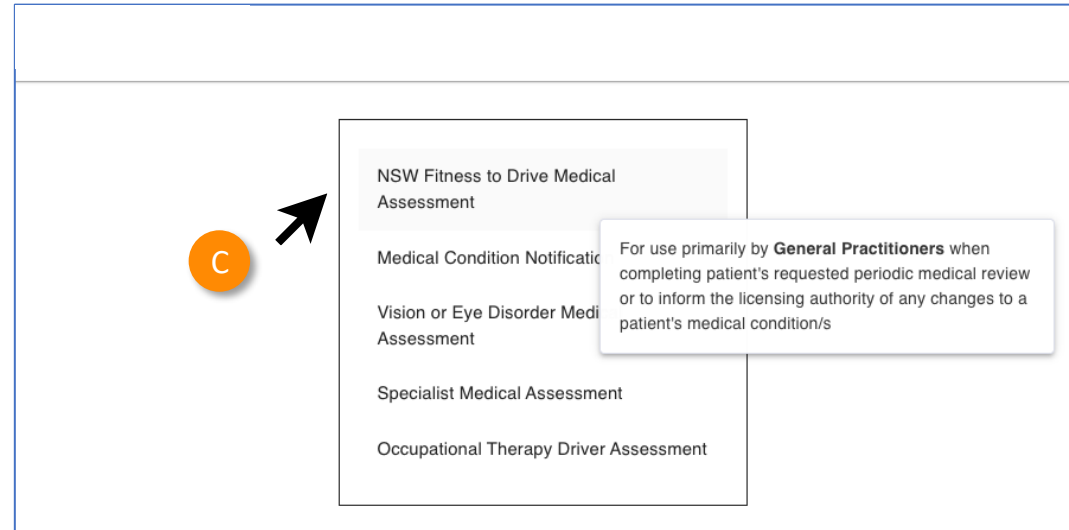
Part 1:

Fitness to Drive Medical Assessment

Step 2: Fitness to Drive Launching a new form

C

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



NSW Fitness to Drive Medical Assessment

Medical Condition Notification

Vision or Eye Disorder Medical Assessment

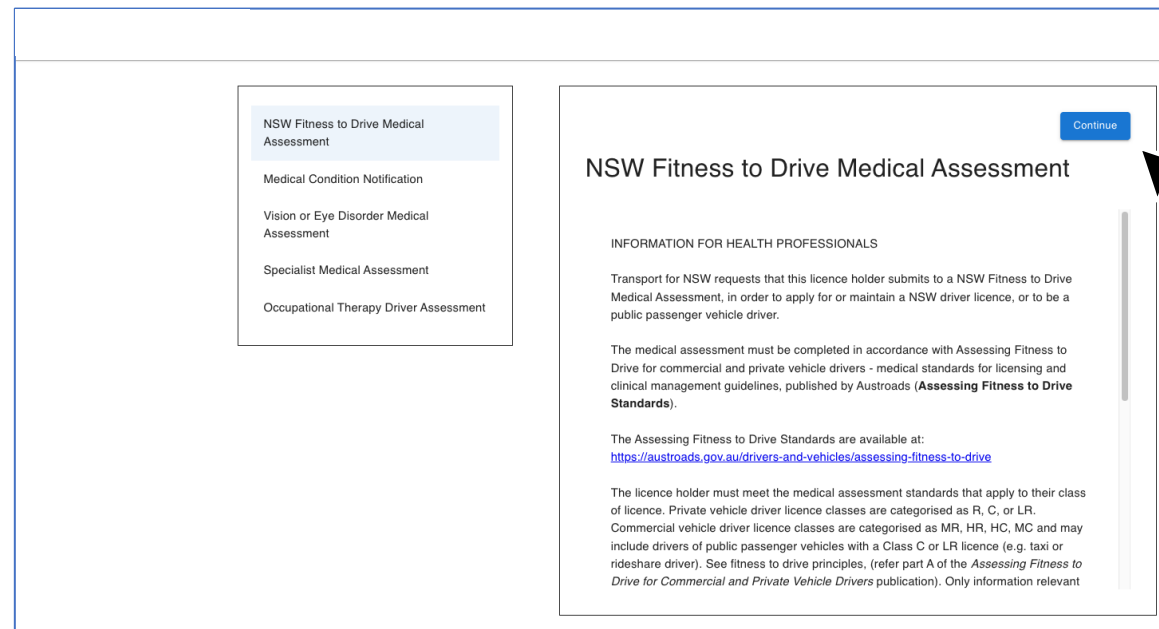
Specialist Medical Assessment

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

Continue

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

Step 3: 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

Submit Preview Park Help

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

Submit Preview

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 3: Fitness to Drive

Completing the form

C

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

NSW Fitness to Drive Medical Assessment

Medical Assessment ⚠️
Licence class: C
Medical standard: Private

Attachments / Reports
0 files attached (0 KB)

