

Health Certainty in Care

QUICK START GUIDE

ACT HEALTH REFERRAL SMARTFORM

The ACT Health Referral SmartForm has been designed to make it easier for you to refer your patients electronically for services provided by ACT Health. This quick start guide has been developed to help you navigate the new digital form.

HealthLink Technical Support

helpdesk@healthlink.net 1800 125 036

Contact

Digital Solutions Support 24/7 User Support: 02 5124 5000 Email: Digital.Support@act.gov.au



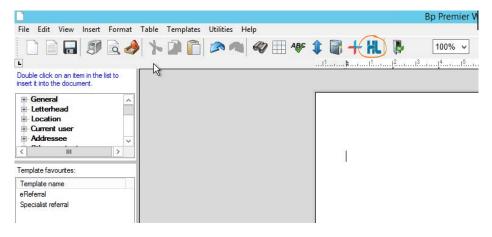


Canberra Health Services



1. Open the patient record

From within the patient clinical record in Best Practice, open the the Word Processor by clicking on the Letter icon (or use the F4 on the keyboard). Then click on the HealthLink Forms icon.

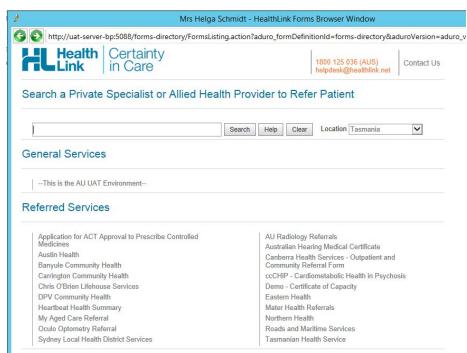


In the HealthLink Forms window, click the New Form button.

		Healt	thLink Forms - Mrs Helga	Schmidt			
ile View Hel	lp						
Start Date: 30	/07/2018 15 Provider:	All Location:	All Status	s: All			
	/07/2018 15 Provider:	All Location: Subject	All Status Provider	S: All Addressee	Location	Status	Message ID
Start Date: 30/ Created Date 04/06/2019					Location HealthLink Townsville		Message ID EH-1705

2. Launch the Form

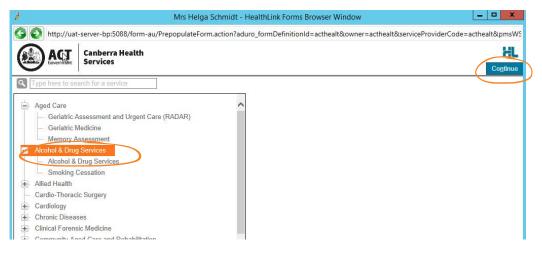
Under the **Referred Services** section, click on Canberra Health Services - Outpatient and Community Referral Form





3. Select the Canberra Health Service you wish to refer to

Select the required service and recipient provider from the Canberra Health Services list and click the **continue** button on the top right. Should you wish to narrow down the list, you can enter the clinic or provider name you are looking for into the search field directly above the list.



4. Complete the Form

The form will be displayed. At this point, you will have access to all the information necessary to complete the form for submission. If you need to do something else, you can Park the form to save what you've currently done so far by clicking on the Park button at the top right of the form. To close the parked form click on the X on the right hand top corner of the form.

