

## User Guide

25.02.2026 MD

# HealthLink SmartForms for Medical Director Clinical

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



Your practice must be running Medical Director Clinical 3.16 or above to access the HealthLink SmartForms.

# Submitting eReferrals from Medical Director Clinical

## Using HealthLink SmartForms

SmartForms enable **Medical Director** users to easily refer and engage with all HealthLink SmartForm service providers including Grampians Health, NSW LHDs, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software.

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### HealthLink Technical Support

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

Phone: 1800 125 036

Step 1:

**Accessing HealthLink SmartForms (eReferrals)**

Step 2:

**Launching a new form**

Step 3:

**Completing the form**

Step 4:

**Previewing, Submitting and Parking**

Step 5:

**Accessing parked and auto-saved forms**

Step 6:

**Accessing submitted forms**

Step 7:

**What happens after a referral has been made?**

## Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your  
Medical Director software...

- A** First, search for the patient and open their electronic medical record.
- B** Then click the **HealthLink** tab.
- C** Now click on the **New Form** button to launch the **HealthLink home page**.

MedicalDirector Clinical 4.0

Open File Patient User Tools Clinical Correspondence Search Resources Sidebar Messenger Help

Select Patient From List

Enter patient surname, chart number, phone number or D.O.B. (dd/mm/yyyy)

PATIENT

Include

- ☐ Inactive patients
- ☐ Deceased
- ☐ Next of Kin and Emergency Contact

Search on

- ☐ Chart number
- ☐ Phone number

| Name          | Age       | Gender | Chart Number | Address                       | Phone Number | D.O.B.     |
|---------------|-----------|--------|--------------|-------------------------------|--------------|------------|
| Patient, Test | 71yrs ... | M      |              | 1 Furzer Street, Phillip 2606 |              | 01/01/1950 |
| Patient, Test | 71yrs ... | F      |              | 1 Furzer Street, Phillip 2606 |              | 01/01/1950 |

Status: Active

Add New Delete Edit Merge Close

MedicalDirector Clinical 4.0 - [Mr Test Patient (71yrs 6mths)]

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Messenger Window Help

MR TEST PATIENT (71yrs 6mths) DOB: 01/01/1950 Gender: Male Occupation: 0m 21s

1 Furzer Street, Phillip, Act 2606 Ph: 0261112222 (home) Record No: ATSI: Aboriginal

Allergies & Adverse Reactions: ? Allergies/Adverse Reactions Pension No: Ethnicity: Australian Aboriginal

Warnings: Smoking Hx: ? Smoker IHI No: MyHealthRecord: Recalls

Summary Current Rx Progress Past history Results Letters Documents Old scripts Imm Correspondence MDExchange **HealthLink**

**New Form** Resume Delete Clear Filters Refresh Error Detail

6 of 6 Records

| Date Created             | Form Status | Message ID | Type | Subject | Description | Recipient | Sender | Ack Status |
|--------------------------|-------------|------------|------|---------|-------------|-----------|--------|------------|
| 8/07/2021 11:30:27 a.m.  | Autosaved   |            |      |         |             |           |        |            |
| 8/07/2021 11:12:18 a.m.  | Submitted   |            |      |         |             |           |        |            |
| 18/10/2019 11:07:47 a.m. | Autosaved   |            |      |         |             |           |        |            |
| 9/10/2019 3:54:31 p.m.   | Submitted   |            |      |         |             |           |        |            |
| 1/10/2019 4:11:29 p.m.   | Submitted   |            |      |         |             |           |        |            |
| 24/09/2019 3:52:07 p.m.  | Submitted   |            |      |         |             |           |        |            |

## Step 2: Launching a new form

Now you're on the HealthLink home page...

- A** Here you'll find a list of available services to refer patients.
- B** Within the **Referred Services** section, Click on the link named **Grampians Health**.

To launch the SmartForm, **Grampians Health** require you to then:

- C** • **select a specific service** and
- D** • **facility** (only if there's multiple facilities for that service)
- E** Then click **Continue** to launch the form.