Patient Information

Recipient / Referrer ⚠️

Driver Licence Verification ^

☒ Driver licence number ☐ Customer number

Driver licence number *
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 3: Fitness to Drive Completing the form

D

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

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.

Submit

Preview

Park

Help

D

Step 3: Fitness to Drive Completing the form

Attachments / Reports

- E** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.
- F** You can select any item from the **table** – showing you patient medical records captured from the **last six months**.
- Or you can **browse for files...**
 - G** stored in your Practice Management Software by clicking the **Browse** button .
 - H** **Note:** Make sure to update the date parameters if you want to see files that are older than six months.

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 Click "Browse" button to add local files				

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 Enter Search Options and click "Search"				

Step 3: Fitness to Drive Completing the form

Attachments / Reports

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

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.

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

Browse

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, jpg, 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.

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

Browse

Open

File name: Custom file:

Open **Cancel**

Step 3: Fitness to Drive

Completing the form

Patient information

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



NSW Fitness to Drive Medical Assessment

Submit Preview Park Help

Medical Assessment 
Licence class: C
Medical standard: Private

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

Patient Information

No patient ID available
01/01/1980

Recipient / Referrer 

Patient Information

Medicare number

Date of birth*
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 3: Fitness to Drive Completing the form

Recipient / Referrer

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

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

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



NSW Fitness to Drive Medical Assessment

HL

Submit Preview Park Help

Medical Assessment Information Required ▲

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

Patient Information Patient Correct ▲

Recipient / Referrer
Patient Name
0000000Y

Medical Practitioner Information

Medicare Provider Number *
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 4: Fitness to Drive

Previewing, Submitting and Parking

Previewing

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

NSW Fitness to Drive Medical Assessment

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 4: Fitness to Drive Previewing, Submitting and Parking

Previewing

B

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

C

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

D

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

NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

⚠ Please fix the following errors:

Medical Assessment

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

Recipient / Referrer

- Medicare Provider Number is a required field

SEIZURE OR EPILEPSY

Does the patient have epilepsy? * ⓘ

☐ Yes ☐ No

NEUROLOGICAL CONDITION

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

☐ Yes ☐ No

SLEEP DISORDER

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

☐ Yes ☐ No

Goto Error:

< Previous

Current

Next >

D

Step 4: Fitness to Drive Previewing, Submitting and Parking

Previewing / Parking

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

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

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

NSW Fitness to Drive Medical Assessment

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

The screenshot shows the 'NSW Fitness to Drive Medical Assessment' form. A 'Preview' pop-up window is open, displaying a summary of the form. The pop-up contains the following sections:

- 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.
- Assessment Statement:** This assessment has been completed in accordance with 'Assessing Fitness to Drive'. The standards can be viewed at <https://www.austroroads.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, Milsoms 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 'Preview' button highlighted with an orange box and an arrow pointing to it. The 'Park' button is also visible. The 'Submit' button is also visible. The 'Help' button is also visible. The 'Preview' button is also visible. The 'Park' button is also visible. The 'Submit' button is also visible. The 'Help' button is also visible.

Step 4: Fitness to Drive Submitting

Submitting

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

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

There are four submission response outcomes:

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

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

The image displays two screenshots of a web interface showing a 'Submitted' status for a form. Both screenshots have a 'Print' button in the top right corner.

Screenshot 1 (labeled with a circled '1' and an arrow 'H' pointing to the 'Submitted' header):

- Header: Submitted
- Text: Form sent on 06/05/2026 12:56 AEDT
- Section: **Assessment Summary**
- 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.
- Text: For any enquiries please contact Service NSW on 13 22 13

Screenshot 2 (labeled with a circled '2'):

- Header: Submitted
- Text: Form sent on 06/05/2026 12:56 AEDT
- Section: **Assessment Summary**
- 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.
- Section: **Specialist Assessments:**
 - Cardiologist
 - Neurologist
- Section: **Other Assessments:**
 - Occupational Therapist Assessment
- Section: **Licence Conditions:**
 - May only drive between sunrise and sunset (Added)
 - May only drive within a 15 km radius of home (Added)
- Text: For any enquiries please contact Service NSW on 13 22 13

Print Submit Close

Step 4: Fitness to Drive Submitting

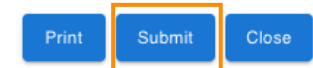
Submitting continued

- G** When you are ready to send your form, click **Submit**.
- H** This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.