1		Mrs Helga	Schmidt - He	ealthLir	nk Forms	Browser Windo	w			x
🚱 📀 http://uat-server-bp	:5088/form-au/re	eferralFormFra	nes.jsp?formS	copeld	ACT-275	9&_fsk=206017	8990			
ACT Canberra Healt	th									HL
Comment Services	Geriatric Medi	cine						Submit Preview	Park	<u>H</u> elp ▼
Requested Information	Referred To Dr Sasikala Selvadurai 🔽									~
Geriatric Medicine	Referral Date*		30/07/2019							
	Referral Type*		New	0	Existing					
Attachments / Reports	Referral Period*		12 months	~						
No reports selected No files attached	Interpreter Requ	ired*	O Yes	۲	No					
Medications / Warnings 4 long term medications specified	Reason for Patie Date: 03/04/201		Browse for Con lory:	su <u>l</u> tatio	n Notes					
No medications specified No medical warnings specified	General: Lethargy. Fever	s. Nausea. Wei	ght loss.							
Medical History Medical history specified	Examination: General: BP (sitting): 130 Pulse: 91 Not clinically an	0/70								
Patient Information Helga Schmidt 2950190661 1 18/08/1942	Who should be	contacted abou	t this referral? e	.g. patie	ent, carer,	parent, guardian,	EPOA, etc.			
Referrer Information Best Practice 0000000Y	HealthPathwa For pathways ar GP HealthNet For service spec Please note, you	dvice see <u>Healt</u>	see <u>GPHealthN</u>		rst before	navigating to the s	speciality specific	page link above.		
	Measurement	Details								
	Date	Code	Value			Date	Code	Value		
		Height	167				BMI	19.0		
		Weight	53				BP	130/70		
	REFERRE	R DECLARATI	ON (please tic	k)*						
	By completing th knowledge:	nis referral you i	note that you m	ay be c	ontacted to	o provide further in	formation and c	onfirm that to the best (of your	
	 You have 	attached all ne	cessary forms,	results	and report	bers are correct. ts. intention to atten	d any appointme	nts.		~

Where the **Referred to Field** is listed on the form, please select a consultant from the drop down list.

Referral Date is auto populated to today's date

Referral Type - please select new if this is a new referral for the patient, or existing if this referral is a continuation of another previously sent referral.

Referral Period - Please choose the appropriate referral period from the drop down list.

Reason for Referral - Please either enter by using free text into this field, or by clicking the Browse for consultation notes button and then select the appropriate consultation notes to attach.

Don't forget to tick the **Referral Declaration** box.



5. Include the relevant attachments

The Attachments / Reports tab will give you access to all of the supporting pathology, radiology or other documents that you may wish to attach to the form. You can select any item from the table – showing you patient medical records captured from the last six months by clicking the box next to the document/s you wish to attach. Or you can browse for files stored in Best Practice or in your local computer's

file system

Canberra Healt		ric Medicine			<u>S</u> ubmit	Pre <u>v</u> iew	Park <u>H</u> e
Requested Information			For	n has been auto-saved.			
	Diagno	stic Reports /	Patient Documents	Browse for Patient D	locument Br	owse for L <u>o</u> ca	l File
Attachments / <u>R</u> eports 2 reports selected			upports: jpeg, doc, docx, pdf, txt, rtf uter supports files that end in types: (doc, docx, jpeg, jpg, pdf, rtf, txt Caution: larger attachments	may take signi	icant time to n	roviou
		Date -	Name				review
No files attached Medications / <u>W</u> arnings		Date • 07/06/2019	Name HealthLink Demo Forms.HTML	Comments	Type html	Size 6 KB	
No files attached Medications / <u>Warnings</u> 4 long term medications specified No medications specified					Туре	Size	
No files attached Medications / <u>W</u> arnings 4 long term medications specified		07/06/2019	HealthLink Demo Forms.HTML		Type html	Size 6 KB	

6. Select relevant medications, warning and medical history items

The Medications / Warnings and Medical History tabs will give you access to pre-populated clinical history data form the patient medical record. To select those records that are relevant to the referral click the box to the left of the item you wish to include.

Canberra Hea Services	lth Geriatric Me	dicine				<u>S</u> ubmit Pre	e <u>v</u> iew P	ark		
Requested Information				Form has bee	en auto-save	ed.				
	Long Term M	Long Term Medications								
Attachments / <u>R</u> eports	Date -		Details	Dose	Units	Instructions		8		
reports selected to files attached	17/07/2000	Ferro	-Gradumet 325mg Tablet			2 Tablets In the morning		×		
	17/07/2000	Coun	adin 1mg Tablet			1 Tablet Before bed				
Medications / Warnings		Fosamax 10mg Tablet				2 Tablets Daily		×		
4 long term medications specified		Somac 20mg Tablet				Before bed after meals		×		
No medications specified No medical warnings specified	Other Medica	Other Medications								
Medical History Medical history specified	Date 👻		Details	Dose	Units	Instructions	0			
	No records found.									
Patient Information	Medical Warr	ings / A	llergies							
Helga Schmidt 2950190661 1	Da Da	te 🔻	Descriptio	on Comments						
18/08/1942	17/07	/2019	ON WARFARIN	ON WARFARIN						
Referrer Information	15/01	/2019	Sulfonamides							
Best Practice 0000000Y	Clinical Medi	cation C	omments							
								~		