For more information on Grampians Health referred services, go to: [www.gh.org.au/services](http://www.gh.org.au/services)

The screenshot displays the HealthLink PRO interface. At the top, there are links for 'Create', 'Update', and 'Support'. Below this is a 'Search a Directory' bar with a 'Specialists+Referrals' button and a 'Refer to Private Specialist' button. The main content area is divided into sections: 'Konnect NET', 'ReturnToWorkSA Work Capacity Certificate', and 'Spotlight Services'. The 'Referral Services' section is active, showing a list of services. A callout box highlights the 'Grampians Health' link, stating: 'The Grampians Health form can be used to send referrals to Grampians Health - Ballarat, enabling faster streamlined management of referrals. Using this form you will receive immediate confirmation of receipt by Grampians Health. Before referring to our services please visit Western Victoria Health Pathways <https://westvic.communityhealthpathways.org/> or <https://www.gh.org.au/services/specialist-outpatients-ballarat/> for conditions we treat.'

The bottom section shows the 'Grampians Health' form. It has a search bar and a 'Facility' dropdown. A list of services is shown, with 'Gastroenterology' selected. A 'Continue' button is highlighted in the top right corner.

### Step 3:

## Completing the form

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

A

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

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

B

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

Grampians Health General Medicine - Grampians Health Ballarat

Submit Preview Park Help

Requested Information General Medicine

Form has been auto-saved.

Attachments / Reports No reports selected No files attached

Medications, Allergies, Alerts 2 long term medications specified 8 medications specified No medical warnings specified

Medical, Social and Family History Medical history specified

Patient Information MICKEY HEATLEY 800360234568835 17/12/1967

Referrer Information Sam Entwistle 889843 No Different Regular GP

Referred To\* Dr Edward Ritchie

Referral Date\* 19/02/2026

Referral Continuation\* ☐ New ☐ Amended referral/update previously sent referral ☐ Renew expired referral

Referral Period\* Indefinite

Patient's preferred contact method\* SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required\* ☐ Yes ☒ No

Does the patient identify as living with a disability / disabilities?\* ☐ Yes ☒ No

Is the patient an NDIS participant?\* ☐ Yes ☒ No

Additional Needs / Reasonable Adjustments Required\* ☐ Yes ☒ No

Does the patient have a carer / support person?\* ☐ Yes ☒ No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\* ☐ Yes ☒ No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

☐ Patient Consent\*

Grampians Health General Medicine - Grampians Health Ballarat

Submit Preview Park Help

Requested Information General Medicine

Form has been auto-saved.

Attachments / Reports No reports selected No files attached

Medications, Allergies, Alerts 2 long term medications specified 8 medications specified No medical warnings specified

Medical, Social and Family History Medical history specified

Patient Information MICKEY HEATLEY 800360234568835 17/12/1967

Referrer Information Sam Entwistle 889843 No Different Regular GP

Date of birth\* 17/12/1967

Medicare/DVA Eligible\* ☒ Yes ☐ No

Medicare number\* 6288253442

Medicare expiry

DVA number QX901226

Pension number

Private health fund name

Patient membership number

Name\* MICKEY Disney HEATLEY (Mmouse)

Gender\* Female

Patient's Indigenous status\* Neither Aboriginal nor Torres Strait Islander origin

Country of Birth

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

### Step 3:

## Completing the form

**C** It will also display a **warning** for some information taken from your Practice Management Software that needs reviewing.

For example, if a contact phone number does not include an area code.

**D** If you need more context on the questions, you can click on the **information icons**.



**C**

**Name\***

▶ MICKEY

**Patient Information**

MICKEY HEATLEY  
8003602345688835  
17/12/1967

**Gender\***

Female ▼

**Gender Identity**

**Residential Address**

Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

General Medicine

**Patient's Indigenous status\***

Neither Aboriginal nor Torres Strait Islander origin ▼

**Country of Birth**

**Referrer Information**

889843  
No Different Regular GP

**Attachments / Reports**

**Interpretation Required\***

☐ Yes ☒ No

**Please confirm patient phone details are accurate when reviewing Patient Information tab.**

☐ Yes ☒ No

**Medical, Social and Family History**

Medical history specified

**Patient Information**

8003602345688835  
17/12/1967

**Referrer Information**

889843  
No Different Regular GP

**Referral Guidelines**

Please supply all relevant information with the referral as per the guidelines in the relevant [HealthPathways](#) and [pathways \(cancer pathways\)](#)

**Urgency\*** **D**

Routine: Greater than 30 days ▼

**Referral purpose\***

Please select

**Referral Details\*** [Browse for Consultation Notes](#)

Please indicate the presenting problem or working diagnosis

**Urgency Information**

**High Priority**

Referrals should be categorised as 'High Priority' if the patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life, if not managed promptly. An appointment should be scheduled within 30 calendar days of the referral being received and accepted for these patients.

