

# 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](mailto:helpdesk@healthlink.net)  
1800 125 036

### Contact

Digital Solutions Support  
24/7 User Support: 02 5124 5000  
Email: [Digital.Support@act.gov.au](mailto:Digital.Support@act.gov.au)

## 1. Open the patient record

Search for the patient and open their electronic medical record. Then click on the **HealthLink Forms** tab. In the HealthLink Forms window, click the **New Form** button.

MedicalDirector Clinical 3.18 - [Ms Heather Andrews (56yrs 2mths)]

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

Ms Heather ANDREWS (56yrs 2mths) DOB: 12/05/1963 Gender: Female Occupation: School Teacher 3m 32s

234 George Street, Bundaberg, Qld 4670 Ph: Record No: ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: CAT HAIR, DUST MITE, GRASSES Pension No: 4135-8995-J Ethnicity: Smoking Hc: 10 Daily IHI No: MyHealthRecord: Recalls

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

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

5 of 5 Records

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status	Ack Date	User Name
1/07/2019 3:57:30 p.m.	Submitted	ACT-2251	ACT Health	Dermatology	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 4:42:17 p.m.	Dr Medical D
1/07/2019 12:29:09 p.m.	Autosaved	ACT-2214	ACT Health	Immunology	ACT Health	acthealth				Dr Medical D
1/07/2019 11:59:01 a.m.	Submitted	ACT-2213	ACT Health	Obesity Service	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 12:00:51 p.m.	Dr Medical D
1/07/2019 11:47:14 a.m.	Submitted	ACT-2212	ACT Health	Community Mental Health	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 11:57:29 a.m.	Dr Medical D
1/07/2019 11:44:18 a.m.	Submitted	ACT-2211	ACT Health	Exercise Physiology	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 11:44:18 a.m.	Dr Medical D

## 2. Launch the Form

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

MedicalDirector Clinical 3.18 - [HealthLink - Heather Andrews]

File Window Help

**HL HealthLink** | **Certainty in Care** | 1800 125 036 (AUS) | helpdesk@healthlink.net | Contact Us

Search a Private Specialist or Allied Health Provider to Refer Patient

Type individual / practice name, or speciality then enter Search Help Clear Location Tasmania

**General Services**

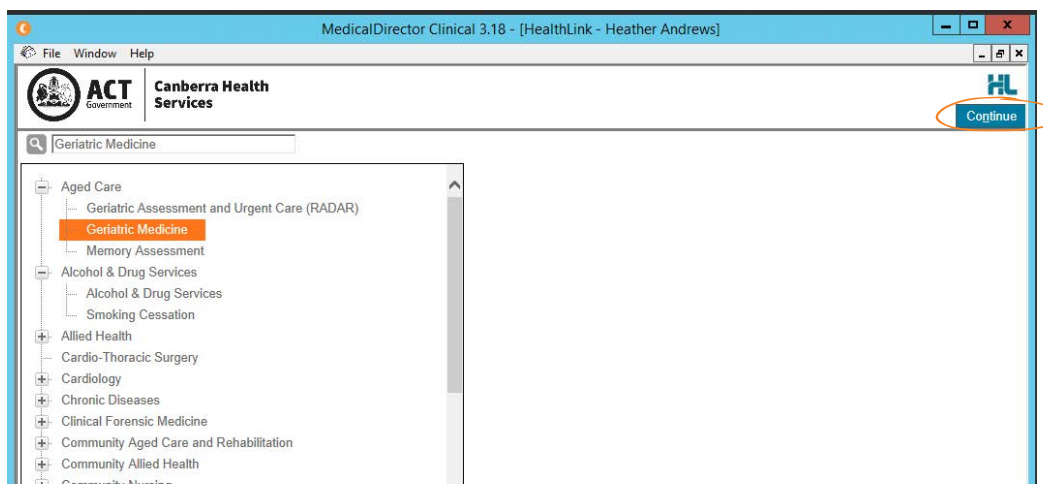
--This is the AU UAT Environment--

**Referred Services**

Application for ACT Approval to Prescribe Controlled Medicines	AU Radiology Referrals
Austin Health	Australian Hearing Medical Certificate
Banyule Community Health	<b>Canberra Health Services - Outpatient and Community Referral Form</b>
Carrington Community Health	ccChiP - Cardiometabolic Health in Psychosis
Demo - Certificate of Capacity	DPV Community Health
Eastern Health	Heartbeat Health Summary
Mater Health Referrals	My Aged Care Referral
Northern Health	Oculo Optometry Referral
Roads and Maritime Services	Sydney Local Health District Services
Tasmanian Health Service	

### 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.

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 Medical Director or in your local computer's file system.