There are four submission response outcomes:

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

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



G

H →

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

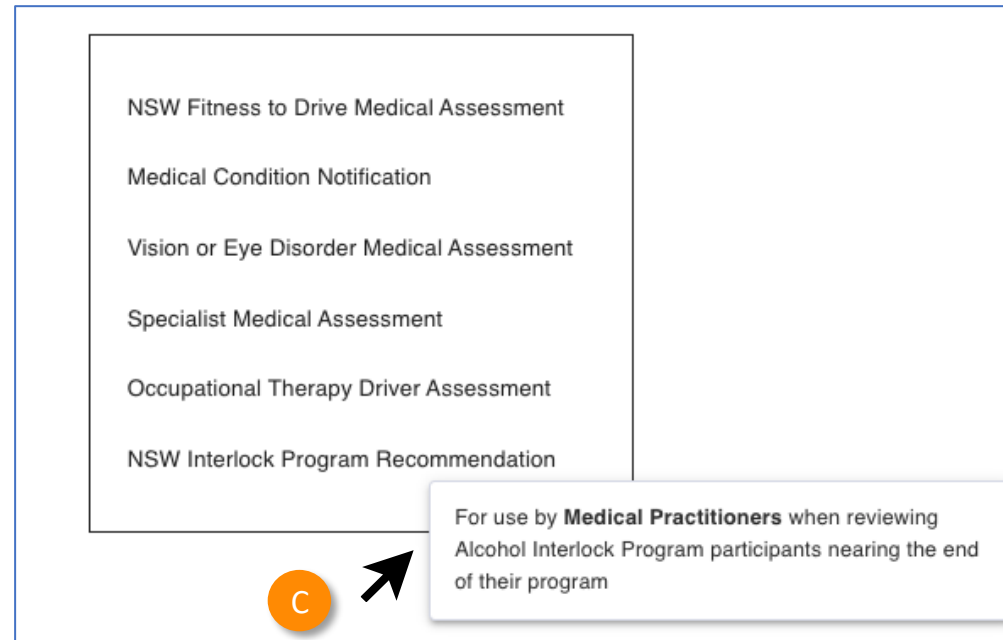
Part 2:

Interlock Program Recommendation

Step 2: Interlock Program Recommendation Launching a new form

C

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



NSW Fitness to Drive Medical Assessment

Medical Condition Notification

Vision or Eye Disorder Medical Assessment

Specialist Medical Assessment

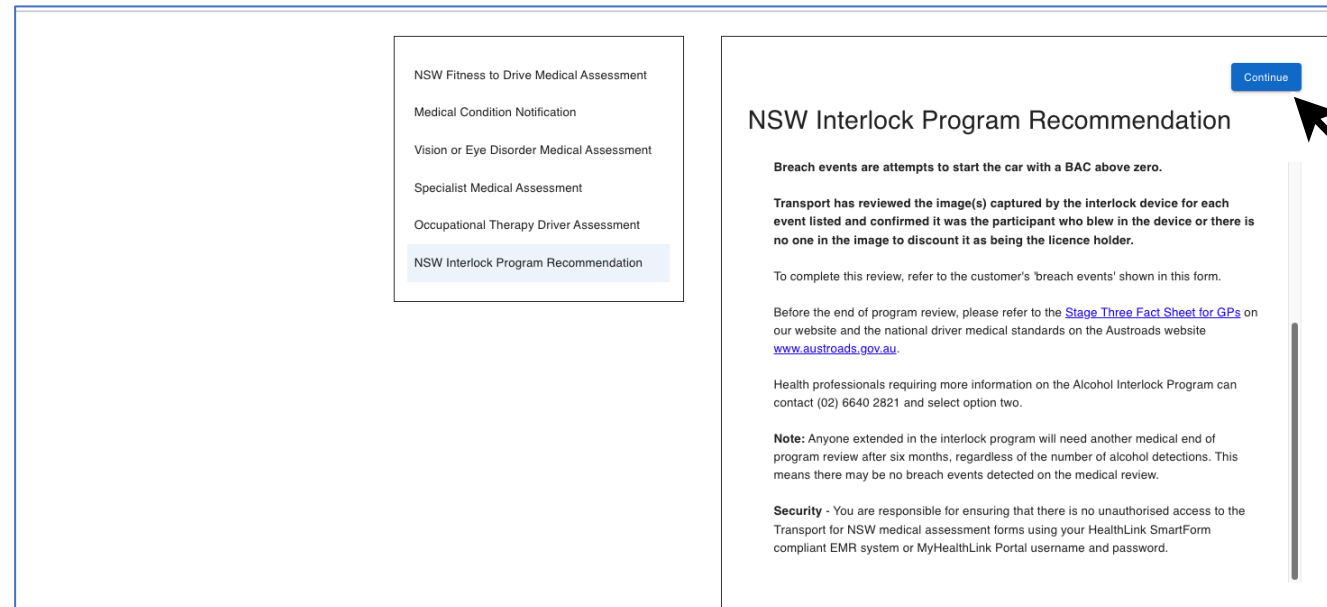
Occupational Therapy Driver Assessment

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.

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 3: Interlock Program Recommendation Completing the form

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

A

The **SmartForm layout** provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

B

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

You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

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

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 3: Interlock Program Recommendation

Completing the form

C

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



NSW Interlock Program Recommendation - Transport for NSW

Interlock Program Recommendation
Information Required

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

Recipient / Referrer

Patient Information

Medicare number

Date of birth*

Required

Pension number

Name:

First name *

Last name *

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

Address line 1 *

Address line 2

Suburb

State *

Postcode

Postal Address
Same as residential

☒ Yes ☐ No

C

©HealthLink

24

Step 3: Interlock Program Recommendation Completing the form

Recipient / Referrer

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

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





NSW
GOVERNMENT

HL

Submit Preview Park Help

NSW Interlock Program Recommendation - Transport for NSW

Interlock Program Recommendation
Information Required

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

Recipient / Referrer

Recipient

Referral number
RMS-5003216

Medical Practitioner Information

Medicare Provider Number *

Medical Registration Number

Full Name: ⓘ

Name:

First name *

Last name *

Practice name *

Practice Address:

Address line 1 *

Address line 2

Step 4: Interlock Program Recommendation Previewing, Submitting and Parking

Previewing

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



SubmitPreviewParkHelp

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 >

Step 4: Interlock Program Recommendation Previewing, Submitting and Parking

Previewing

- B** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- C** If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it. You can click on each error in the **please fix the following errors** box and the form will take you directly to the required field.
- D** You can scroll through any errors by using the **Go to Error** function on the bottom left hand corner of the SmartForm.

HL

Submit Preview Park Help

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

Please fix the following errors:
Recipient / Referrer
• Medicare Provider Number is a required field

Driver Licence Verification

VERIFIED BREACH EVENTS

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

As at 8 May 2026

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

Goto Error:

< Previous Current Next >

Step 4: Interlock Program Recommendation Previewing, Submitting and Parking

Previewing / Parking

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

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

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

NSW Fitness to Drive Medical Assessment

Submit

Preview

Park

Help

The screenshot displays the 'NSW Fitness to Drive Medical Assessment' interface. At the top right, there are four buttons: 'Submit', 'Preview', 'Park', and 'Help'. The 'Preview' button is highlighted with an orange box and labeled 'F'. A blue circle with the letter 'E' points to the 'Preview' button. A pop-up window titled 'Preview' is open, showing a summary of the assessment. The pop-up contains the following text:

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

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

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

NSW Interlock Program Recommendation - Transport for NSW

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

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

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

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

Medical Assessment Information

Driver Licence Verification

Driver licence number: 69178693

MAIP participant number: 362649

The background interface shows the 'Interlock Program Recommendation' form with fields for 'Licence class: C', 'Medical standard: Private', 'Ready to Submit', 'Patient Information', 'Recipient / Referrer', 'Full Name: Brett', 'First name: Brett', 'Practice name: Furious Five', and 'Address: 4/69 Ebley Street, Bondi Junction, NSW 2022'. A 'Goto Error' button is visible at the bottom left.

