

User Guide

25.02.2026 GE

HealthLink SmartForms for Genie

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



Your practice must be running Genie v8.8 or above to access the HealthLink SmartForms.

Submitting eReferrals from Genie

Using HealthLink SmartForms

SmartForms enable **Genie** 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.

HealthLink Technical Support

Email: 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:

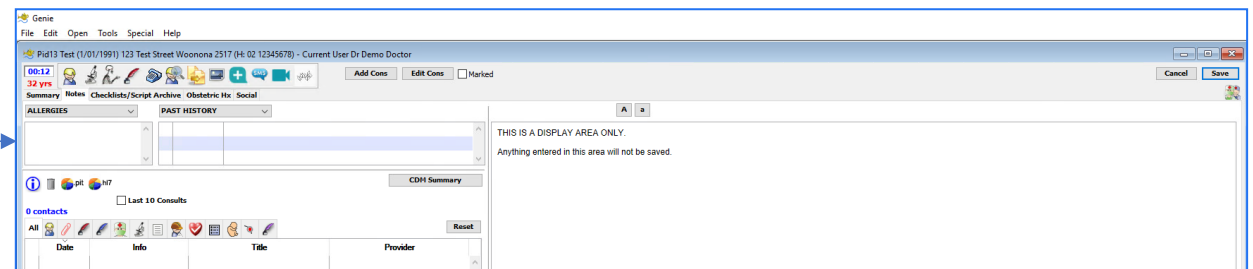
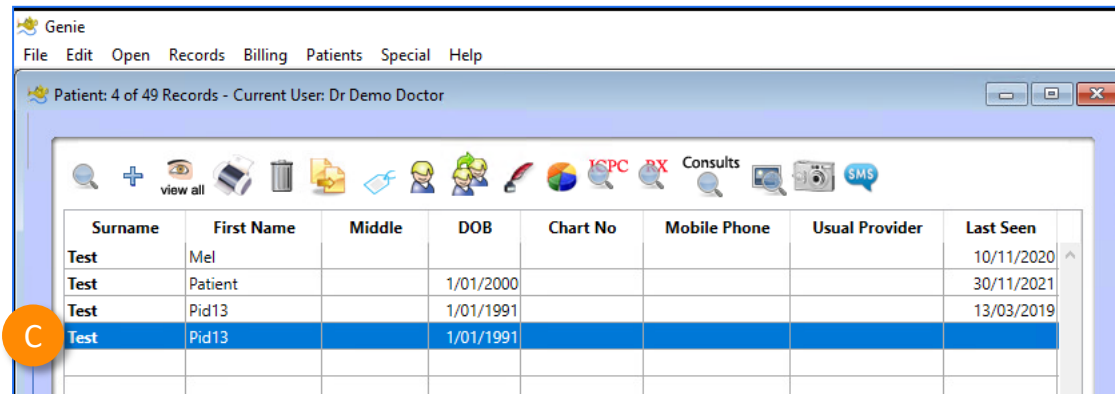
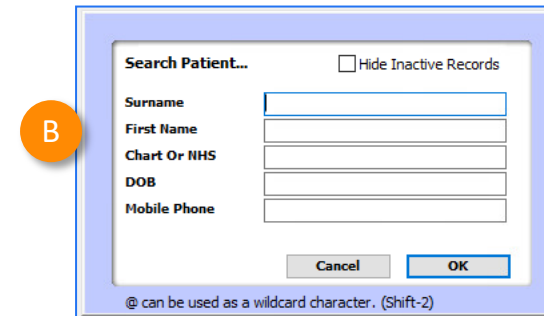
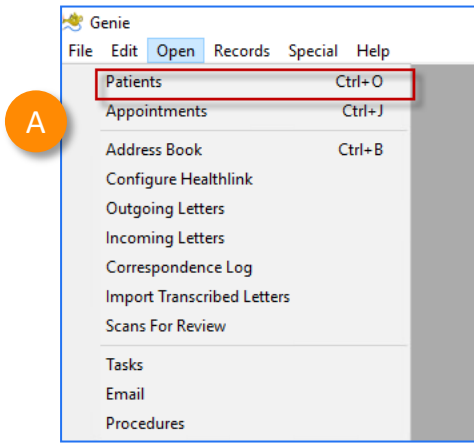
What happens after a referral has been made?

Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your
Genie software...

First, search for the patient and open
their electronic medical record:

- A **Open > Patients** from the main menu.
- B Search for the patient you require.
- C Select the patient and their record will come up.



Step 1: Accessing HealthLink SmartForms (eReferrals)

From the patient's record...

D

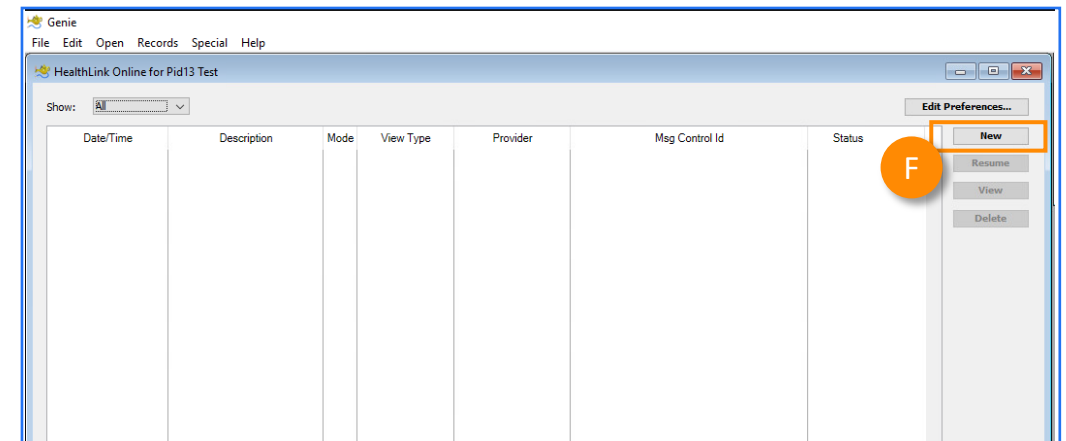
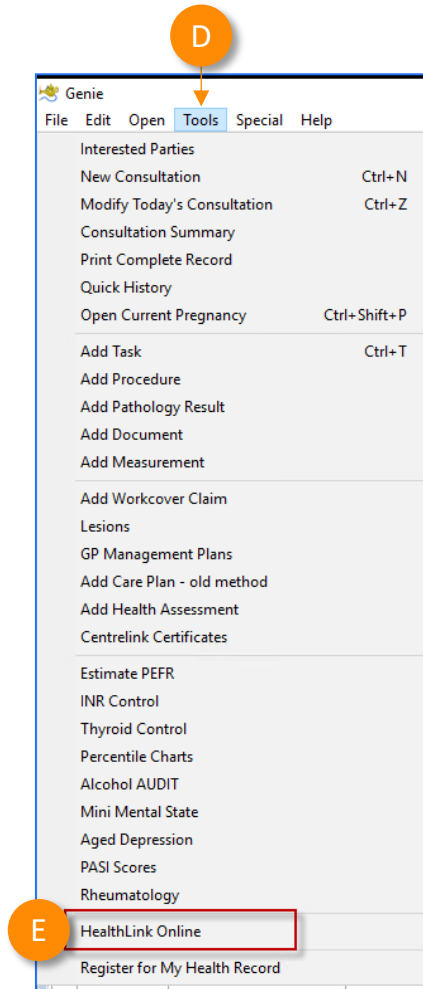
Select **Tools**

E

Then **HealthLink Online**

F

Now click the **New** button to launch the HealthLink home page to create a new referral.



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

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' section with a search bar containing 'Specialists+Referrals Refer to Private Specialist' and a button for 'HL HealthLink Direct'. The main content area is divided into sections: 'Konnect NET', 'ReturnToWorkSA Work Capacity Certificate', and 'Spotlight Services'. The 'Referral Services' section is highlighted, showing a list of services. A callout box points to 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 refer treat.'