**Routine**

Referrals should be categorised as 'Routine' if the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life, if specialist assessment is delayed beyond one month.

**Ok**

## Step 3: Completing the form

### Reason for referral

**E** In some forms there may be a drop down to select the referral purpose.

**Grampians Health**

General Medicine - Grampians Health Ballarat

**Requested Information**   
General Medicine

**Attachments / Reports**  
No reports selected  
No files attached

**Medications, Allergies, Alerts**  
2 long term medications specified  
8 medications specified  
No medical warnings specified

**Medical, Social and Family History**  
Medical history specified

**Patient Information**  
8003602345688835  
17/12/1967

**Referrer Information**  
889843  
No Different Regular GP

Referral Period\*  
Indefinite

Patient's preferred contact method\*  
SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required\*  
☐ Yes ☒ No

Does the patient identify as living with a disability / disabilities?\*  
No

Is the patient an NDIS participant?\*   
☐ Yes ☒ No

Additional Needs / Reasonable Adjustments Required\*  
☐ Yes ☒ No

Does the patient have a carer / support person?\*  
☐ Yes ☒ No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\*   
☐ Yes ☒ No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.  
☐ Patient Consent\*

**Referral Guidelines**  
Please supply all relevant information with the referral as per the guidelines in the relevant [HealthPathways](#) and [Optimal Care pathways \(cancer pathways\)](#)

Urgency\*   
Routine: Greater than 30 days

Referral purpose\*   

**E**

Please select

Establish a diagnosis

Provide clinical assessment

Inform a treatment plan

Partnership care

Requesting specific tests or investigations

Requesting treatments or an intervention

Referral Details\* [Browse for Consultation Notes](#)  
Please indicate the presenting problem or working diagnosis

Additional information  
Please include social history, patient services and any other relevant information



## Step 3: Completing the form

### Attachments

**F** The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

**G** You can select any item from the **table** – showing you patient medical records captured from the **last six months**.

Or you can **browse for files...**

**H** • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

**I** **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

**J** • **Or** in your local computer's file system by clicking the **Browse for Local File** button.

The screenshot shows the 'Diagnostic Reports / Patient Documents' form. On the left, there are tabs: 'Requested Information' (General Surgery), 'Attachments / Reports' (highlighted with callout F), 'Medications, Allergies, Alerts', and 'Medical, Social and Family History'. On the right, there are buttons 'Browse for Patient Document' (callout H) and 'Browse for Local File' (callout J). Below these buttons is a table of attachments. Callout G points to the first row of the table.

| <input type="checkbox"/>            | Date       | Name     | Comments | Type | Size  |  |
|-------------------------------------|------------|----------|----------|------|-------|--|
| <input type="checkbox"/>            | 01/09/2021 | File_123 |          | rtf  | 80 KB |  |
| <input checked="" type="checkbox"/> | 01/10/2021 | File_456 |          | rtf  | 8 KB  |  |
| <input checked="" type="checkbox"/> | 01/11/2021 | File_789 |          | rtf  | 90 KB |  |

The screenshot shows the 'Attach File' dialog box. It has a 'Name' field, 'Date from' (08/01/2019) and 'Date to' (08/07/2021) fields, a 'Search' button, and 'Attach' and 'Cancel' buttons. Below these fields is a table of files. Callout I points to the first row of the table.

| <input type="checkbox"/> | Date       | Name       | Comments           | Type | Size  |
|--------------------------|------------|------------|--------------------|------|-------|
| <input type="checkbox"/> | 08/07/2021 | File_One   | Aged Care Referral | .... | 43 KB |
| <input type="checkbox"/> | 09/10/2019 | File_Two   | Aged Care Referral | .... | 52 KB |
| <input type="checkbox"/> | 01/10/2019 | File_Three | Aged Care Referral | .... | 48 KB |
| <input type="checkbox"/> | 24/09/2019 | File_Four  | Aged Care Referral | .... | 44 KB |



## Step 3: Completing the form

Then **click through the remaining Tabs** on the left to **ensure all the pre-populated patient information** has been either **selected, or de-selected, as appropriate to submit to the service provider.**

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.