Step 4: Interlock Program Recommendation Submitting

Submitting

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

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

There are three submission response outcomes:

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

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

The image displays three sequential screenshots of a web form titled 'Submitted', each showing a different outcome of a submission. The form is titled 'Submitted' and has a 'Print' button in the top right corner. The form content is as follows:

Form sent on 23/04/2026 11:23 AEDT

NSW Interlock Program Recommendation Summary

Recommendation received by Transport and your records have been updated. You will receive a letter about your participation in the Alcohol Interlock Program.

For any enquiries please contact Service NSW on 13 22 13

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.

1 This screenshot shows the first outcome: 'Recommendation received by Transport and your records have been updated. You will receive a letter about your participation in the Alcohol Interlock Program.'

2 This screenshot shows the second outcome: 'Recommendation has been forwarded to Transport for processing. You will receive a letter about your participation in the Alcohol Interlock Program.'

3 This screenshot shows the third outcome: 'Recommendation received by Transport - Results pending. You will receive a letter about your participation in the Alcohol Interlock Program.'

Navigation buttons at the top right: Print, **Submit** (highlighted with an orange box and arrow from 'G'), Close.

Annotations: 'H' points to the 'Submitted' title; 'G' points to the 'Submit' button.

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 SmartForm system. It is divided into two main sections: a list of available forms and a detailed view of the selected form.

Top Section: 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
- Mobility Parking Scheme — Medical Certificate** (highlighted with a blue background)
- NSW Interlock Program Recommendation

A black arrow points from the highlighted form to a pop-up information box.

Pop-up Information Box (C):

For use by any **Medical Practitioner** when certifying a patient's eligibility for a Mobility Parking Scheme Permit.

Bottom Section: Detailed View of the Selected Form

The detailed view shows the same list of forms on the left, with the 'Mobility Parking Scheme — Medical Certificate' form highlighted. On the right, the form's content is displayed, including a 'Continue' button in the top right corner.

Mobility Parking Scheme — Medical Certificate

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.

A black arrow points from the 'Continue' button to the right side of the form.

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.

NSW GOVERNMENT

Mobility Parking Scheme — Medical Certificate

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

[Continue with Medical Certificate](#)

Medical Certificate ▲

Patient Information ▲
MP5BJGPCK DONOTUSEMPS
No patient ID available
20/07/1977

Recipient / Referrer ▲
Doctor Demo

Driver Licence Verification ^

☒ Driver licence number ☐ Customer number

Driver licence number *
69179211

Date of birth *
20-07-1977

Patient surname *
DONOTUSEMPS

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

Current assessment information

Name
Mpsbjgpc DONOTUSEMPS

Date of birth
20/07/1977

Licence number
69179211

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.

**Medical Certificate** 

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

Recipient / Referrer 
Doctor Demo

Mobility Parking Scheme — Medical Certificate

Driver Licence Verification 

MPS
 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 meets the criteria above for a: *

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

DECLARATION
☐ Applicant declaration read and accepted. * 

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) *

☒ 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		

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) *

☐ 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? *

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

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.

The screenshot displays the 'Mobility Parking Scheme' form with a 'Preview' pop-up window. The pop-up window contains the following information:

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: MPSBJGPCK 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	
Name	Mpsbjgpck DONOTUSEMPS	Address	12 DARCY STREET PARRAMATTA NSW 2150
Date of birth	20/07/1977		
Customer number	69179211		
Licence number	69179211		

The background form shows fields for Recipient (Referral number: MPS-1148), Medical Practitioner (Medicare Provider: 00000000000000, Full Name: Doctor Demo, Name: Doctor Demo, First name: Doctor), Practice name (Furious Five Psych), and Practice Address (Address line 1: Unit 1/5-7).

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), or
- Attend a Service NSW Centre with a copy of this form

For any enquiries please contact Service NSW on 13 22 13

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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. 00000000000000, 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 Submitted **Print**

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), 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

NSW
GOVERNMENT

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.

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), 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...

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

Step 5:

Managing SmartForms and eReferrals in Zedmed

A Any HealthLink SmartForm referral created for a patient can be viewed and interacted with in Zedmed's **Summary Views** section of the patient's record .

Locating a patient's referral/document...