Below the 'Referral Services' section, there is a 'Grampians Health' section. It features a search bar 'Type here to search for a service' and a 'Facility*' dropdown menu. A list of medical services is shown, with 'Gastroenterology' selected. A callout box points to the 'Continue' button, indicating the next step to launch the form.

Step 3:

Completing the form

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

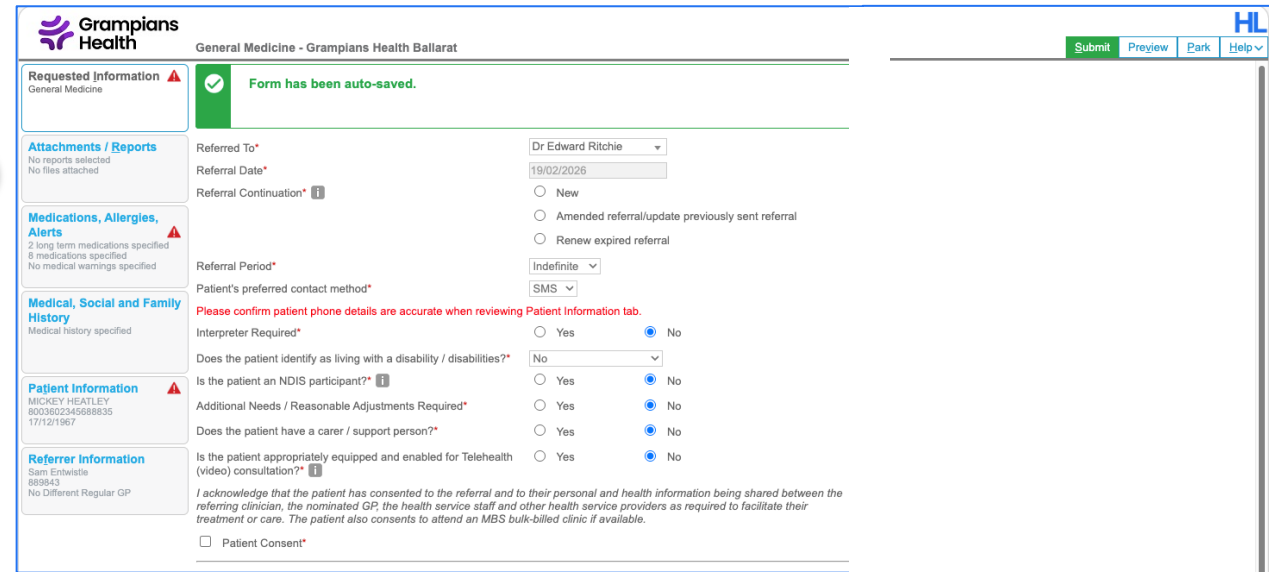
A

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

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

Form has been auto-saved.