**Grampians Health**  
 Gastroenterology - Grampians Health Ballarat

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**Requested Information**   
 Gastroenterology

**Form has been auto-saved.**

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**Attachments / Reports**  
 No reports selected  
 No files attached

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

**Medications, Allergies, Alerts**   
 2 long term medications specified  
 8 medications specified  
 No medical warnings specified

---

**Medical, Social and Family History**  
 Medical history specified

---

**Patient Information**   
 Patient's name  
 800360234568835  
 17/12/1967

**Referrer Information**  
 Referrer's name  
 889843  
 No Different Regular GP

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**Long Term Medications**

| Date ▾     | Details                               | Instructions                                                                                |  |
|------------|---------------------------------------|---------------------------------------------------------------------------------------------|--|
| 09/05/2014 | hkl-aspirin 130 tab                   | 1-2 once daily orally                                                                       |  |
| 16/09/2013 | Travatan Eye Drops 40mcg/mL Eye drops | 1 nocte Instil 1 drop in each eye before retiring.<br>Remove soft contact lenses before app |  |

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**Other Medications** [Browse for More Medications](#)

| Date ▾     | Details                                       | Instructions    |  |
|------------|-----------------------------------------------|-----------------|--|
| 09/05/2014 | eye drop 2500 drops                           | daily           |  |
| 09/05/2014 | eye drop 2500 drops                           | prn with food   |  |
| 09/05/2014 | hkl-aspirin 130 tab                           | orally          |  |
| 14/01/2013 | Ceclor CD 375mg Sustained release tablets     | 1 mane          |  |
| 09/01/2013 | Ventolin CFC-free Inhaler 100mcg/dose Inhaler | As required     |  |
| 17/08/2012 | Accupril 5mg Tablets                          | 1 bd            |  |
| 04/05/2012 | Panadeine Forte Tablets                       | 2 every 4 hours |  |
| 14/02/2012 | Roaccutane 10mg Capsules                      | 1 with food     |  |

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**Medical Warnings**

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

---

**Clinical Medication Comments**

|                                                                                                                                        |                                                                                                                    |                                                     |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|
| <b>Attachments / Reports</b><br>No reports selected<br>No files attached                                                               | <b>Medical Practitioner Information</b><br><b>Medicare Provider Number*</b><br><input type="text" value="889843"/> |                                                     | <b>Medical Registration Number</b><br><input type="text" value=""/> |
| <b>Medications, Allergies, Alerts</b><br>2 long term medications specified<br>8 medications specified<br>No medical warnings specified | <b>HPI-I</b><br><input type="text" value="8003611566681627"/>                                                      | <b>HPI-O</b><br><input type="text" value="123456"/> |                                                                     |
|                                                                                                                                        | <b>Name</b><br>Full name <input type="text" value="Sam Entwistle"/>                                                |                                                     |                                                                     |
| ▶ Referrer's name                                                                                                                      |                                                                                                                    |                                                     |                                                                     |
| <b>Medical, Social and Family History</b><br>Medical history specified                                                                 | <b>Practice name</b><br><input type="text" value="Millstone Family Practice"/>                                     |                                                     |                                                                     |
|                                                                                                                                        | <b>Practice Address</b><br>▶ 156 George Street, Galleria, Sydney, NSW, 2000                                        |                                                     |                                                                     |
| <b>Patient Information</b><br>Patient's name <input type="text" value="800360234568835"/><br>17/12/1967                                | <b>Practice telephone*</b><br><input type="text" value="03 9 358 0116"/>                                           |                                                     | <b>Practice fax</b><br><input type="text" value="03 9 4433456"/>    |
|                                                                                                                                        | <b>Referrer Information</b><br>Referrer's name <input type="text" value="889843"/><br>No Different Regular GP      |                                                     |                                                                     |
| <b>EDI*</b><br><input type="text" value="ma65test"/>                                                                                   |                                                                                                                    |                                                     |                                                                     |
| <input type="checkbox"/> Patient has a different regular GP                                                                            |                                                                                                                    |                                                     |                                                                     |

## Step 4: Previewing, Submitting and Parking

### Previewing

A

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

B

Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

**Grampians Health**

Gastroenterology - Grampians Health Ballarat

Submit

Preview

Park

Help

Requested Information

General Surgery

Medical Practitioner Information

Medicare Provider Number\*

0000000A

Medical Registration Number

123456

HPI-I

Name

Full name

Attachments / Reports

Preview, not submitted copy

Submit

Gastroenterology - Grampians Health Ballarat

**Grampians Health**

**Patient: MICKEY HEATLEY (Mmouse)**, 58yrs, F, DOB 17/12/1967, PH: 0401 201 2011, Work 03 9 23423221, Home 03 9 53532221