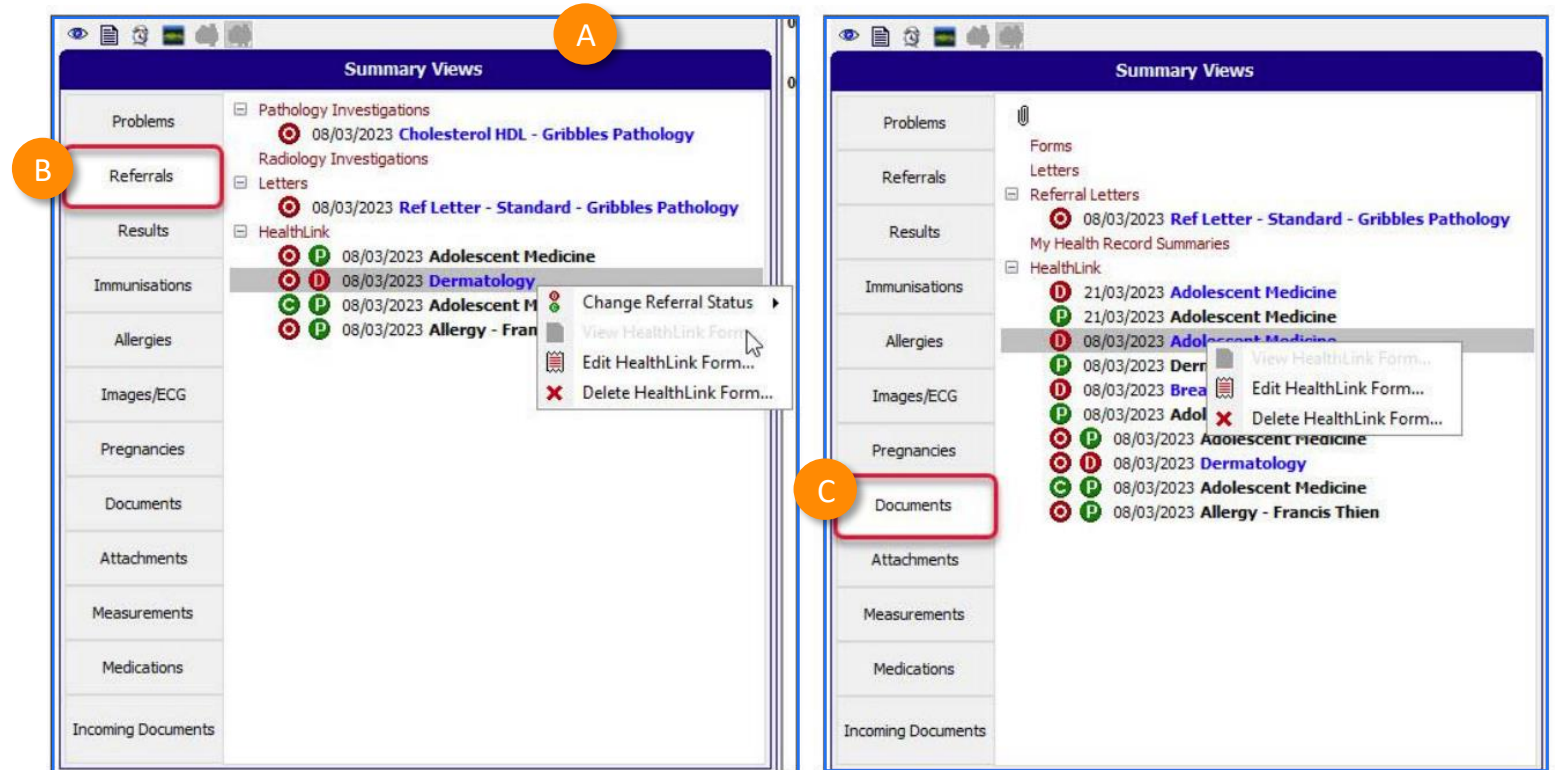
B If a referral is done through an Encounter, then it will go into the **Referrals** tab.

C If a referral is done through Quick Documents, it will show in the **Documents** tab.

Note: You can locate 'parked' and 'auto-saved' forms here too.

Note: Users need to right click on the item they want to edit / update.

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



Zedmed status options manually selected by doctor:

- O** Open - referral not been actioned or discussed with the patient.
- C** Closed - referral has been discussed with the patient or no action is required.

HealthLink status options:

- D** Draft - the referral/document has not been submitted.
- P** Processed - the referral/document has been submitted.
- A** Awaiting Acknowledgement – the referral has been submitted, waiting for an Acknowledgement from the Referred To service.