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? No

Is the patient an NDIS participant? ☐ Yes ☒ No

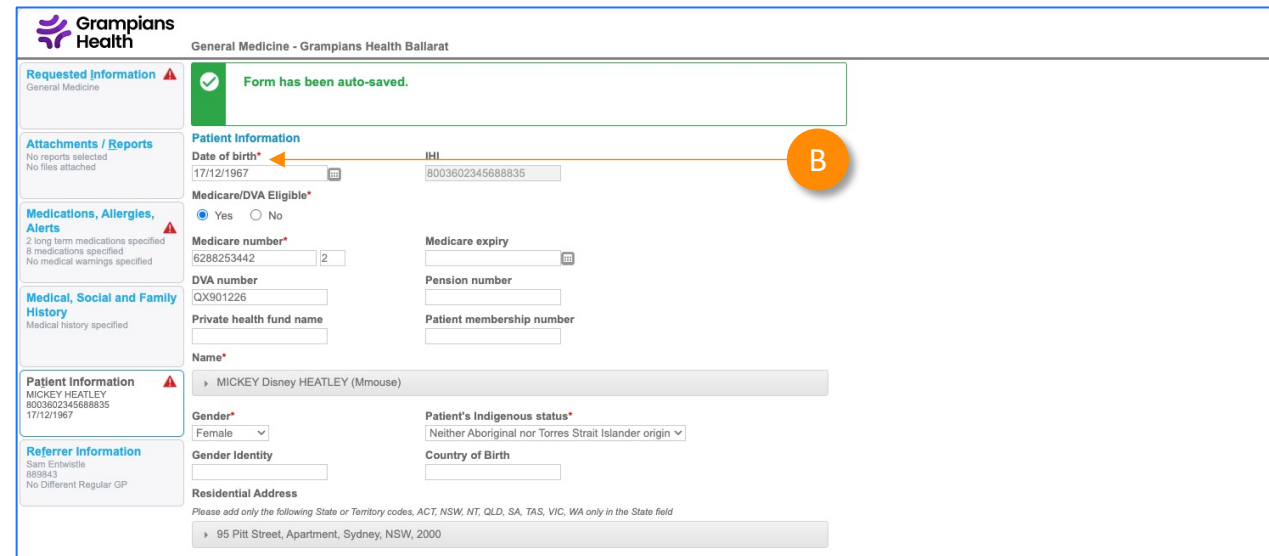
Additional Needs / Reasonable Adjustments Required* ☐ Yes ☒ No

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

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

Form has been auto-saved.

Patient Information

Date of birth* 17/12/1967

Medicare/DVA Eligible* ☒ Yes ☐ No

Medicare number* 6288253442

DVA number QX901226

Private health fund name

Name* MICKEY Disney HEATLEY (Mmouse)

Gender* Female

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

Country of Birth

Residential Address 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
[Text Field]

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

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

Country of Birth
[Text Field]

Referrer Information
889843
No Different Regular GP

General Medicine

Patient's preferred contact method*
SMS

Attachments / Reports

Interpreter Required*
☐ Yes ☒ No

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

Medical, Social and Family History
Medical history specified

Patient Information
8003602345688835
17/12/1967

Referrer Information
889843
No Different Regular GP

I acknowledge that the patient has consented to the referral and to their personal and health information being referred to the referring clinician, the nominated GP, the health service staff and other health service providers as required to provide 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 [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* 

✓ 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.

Diagnostic Reports / Patient Documents

Attach file from EMR supports: gif, html, jpeg, doc, docx, pdf, txt, rtf, tiff
Attach file from Computer supports files that end in types: doc, docx, gif, htm, html, jpeg, jpg, pdf, rtf, tif, tiff, txt
Caution: larger attachments may take significant time to preview

☐	Date	Name	Comments	Type	Size	
☐	01/09/2021	File_123		rtf	80 KB	
☒	01/10/2021	File_456		rtf	8 KB	
☒	01/11/2021	File_789		rtf	90 KB	

Attach File

Name:

Date from: 08/01/2019 Date to: 08/07/2021 Search Attach Cancel

☐	Date	Name	Comments	Type	Size
	08/07/2021	File_One	Aged Care Referral		43 KB
	09/10/2019	File_Two	Aged Care Referral		52 KB
	01/10/2019	File_Three	Aged Care Referral		48 KB
	24/09/2019	File_Four	Aged Care Referral		44 KB

Step 3:

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

[Attachments / Reports](#)

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-O 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 **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

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

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

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

Referred To*
Referral Date*
Referral Continuation* 

Dr Timothy Elliot
20/02/2026
☐ New
☐ Amended referral/update previously sent referral
☐ Renew expired referral

Referral Period*
Patient's preferred contact method*

Indefinite
SMS

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

☐ Yes ☒ No
No

Is the patient an NDIS participant?* 
Additional Needs / Reasonable Adjustments Required*

☐ Yes ☒ No
☐ 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

To access parked or auto-saved forms, from the patient's record...