**Residential address:** 95 Pitt Street, Apartment, Sydney, NSW 2000

**Postal address:** 9600 Pitt Street, Apartment, Sydney, NSW 2000

**Referred by:** Sam Entwistle, Millstone Family Practice, Prov. No. 889843, HPI-I 123456, HPI-I 8003611566681627, PH 03 9 358 0116, FAX 03 9 4433456

Clinical Referral Information

Referred To:

Dr Timothy Elliot

Referral Date:

20/02/2026

Referral Continuation:

New

**Grampians Health**

Gastroenterology - Grampians Health Ballarat

Submit

Preview

Requested Information

Gastroenterology

Attachments / Reports

No reports selected

1 file attached

Medications, Allergies, Alerts

2 long term medications specified

8 medications specified

No medical warnings specified

Medical, Social and Family History

Medical history specified

Patient Information

Patient's name

8003602345688835

17/12/1967

Referrer Information

Referrer's name

889843

No Different Regular GP

Form has been auto-saved.

Please fix the following errors:

- Patient Consent is a required field

Referred To\*

Dr Timothy Elliot

Referral Date\*

20/02/2026

Referral Continuation\*

New

Amended referral/update previously sent referral

Renew expired referral

Referral Period\*

Indefinite

Patient's preferred contact method\*

SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required\*

Yes

No

Does the patient identify as living with a disability / disabilities?\*

No

Is the patient an NDIS participant?\*

Yes

No

Additional Needs / Reasonable Adjustments Required\*

Yes

No

Does the patient have a carer / support person?\*

Yes

No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\*

Yes

No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

☐ Patient Consent\*

## Step 4: Previewing, Submitting and Parking

### Submitting

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

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

- E** If you'd like to provide the patient with a copy, you can left-click the **Print** button or right-click anywhere on the submitted form and choose Print.

Grampians Health  
Gastroenterology - Grampians Health Ballarat

Submit Preview Park Help

Requested Information  
General Surgery

Attachments / Reports

Medications, Allergies, Alerts

Medical, Social and Family History

Patient Information

Medical Practitioner Information

Medicare Provider Number\*  
889843

Medical Registration Number

HPI-I  
8003611566681627

HPI-O  
123456

Name  
Full name Sam Entwistle

Practice name  
Millstone Family Practice

Practice Address

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

Print

Gastroenterology - Grampians Health Ballarat

Grampians Health

Patient: Patient's name, 58yrs, F, DOB 17/12/1967, PH: 0401 201 2011, Work 03 9 23423221, Home 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

Postal address: same as residential address

Referred by: Referrer, Millstone Family Practice, Prov. No. 889843, HPI-O 123456, HPI-I 8003611566681627, PH 03 9 358 0116, FAX 03 9 4433456

Referral date: 20/02/2026 12:19 NZDT

Clinical Referral Information

Referred To: Dr Timothy Elliot

Referral Date: 20/02/2026

Referral Continuation: New

Referral Period: Indefinite

Patient's preferred contact method: SMS

## Step 4: Previewing, Submitting and Parking

### Parking

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


**Grampians Health**

Gastroenterology - Grampians Health Ballarat

Submit

Preview

Park

Help

Requested Information

Gastroenterology

Attachments / Reports

No reports selected  
No files attached

Medications, Allergies, Alerts

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

Medical, Social and Family History

Medical history specified

Patient Information

Patient's name  
8003602345688835  
17/12/1967

Referrer Information

Referrer's name  
889843  
No Different Regular GP

Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.

F

Referred To\*

Dr Timothy Elliot

Referral Date\*

20/02/2026

Referral Continuation\*

☐ New  
☐ Amended referral/update previously sent referral  
☐ Renew expired referral

Referral Period\*

Indefinite

Patient's preferred contact method\*

SMS

Please confirm patient phone details are accurate when reviewing Patient Information tab.