MedicalDirector Clinical 3.18 - [HealthLink - Heather Andrews]

File Window Help

ACT Canberra Health Services

Geriatric Medicine

Submit Preview Park Help

Requested Information  
Geriatric Medicine

Attachments / Reports  
2 reports selected  
No files attached

Medications / Warnings  
2 long term medications specified  
No medications specified  
No medical warnings specified

Medical History  
Medical history specified

Patient Information  
Heather ANDREWS  
3500265121 1  
12/05/1963

Referrer Information  
Medical Director

Form has been auto-saved.

Diagnostic Reports / Patient Documents

Browse for Patient Document Browse for Local File

Attach file from EMR supports: jpeg, doc, docx, pdf, txt, rtf  
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, txt

Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	01/07/2019	AduroForm.html	ACT Health	html	32 KB	
<input type="checkbox"/>	01/07/2019	AduroForm.html	ACT Health	html	20 KB	
<input type="checkbox"/>	01/07/2019	AduroForm.html	ACT Health	html	20 KB	
<input type="checkbox"/>	01/07/2019	AduroForm.html	ACT Health	html	19 KB	
<input checked="" type="checkbox"/>	12/04/2012	1_Letter.rtf	Mail Merge	rtf	3 KB	
<input checked="" type="checkbox"/>	02/01/2012	PAP SMEAR		rtf	1 KB	

Please note the maximum size of attachments is 3.7MB

## 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 from 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.

MedicalDirector Clinical 3.18 - [HealthLink - Heather Andrews]

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No medications specified  
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Medical History  
Medical history specified

Patient Information  
Heather ANDREWS  
3500265121 1  
12/05/1963

Referrer Information  
Medical Director  
3340332Y

Form has been auto-saved.

Long Term Medications

Date	Details	Dose	Units	Instructions	
30/07/2019	VENTOLIN CFC-FREE (Salbutamol (as sulfate))			Dosage: 2 daily p.r.n. Qty: 2*200 dose	
30/07/2019	LIPITOR (Atorvastatin (as calcium))			Dosage: 2 daily a.c. Qty: 30	

Other Medications Browse for More Medications

Date	Details	Dose	Units	Instructions	
No records found.					

Medical Warnings / Allergies

<input type="checkbox"/>	Date	Description	Comments
<input type="checkbox"/>	15/01/2019	CAT HAIR	Hives
<input type="checkbox"/>	15/01/2019	GRASSES	Hives
<input type="checkbox"/>	15/01/2019	DUST MITE	Hives / Rash

Clinical Medication Comments

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.

MedicalDirector Clinical 3.18 - [HealthLink - Heather Andrews]

File Window Help

ACT Government Canberra Health Services

Geriatric Medicine

Submit Preview Park Help

Requested Information  
Geriatric Medicine

Attachments / Reports  
2 reports selected  
No files attached

Medications / Warnings  
2 long term medications specified  
No medications specified  
No medical warnings specified

Medical History  
Medical history specified

Patient Information  
Heather ANDREWS  
3500265121 1  
12/05/1963

Referrer Information  
Medical Director  
3340332Y

Form has been auto-saved.

Current Medical Conditions

<input type="checkbox"/>	Code	Description	Comments
<input type="checkbox"/>		URTI	

Past History

<input type="checkbox"/>	Code	Description	Comments
<input type="checkbox"/>		ASTHMA	As a child - now
<input type="checkbox"/>		Lump breast (Left)	

Family History

<input type="checkbox"/>	Code	Description	Comments
No records found.			

Smoking History and Additional Information

Smoking status: Smoker; Frequency: Daily; No. of cigarettes: 10; Year commenced: 1995; Last quit attempt: Never/Unknown

## 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.

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File Window Help

ACT Government Canberra Health Services

Geriatric Medicine

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Requested Information  
Geriatric Medicine

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Medical history specified

Patient Information  
Heather ANDREWS  
3500265121 1  
12/05/1963

Referrer Information  
Medical Director  
3340332Y

Form has been auto-saved.

