

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

1. Open HealthLink Online within the patient record

Within the Genie Client application, open the patient medical record.

Click on the **hcc`g** menu and select **<YUH @b_`Cb`jbY.**

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HealthLink Online for Mrs Test Demo

Show: All Edit Preferences...

| Date/Time | Description | Mode | View Type | Provider | Mag Control Id | Status |
|--------------------|---------------------|------|-----------|----------------|----------------|---------|
| 8/09/2015 13:32:35 | Medical Certificate | E | | Dr Andrew Demo | AH-214 | Unknown |

Buttons: New, Resume, View, Delete

Created on: 8/09/2015 at 13:32:35
 Last Updated on: 8/09/2015 at 13:32:35
 Description: Medical Certificate
 Save Mode: Auto Saved
 Form Instance Id: AH-214
 View Data Type:
 Resume Path: /form-au/PrepopulateForm.action?aduro_formDefinitionId=auhmcert
 Provider: Dr Andrew Demo
 Status: Unknown
 Launch URI: /forms-directory/?aduro_formDefinitionId=forms-directory&aduro_aduroVersion=1.1&aduroVersion=aduro_v1

2. Launch the Canberra Health Services - Outpatient and Community Referral Form

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

New HealthLink Online - Mrs Test Demo - 05aee9e7-8e91-4e1a-8d90-0807e87a76da

HL HealthLink Certainty in Care

1800 125 036 (AUS)
helpdesk@healthlink.net Contact Us

General Services

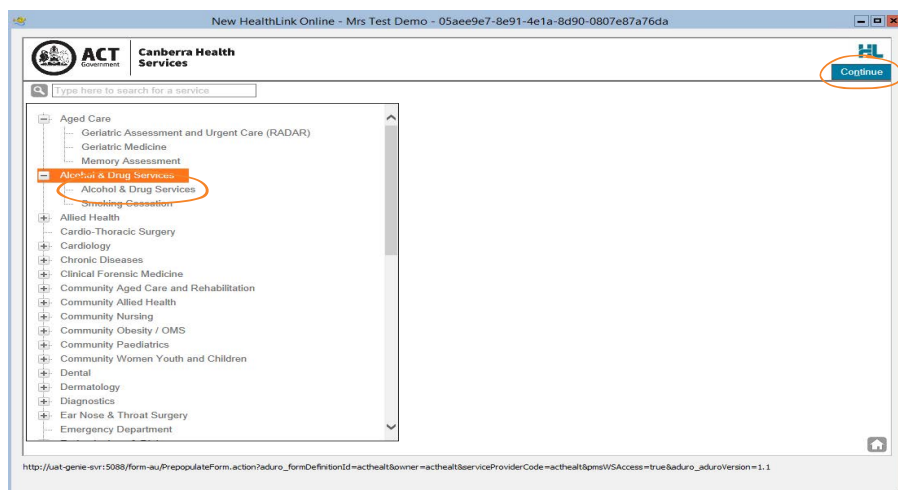
--This is the AU UAT Environment--

Referred Services

- Application for ACT Approval to Prescribe Controlled Medicines
- Austin Health
- Banyule Community Health
- Carrington Community Health
- Chris O'Brien Lifehouse Services
- Eastern Health
- Mater Health Referrals
- Northern Health
- Roads and Maritime Services
- Tasmanian Health Service
- AU Radiology Referrals
- Australian Hearing Medical Certificate
- Canberra Health Services - Outpatient and Community Referral Form**
- ccCHIP - Cardiometabolic Health in Psychosis
- DPV Community Health
- Heartbeat Health Summary
- My Aged Care Referral
- Oculo Optometry Referral
- Sydney Local Health District Services

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 service 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.

| Date | Code | Value |
|------|--------|-------|
| | Height | |
| | Weight | |

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 Browns for consultation notes button and then select the appropriate consultation notes to attach.

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 Genie or in your local computer's file system

File Edit Open Records Special Help

ACT Government Canberra Health Services

Geriatric Medicine

Requested Information
Geriatric Medicine

Attachments / Reports
2 reports selected
No files attached

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

Medical History
Medical history specified

Form has been auto-saved.

Diagnostic Reports / Patient Documents

Browse for Patient Document

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 sign

| <input type="checkbox"/> | Date | Name | Comments | Type |
|-------------------------------------|------------|-----------------|----------|------|
| <input checked="" type="checkbox"/> | 27/02/2018 | Dr Paul Angus | | pdf |
| <input checked="" type="checkbox"/> | 22/02/2018 | Dr Laura Wright | | pdf |

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. 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.

ACT Government Canberra Health Services

Ablations SVT, AF and VT and PVC

Submit Previous

Form has been auto-saved.