Interpreter Required\*

☐ Yes  
☒ No

Does the patient identify as living with a disability / disabilities?\*

No

Is the patient an NDIS participant?\*

☐ Yes  
☒ No

Additional Needs / Reasonable Adjustments Required\*

☐ Yes  
☒ No

Does the patient have a carer / support person?\*

☐ Yes  
☒ No

Is the patient appropriately equipped and enabled for Telehealth (video) consultation?\*

☐ Yes  
☒ No

I acknowledge that the patient has consented to the referral and to their personal and health information being shared between the referring clinician, the nominated GP, the health service staff and other health service providers as required to facilitate their treatment or care. The patient also consents to attend an MBS bulk-billed clinic if available.

☐ Patient Consent\*

## Step 5:

# Accessing parked and auto-saved forms

**A** To access parked or auto-saved forms, from the patient's record, select the **HealthLink** tab.

**B** From the available list, **double-click on the Parked or AutoSaved** form you would like to open.

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

**C** You can also use this area to see previously **submitted** forms.

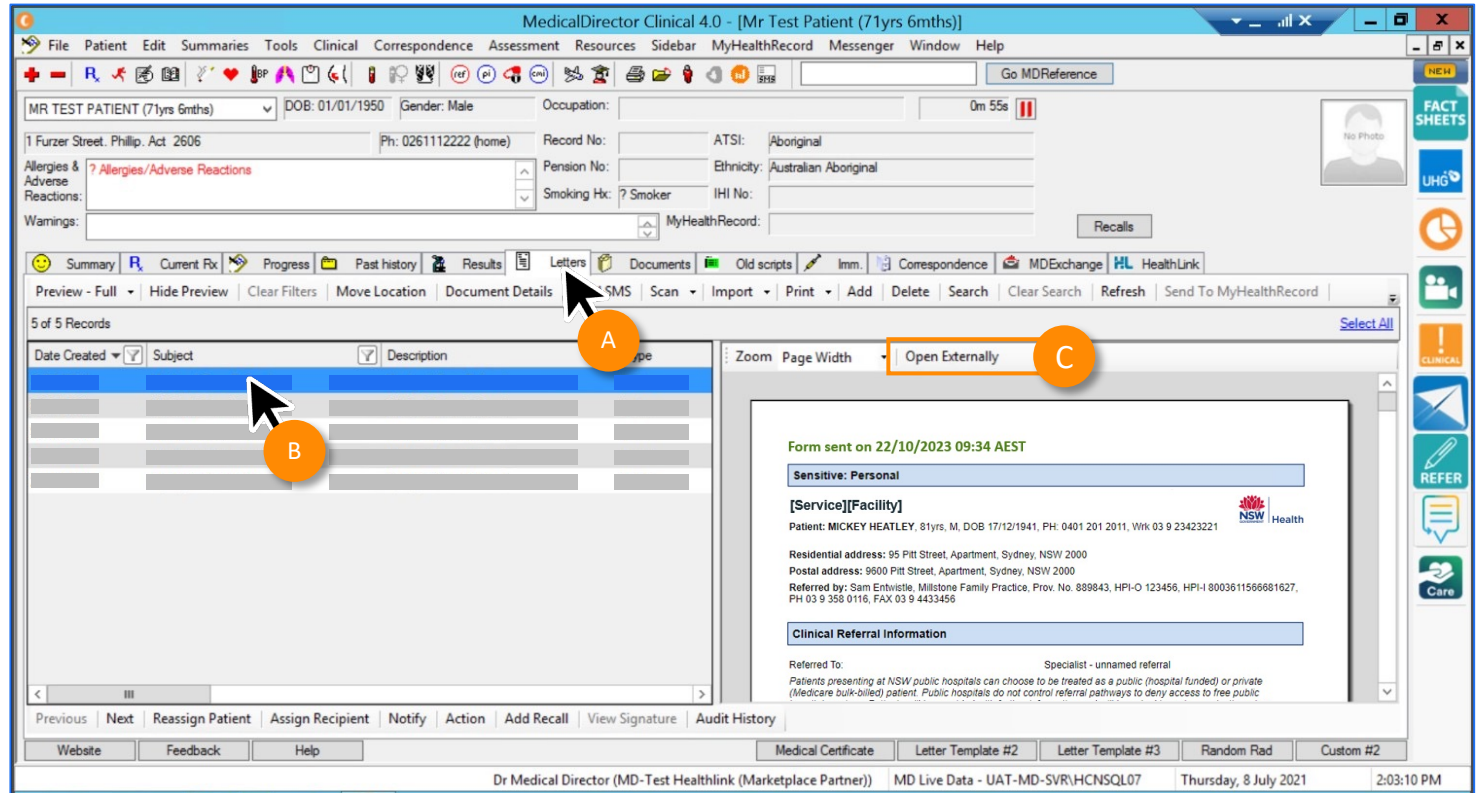
The screenshot shows the MedicalDirector Clinical 4.0 interface for a patient named 'MR TEST PATIENT (71yrs 6mths)'. The 'HealthLink' tab is selected in the top right. A table lists 8 records of forms, with the first row highlighted in blue. A mouse cursor is pointing at the 'Parked' status of the first record. The bottom of the screen shows a status bar with the date 'Thursday, 8 July 2021'.