Patient Information

Date of birth\*  
12/05/1963

IHI

Medicare/DVA Eligible\*  
☒ Yes ☐ No

Medicare number  
3500265121

Medicare expiry

DVA number

Pension number  
4135-8999-J

Private health fund name  
MEDIBANK PRIVATE LTD

Patient membership number  
21342300H

Safety net number

Country of birth

Name\*  
Heather ANDREWS

Gender\*  
Female

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


Residential Address  
234 George Street, Bundaberg, QLD, 4670

Postal Address  
Same as residential  
Yes

234 George Street, Bundaberg, QLD, 4670

## 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.



[Submit](#)

[Preview](#)


[Park](#)

[Help ▼](#)

MedicalDirector Clinical 3.18 - [HealthLink - Heather Andrews]
File Window Help

Referral Sent and Acknowledged on 30/07/2019 18:44 NZST

**Geriatric Medicine**



**Canberra Health Services**

**Patient:** Heather ANDREWS, 56yrs, F, DOB 12/05/1963  
**Residential address:** 234 George Street, Bundaberg, QLD 4670  
**Postal address:** same as residential address  
**Referred by:** Medical Director, Healthlink (Marketplace Partner), Prov. No. 3340332Y, HPI-O 8003629900026770, PH 0744015650  
**Referral date:** 30/07/2019 18:44 NZST

**Clinical Referral Information**

Referred To:	Dr Sabari Saha
Referral Date:	30/07/2019
Referral Type:	New
Referral Period:	12 months
Interpreter Required:	No

**Reason for Patient Referral:**

Date: 01/07/2019 00:00:00 Monday July 1 2019 11:40:02

Dr Medical Director

**Actions:**  
HealthLink form submitted: ACT-2251-Dermatology-ACT Health

**Medications & Management**

**Long Term Medications**

Date	Details	Dose	Units	Instructions
30/07/2019	LIPITOR (Atorvastatin (as calcium))			Dosage: 2 daily a.c. Qty:30
30/07/2019	VENTOLIN CFC-FREE (Salbutamol (as sulfate))			Dosage: 2 daily p.r.n. Qty:2*200 dose

**Medical History**

**Smoking History and Additional Information**

Smoking status: Smoker; Frequency: Daily; No. of cigarettes: 10; Year commenced: 1995; Last quit attempt: Never/Unknown

**Patient Information**

## Access parked forms

To access parked forms from the patient's record, select the HealthLink tab on the right hand side of the clinical record screen. From the list you will see the status for each form. Select the parked form by double-click on the parked form you would like to open. You can also use this area to see previously submitted or deleted forms.

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status	Ack Date	User Name
1/07/2019 3:57:30 p.m.	Submitted	ACT-2251	ACT Health	Dermatology	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 4:42:17 p.m.	Dr Medical Director
1/07/2019 12:29:09 p.m.	Autosaved	ACT-2214	ACT Health	Immunology	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 12:00:51 p.m.	Dr Medical Director
1/07/2019 11:59:01 a.m.	Submitted	ACT-2213	ACT Health	Obesity Service	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 11:57:29 a.m.	Dr Medical Director
1/07/2019 11:47:14 a.m.	Submitted	ACT-2212	ACT Health	Community Mental Health	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 11:44:18 a.m.	Dr Medical Director
1/07/2019 11:44:18 a.m.	Submitted	ACT-2211	ACT Health	Exercise Physiology	ACT Health	acthealth	Dr Medical Director	Acknowledged	1/07/2019 11:44:18 a.m.	Dr Medical Director

## Accessing Submitted Forms

A copy of the submitted form can be found in the Letters section of the patient clinical record. Double-clicking on the form will open it in a summary view only. To open the referral as the Hospital sees it, click the open externally button on the summary preview screen.

Date Created	Subject	Recipient/Doctor	Description	Comment	Type
30/07/2019	Geriatric Medicine		ACT Health		Letter
1/07/2019	Dermatology		ACT Health		Letter
1/07/2019	Obesity Service		ACT Health		Letter
1/07/2019	Community Mental Health [C]		ACT Health		Letter
1/07/2019	Exercise Physiology		ACT Health		Letter
15/01/2019	Recall Letter - Standard (Aug 20...	Dr A Practitioner	Mail Merge		Letter
15/01/2019	Referral Letter - Standard (Aug 2...	Dr A Practitioner	Mail Merge		Letter
15/01/2019	Recall Letter - Standard (Aug 20...	Dr A Practitioner	Mail Merge		Letter
15/01/2019	Recall Letter - Standard (Aug 20...	Dr A Practitioner	Mail Merge		Letter
15/01/2019	Medical Certificate	Dr A Practitioner	2009-03-06 to 2009-03-09		Letter
15/01/2019	Medical Certificate	Dr A Practitioner			Letter
15/01/2019	Moving Practice Location	Dr A Practitioner	Mail Merge		Letter



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](mailto:helpdesk@healthlink.net)

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

**HealthLink**

Level 17, 9 Castlereagh Street, Sydney NSW 2000  
[helpdesk@healthlink.net](mailto:helpdesk@healthlink.net) | [www.healthlink.net](http://www.healthlink.net)