Ticking the box at the top of the list will include all items in the list.

To remove a current or long term medication from the referral (not from the medical record), click the cross on the right hand side of the item you wish to remove.

You may also add further detail in the comments sections should you wish to add further detail or context to the clinical data being provided with the referral.

Canberra Healt		ric Medicine		Submit Preview Park					
Requested Information			Form has been aut	o-saved.					
Schuber resolute	Currer	t Medical Conditior	18						
Attachments / Reports 2 reports selected		Code	Description	Comments					
No files attached		405944004	Asthma						
		405944004	Asthma						
Medications / Warnings 4 long term medications		87522002	Anaemia - Iron Deficiency						
specified No medications specified		68566005	Urinary Tract Infection						
No medical warnings specified		128187005	Migraine						
Medical History Medical history specified		274952002	Schizophrenia - Borderline						
		49436004	Atrial fibrillation	Date: JUNE Not medically reversible therefore to remain on Warfarin Rx for life					
Patient Information Helga Schmidt 2950190661 1	Past History								
18/08/1942		Code	Description	Comments					
Referrer Information Best Practice 0000000Y		7		Lives alone Uses Meals on Wheels - Contact Mary 789 456 231					
		38196001	Fracture Left Hip - Feb 1956						
	Family	History							
		Code	Description	Comments					
	No re	cords found.							
	Concella		141						
	Smoki	ng History and Add	luonai information						

7. Ensure patient and referrer information is correct

With the Patient Information and Referrer Details tabs, you simply need to ensure that the information is correct. If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

http://uat-server-bp	5088/form-au/referralFormFrames.jsp	?formScopeId=ACT-2759&_fsk=2060178990	
Canberra Healt Services	Geriatric Medicine	Submit Preview	Park Help
Requested Information		Form has been auto-saved.	
schoure mearcine	Patient Information Date of birth*	IHI	
Attachments / <u>R</u> eports	18/08/1942		
reports selected to files attached	Medicare/DVA Eligible*		
Medications / Warnings long term medications pecified	Medicare number 2950190661 1	Medicare expiry	
to medications specified to medical warnings specified	DVA number	Pension number 561-388-922-HL	
ledical History ledical history specified	Private health fund name	Patient membership number 0	
	Safety net number	Country of birth	
atient Information	Name*		
elga Schmidt 950190661 1 8/08/1942			
	 Helga Schmidt 		
eferrer Information est Practice	Gender*	Patient's indigenous status*	
000000Y	Female 🔽	Not stated/inadequately described	
	Residential Address		
	 35 Market Street, Callaghan, NSV 	V, 2308	
	Postal Address		
	Same as residential		
	Yes		
	► 35 Market Street, Callaghan, NSV	V, 2308	
	Contact Details (Select preferred pho	one contact)	
	Hme 81825634, Mob 0417728660		



8. Submit the Form

Click on **Submit** when you are ready to send your form. This will safely and securely send the form electronically via HealthLink and you will see a copy of the completed form containing an acknowledgement of receipt. If needed, you can print a copy by right-clicking on any area of the submitted forms and choosing **Print**. Note that it is not necessary for the printed copy to be sent or taken to the hospital.