| Date Created             | Form Status | Message ID | Type | Subject | Description | Recipient | Sender | Ack Status |
|--------------------------|-------------|------------|------|---------|-------------|-----------|--------|------------|
| 8/07/2021 12:28:53 p.m.  | Parked      |            |      |         |             |           |        |            |
| 8/07/2021 12:16:15 p.m.  | Submitted   |            |      |         |             |           |        |            |
| 8/07/2021 11:30:27 a.m.  | Autosaved   |            |      |         |             |           |        |            |
| 8/07/2021 11:12:18 a.m.  | Submitted   |            |      |         |             |           |        |            |
| 18/10/2019 11:07:47 a.m. | Autosaved   |            |      |         |             |           |        |            |
| 9/10/2019 3:54:31 p.m.   | Submitted   |            |      |         |             |           |        |            |
| 1/10/2019 4:11:29 p.m.   | Submitted   |            |      |         |             |           |        |            |
| 24/09/2019 3:52:07 p.m.  | Submitted   |            |      |         |             |           |        |            |



## Step 6: Accessing submitted forms

- A A copy of the submitted form can be viewed by selecting the **Letters** tab
- B and then **Double-clicking the submitted form**.
- C Alternatively, if you have the preview panel enabled, simply click the **Open Externally** button on the letter preview.



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

### Viewing incoming reports

- A** Click **Correspondence** from the menu and select **Check Holding File...**
- B** **Select Recipient(s)**: who the messages are addressed to e.g. Yourself or All Recipients.
- C** Here you can open and view incoming reports and allocate them to other users or to the patient.

The screenshot illustrates the process of checking holding files in the MedicalDirector Clinical 4.2 - [Holding File] application. The interface is divided into three main sections: the top menu bar, a central data table, and a bottom details panel.

**Top Menu Bar:** The 'Correspondence' menu is highlighted, and the 'Check Holding File...' option is selected. A blue box labeled 'A' indicates this selection.

**Check Holding File Dialog:** A dialog box titled 'Check Holding File' is shown, with a list of recipients. The 'All Recipients' option is selected, indicated by a blue box labeled 'B'.

**Central Data Table:** The table displays a list of records with columns: Date Collected, Patient, Subject, Result, Recipient/Doctor, Sender/Provider, Notation, Comment, Type, and Description. The first three rows are highlighted in blue. A blue box labeled 'C' points to the table.

**Bottom Details Panel:** The panel shows details for the selected record (15/08/2023, TRIPLEMAD, REBELSON). It includes fields for Name, Address, D.O.B., Gender, Medicare No., and Lab. Reference. The 'Subject' is 'RSD - Notification' and the 'Sender/Provider' is 'NSW Health'. The 'Complete' status is 'Final'.

| Date Collected | Patient             | Subject            | Result   | Recipient/Doctor | Sender/Provider | Notation | Comment | Type         | Description           |
|----------------|---------------------|--------------------|----------|------------------|-----------------|----------|---------|--------------|-----------------------|
| 15/08/2023     | TRIPLEMAD, REBELSON | RSD - Notification | tes test | NSW Health       | NSW Health      |          |         | Notification | Referral accepted     |
| 11/08/2023     | KHOURI, ALICE       | RSD - Notification |          | Medical Director | NSW Health      |          |         | Notification | Referral not accepted |
| 10/08/2023     | GRADY, MIA          | RSD - Notification |          | Medical Director | NSW Health      |          |         | Notification | Referral cancelled    |

**Demographics and Contact Details:**

Person: Name: TRIPLEMAD, REBELSON  
Address: 12, BILLABONG STREET  
D.O.B.: 12/02/1943  
Gender: M  
Medicare No: 12/02/1943



## Helpdesk

Phone: 1800 125 036

Email: [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.