A Go to **Tools**

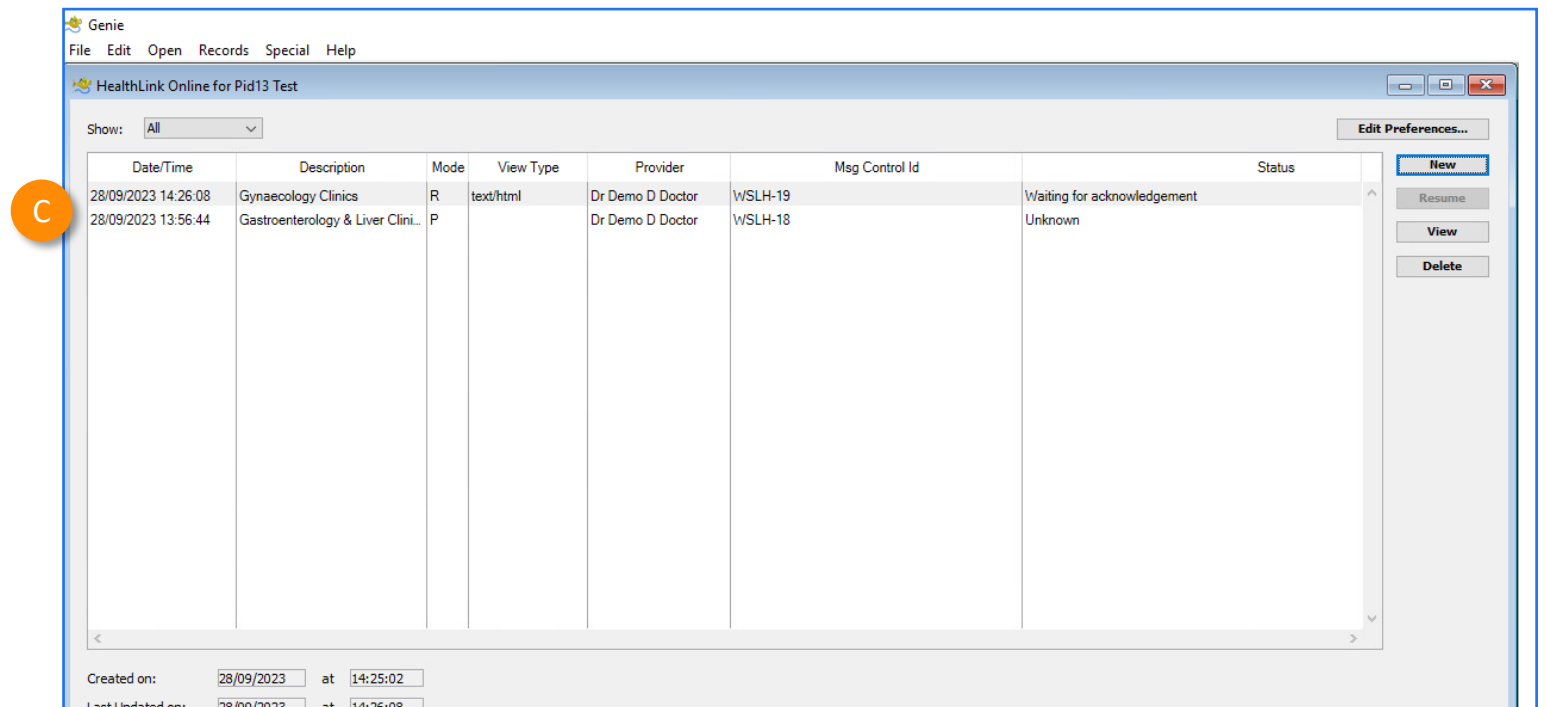
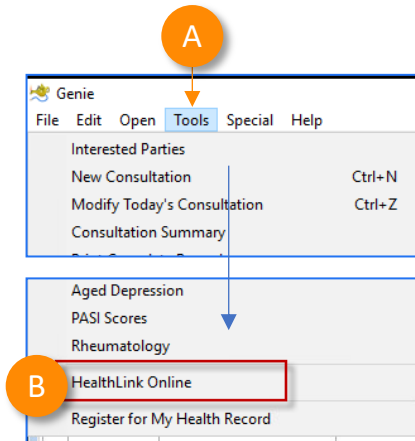
B **HealthLink Online**

C Once a form is **parked** or **saved** it will show in this screen. From here you can highlight and **resume** the form or view the form's **status**.