						<u>S</u> ubmit Pre <u>v</u> iew	<u>P</u> ark <u>H</u> e
đ.			М	rs Helga	a Schmidt - HealthLink Forms Bro	owser Window	
G 😧 htt	tp://uat-serv	er-bp:5088/form-au,			mes.jsp?formScopeId=ACT-2759&		
Referral Sent (and Acknowle	edged on 30/07/2019 1	7:51 NZS	т			
Geriatric N	Aedicine				ACT Canber Service	ra Health s	
		rs, F, DOB 18/08/1942, ket Street, Callaghan, N			Hme 81825634		
		idential address					
Referred by: B	Best Practice, H	lealthLink Townsville, P	rov. No. (000000Y	, PH 0744015650		
Referral date:	30/07/2019 17	:51 NZST					
Clinical Ref	erral Inform	ation					
Referred To:		Dr Sasikala Selvadurai					
Referral Date:		30/07/2019					
Referral Type:		New					
Referral Period	l:	12 months					
Interpreter Req	uired:	No					
Reason for Pati	ient Referral:						
Date: 03/04/20 General: Lethargy. Feve Examination: General: BP (sitting): 13 Pulse: 91 Not clinically a	ers. Nausea. V 30/70	/eight loss.					
Measurement	Details						
Date Code	Value		Da	te Co	de Value		
Heigh	nt 167			BM	I 19.0		
Weigh	ht 53			BP	130/70		
Medications	s & Manage	ment					
Long Term Me	dications Details		Doco	Unite	Instructions		
Date	Somac 20m	a Tablet	Dose	Units	Instructions Before had after meals	-	
	Fosamax 10	0	-	-	Before bed after meals	-	
	I USanax TU		-		2 Tablets Daily	-	
17/07/2000	Coursedin 4			1	1 Tablet Before bed		
17/07/2000	Coumadin 1	met 325mg Tablet	-		2 Tablets In the morning		

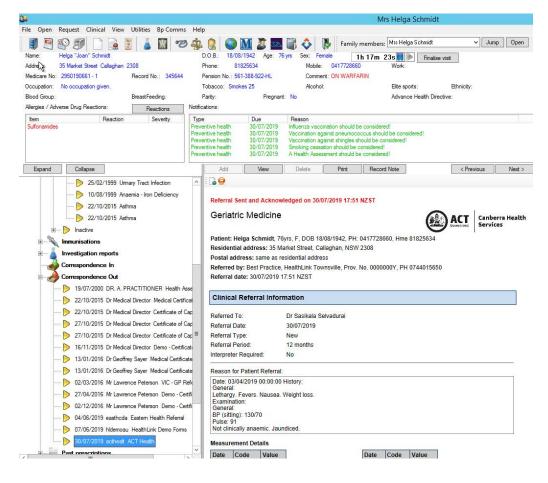
Access parked forms

To access a parked form from the patient's record, select HealthLink Forms under the **View** menu. From the available listing, double-click on the parked form you would like to open. You can also use this area to see previously submitted or deleted forms.

			Healt	thLink Forms - Mrs	Helga S	chmidt				
le View He	lp									
1 🔂 🐉										
Start Date: 30	0/07/2018 15 Provider:	All	Location:	All 💌	Status:	All	-			
Created Date	Patient	Subject		Provider		Addr	essee	Location	Status	Message ID
	Patient Helga Schmidt	Subject Eastern Health Referral		Provider Dr Best Practice		Addr easthcda	essee	Location HealthLink Townsville		Message ID EH-1705
Created Date 04/06/2019 07/06/2019		A CONTRACT OF A					essee		Completed	
	Helga Schmidt	Eastern Health Referral		Dr Best Practice		easthcda	essee	HealthLink Townsville	Completed Completed	EH-1705

Accessing Submitted Forms

A copy of the submitted form can be found in the Correspondence out section of the patient clinical record. The entry will not display automatically in this area until you have exited and come back into the patient record. You can refresh the correspondence out section if you wish to view the sent referral straight away by pressing the F5 key on the keyboard.



HealthLink helps over 60,000 healthcare practitioners deliver certainty in care by enabling them to exchange patient information quickly, reliably and securely.

For all queries, please contact HealthLink Customer Care on 1800 125 036 or email helpdesk@healthlink.net

Monday to Friday (Except Public Holidays) 8:00 am - 6:00 pm

HealthLink

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