Step 6: Accessing submitted forms

A A copy of the submitted form can be found in the **Summary View > Referrals** section

B Or the **Summary View > Documents** section

Zedmed Clinical

File Encounter Results Reference Library Reports Tools Utilities Help

Open Patient Open Family Close Patient Waiting Room Results Inbox Scan MIMS Address Book Travel Batch Writer To Do List

Mouse, Mr Mickey

Address: 123 Test Street,
WOONONA 2517
DOB: 01/01/1991 Home: 0212345678
Age: 32 years Work: 0212345678
Medicare No: Mobile: 0401123456
File No: 302 Occupation:
Hosp UR No:
MHR Status: Consent to Upload

Summary Views

- Problems
- Referrals**
 - 14/11/2018 Referral Letter - Dr Rahul Sonar (HL)
 - 14/11/2018 Referral Letter - Dr Rahul Sonar (HL)
 - 12/11/2018 Referral Letter - Standard - Dr Rahul Sonar (HL)
 - 12/07/2018 Referral Letter - Dr Alex Joseph
 - 17/05/2018 Referral Letter - Mr Colin Wilce
 - 09/02/2018 Referral Letter - Rajab Nabi
 - 11/10/2017 Referral Letter - Dr Test Specialist
 - 31/05/2017 Referral Letter - Central Referral Service
 - 29/05/2017 Referral Letter - Central Referral Service
 - 14/12/2016 Referral Letter - Mr Damian Breslin
 - 23/11/2016 Referral Letter - Kyle Macdonald (HL)
- Results
- Immunisations
- Allergies
- Images/ECG
- Documents**
- Attachments
- Measurements
- Medications
- Incoming Documents

My Health Record Summaries

Date	Description	Status
30/05/2023	Eastern... View HealthLink Form...	Thien

Reference View X Delete HealthLink Form...

Oldest Encounter: 09/08/2016
Visible: Last 10 Consultations

Referral: Dr Mickey Mouse - Referral Letter
16/07/2021 (Fri) 1:16pm with FRED BASSIT at MED, for 10m 11s
No RFE

Referral: Dr Mickey Mouse - Referral Letter - Standard
28/06/2021 (Mon) 11:53am with FRED BASSIT at MED, for 3m 58s
No RFE

Referral: Sarah Gamboa - Referral Letter
18/09/2020 (Fri) 1:17pm with FRED BASSIT at MED, for 6m 35s
No RFE

Referral: Mr Damian Breslin - Referral Letter
10/09/2020 (Thu) 11:33am with FRED BASSIT at MED
Deleted - [10/09/2020 Referral Letter - Sarah Gamboa]. Reason: Document no longer required
10/09/2020 (Thu) 11:24am with FRED BASSIT at MED
Deleted - [10/09/2020 Referral Letter - Sarah Gamboa]. Reason: Document created in error
10/09/2020 (Thu) 11:14am with FRED BASSIT at MED, for 13m 30s
No RFE

Referral: Sarah Gamboa - Referral Letter
Referral: Sarah Gamboa - Referral Letter
10/09/2020 (Thu) 9:25am with FRED BASSIT at MED
Deleted - [09/01/2020 Referral Letter - Mr Damian Breslin]. Reason wasn't entered
10/09/2020 (Thu) 9:24am with FRED BASSIT at MED
Deleted - [09/08/2016 Referral Letter - Mr Damian Breslin]. Reason wasn't entered
10/09/2020 (Thu) 9:24am with FRED BASSIT at MED
Deleted - [09/08/2016 Referral Letter - Mr Damian Breslin]. Reason wasn't entered
09/01/2020 (Thu) 12:14pm with FRED BASSIT at MED, for 41m 54s
No RFE

Referral: Mr Damian Breslin - Referral Letter
11/01/2019 (Fri) 2:41pm with FRED BASSIT at MED, for 1h 17m 54s
No RFE

Referral: X-Ray (Abdomen) [] - Test Radiology
14/11/2018 (Wed) 1:37pm with FRED BASSIT at MED, for 44m 28s
No RFE

Referral: Dr Rahul Sonar (HL) - Referral Letter
Referral: Dr Rahul Sonar (HL) - Referral Letter
Referral: CT-Scan (Abdomen) [] - Test Radiology
12/11/2018 (Mon) 4:27pm with FRED BASSIT at MED
Deleted - [10/11/2018 Referral Letter - Dr Rahul Sonar (HL)]. Reason wasn't entered

Helpdesk

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

HealthLink^{*}

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