Submitted forms also show in this window.

Unknown indicates that the message has not been submitted.

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



Step 6: Accessing submitted forms

A A copy of the submitted referral will go into the patient's record under the purple Quill

Note: The only way to access the parked/autosaved or submitted form is from within the patient record.

B From here you can highlight the submitted report to view it.

Note: this area only shows the SmartForms that have been submitted.

The screenshot shows the Genie software interface for a patient record. The patient is identified as 'Pid13 Test (1/01/1991) 123 Test Street Woonona 2517 (H: 02 12345678) - Current User Dr Demo Doctor'. The interface includes tabs for Summary, Notes, Checklists/Script Archive, Obstetric Hx, and Social. Below these are sections for ALLERGIES and PAST HISTORY. A section titled 'Last 10 Consults' contains a table with columns: Date, Info, Title, and Provider. The first row is highlighted with a purple quill icon and an orange box, labeled 'A'. The table data is as follows:

Date	Info	Title	Provider
28/09/2023		Gastroenterology & Liver Clinics [P]	Dr Demo Doctor

The screenshot shows the Genie software interface displaying a submitted referral form. The patient information is: 'Patient: Pid13 Test, 32yrs, M, DOB 01/01/1991, PH: 02 12345678', 'Residential address: 123 Test Street, Woonona, NSW 2517', 'Postal address: same as residential address', 'Referred by: Demo Doctor, Healthlink Test Clinic, Prov. No. 1234567X, HPI-I 8003614900014588, PH 987654321, FAX 98764545', and 'Referral date: 28/09/2023 14:26 NZDT'. The form is titled 'Gynaecology Clinics' and includes a 'Print' button. The 'Clinical Referral Information' section is highlighted with an orange box and labeled 'B'. The form also includes a 'Sensitive: Personal' warning and a 'Supportive referral information' section with checkboxes for FBC, Iron studies, Cervical screen test, and Abdominal ultrasound.

Clinical Referral Information

Referred To:	Specialist - unnamed referral
Referral date:	28/09/2023
Referral type:	New
Referral period:	12 months
Referral priority:	Non-urgent (365 days)
Patient available for appointment at short notice?	No
Third party compensable?	No
Reason for referral:	Fibroids
Supportive referral information	
• FBC	
• Iron studies (if appropriate)	
• Cervical screen test (most recent)	
• Abdominal ultrasound (if appropriate)	
Have you included all appropriate supportive referral information?	Yes

Step 7:

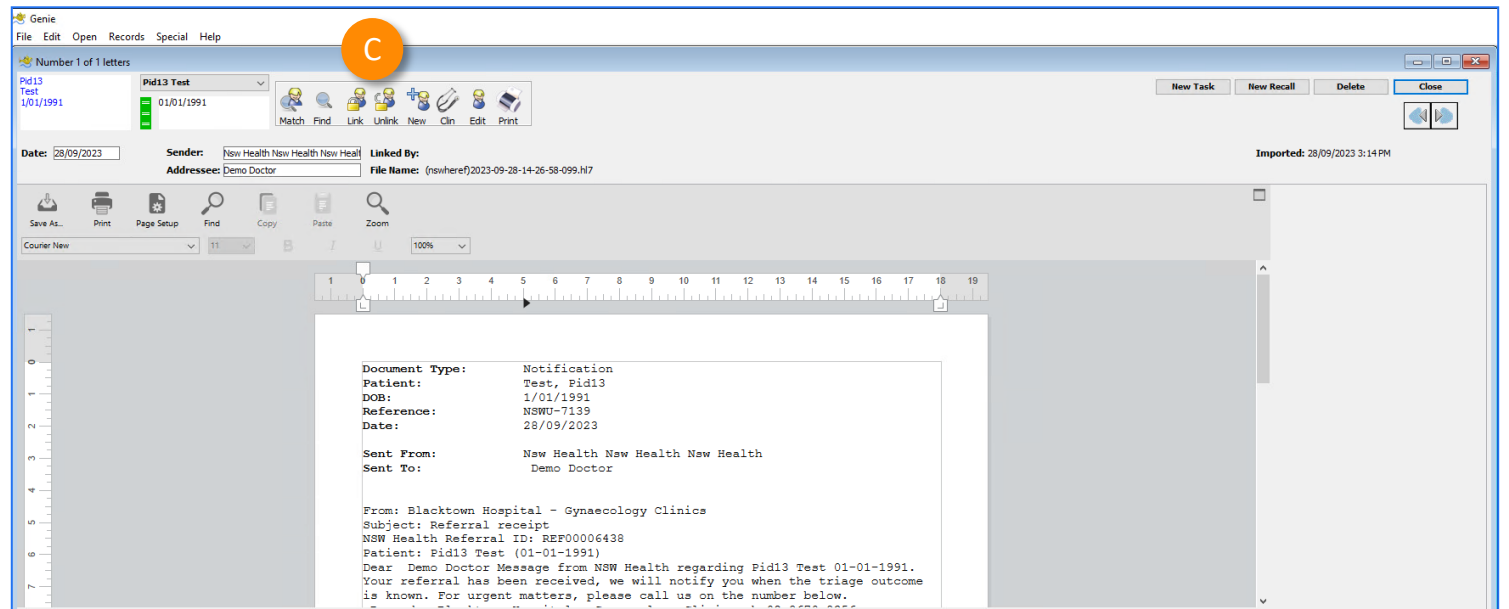
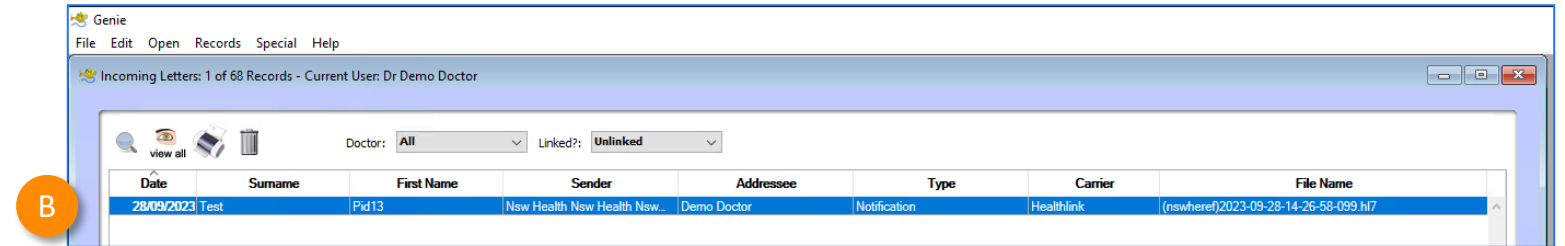
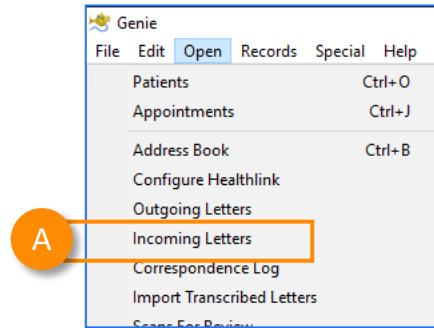
What happens after a referral has been made?

Viewing incoming reports

A From the menu, go **Open > Incoming Letters**

B Here you can **view incoming letters**, filter by Doctor and linked or unlinked. **Sort by** date, file name or patient name, as well as search by patient name.

C Double clicking an item in this list will open it up and allow you to **link/match it to the patient**. Once the letter has been linked/matched it will show in the patient's file.



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.