Requested Information
Ablations SVT, AF and VT and PVC

Attachments / Reports
No reports selected
No files attached

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

Medical History
Medical history specified

Patient Information
John Andrews
3500265121 1
17/06/1968

Referrer Information
Best Practice
0000000Y

Long Term Medications

| Date | Details | Dose | Units | Instructions | |
|------------|----------------------|------|-------|--------------------------|-------------------------------------|
| 28/08/2012 | Lipidil 48mg Tablet | | | 2 Tablets Daily | <input checked="" type="checkbox"/> |
| 11/11/2011 | Nexium 20mg Tablet | | | 1 Tablet Daily | <input checked="" type="checkbox"/> |
| | Tritace 10mg Capsule | | | 1 Capsule In the morning | <input checked="" type="checkbox"/> |

Other Medications

| Date | Details | Dose | Units | Instructions | |
|-------------------|---------|------|-------|--------------|--|
| No records found. | | | | | |

Medical Warnings / Allergies

| <input type="checkbox"/> | Date | Description | Comments |
|--------------------------|------------|-------------|----------|
| <input type="checkbox"/> | 15/01/2019 | Penicillins | Death |

Clinical Medication Comments

Canberra Health Services

Ablations SVT, AF and VT and PVC

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

Requested Information
 Ablations SVT, AF and VT and PVC

Attachments / Reports
 No reports selected
 No files attached

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

Medical History
 Medical history specified

Patient Information
 John Andrews
 3500265121 1
 17/06/1968

Referrer Information
 Best Practice
 0000000Y

Current Medical Conditions

| <input type="checkbox"/> | Code | Description | Comments |
|--------------------------|-----------|-----------------------------------|--|
| <input type="checkbox"/> | 69482004 | Korsakoff's Psychosis | |
| <input type="checkbox"/> | 398211002 | Hand - Z-Plasty Dupuytren Surgery | |
| <input type="checkbox"/> | 414545008 | Ischaemic Heart Disease | |
| <input type="checkbox"/> | 405944004 | Asthma | |
| <input type="checkbox"/> | 44054006 | Diabetes Mellitus - Niddm | |
| <input type="checkbox"/> | 38341003 | Essential Hypertension | BP always up in any doctors surgery. Has a component of WHITE COAT HYPERTENSION |

Past History

| <input type="checkbox"/> | Code | Description | Comments |
|--------------------------|----------|-------------------------------|---|
| <input type="checkbox"/> | 38196001 | Appendix Removal | Mr. Harry Frydenberg, St. Georges Hospital. |
| <input type="checkbox"/> | 75924001 | Bladder diverticulum excision | Date: DECEMBER Mr. Frydenberg |

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.

Canberra Health Services

Ablations SVT, AF and VT and PVC

Requested Information
 Ablations SVT, AF and VT and PVC

Attachments / Reports
 No reports selected
 No files attached

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

Medical History
 Medical history specified

Patient Information
 John Andrews
 3500265121 1
 17/06/1968

Referrer Information
 Best Practice
 0000000Y

Patient Information

Form has been auto-saved.

Date of birth*
 17/06/1968

Medicare/DVA Eligible*
☒ Yes ☐ No

Medicare number
 3500265121

DVA number

Private health fund name

Safety net number

Name*
 John Andrews

Gender*
 Male

Residential Address
 2 Kennedy Road, Bundaberg, QLD, 4670

Medicare expiry

Pension number

Patient membership number
 92111457

Country of birth

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

Please fix the following errors:
 • Patient Date Of Birth is a required field

Patient Information

Medicare Number*
 6288253443

Medicare Expiry

DVA Number

Date of birth*
 IHI

Pension Number

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.

| File Edit Open Records Special Help | |
|---|-----------------------------------|
| Referral Sent and Acknowledged on 30/07/2019 15:26 NZST | |
| <div> <div>Geriatric Medicine</div> <div> <div> ACT <small>Government</small> </div> <div> Canberra Health Services </div> </div> </div> | |
| Patient: Test Demo, 79yrs, F, DOB 29/01/1940, PH: 04123456 Residential address: 14 Tandamus Crt, Annandale, Qld 4814 Postal address: same as residential address Referred by: Andrew Demo, HealthLink Genie Test, Prov. No. 1234567X, PH 07 3720 2801, FAX 07 3720 2802 Referral date: 30/07/2019 15:26 NZST | |
| Clinical Referral Information | |
| Referred To: | Dr Sasikala Selvadurai |
| Referral Date: | 30/07/2019 |
| Referral Type: | New |
| Referral Period: | 12 months |
| Interpreter Required: | No |
| Reason for Patient Referral: | |
| Date: 30/07/2019 00:00:00 Losec Tablets 20mg Tablets 3 bd on an empty stomach (^30^, R1) Ventolin CFC-free Inhaler 100mcg/dose Inhaler 2 tds (^200 dose1*2^, R5) Prescription | |
| Medications & Management - No medications or warnings specified | |
| Medical History | |
| Smoking History and Additional Information Unrecorded | |
| Patient Information | |
| Medicare/DVA Eligible: | Yes |
| Medicare number: | 4063722005 1 |
| Medicare expiry: | 31/07/2021 |
| Patient's indigenous status: | Not stated/inadequately described |
| Referrer Information | |

Access Parked Forms

To access a parked form from the patient's record, select the form with status of unknown from the available listing in the HealthLink Online window and click **Resume** to open.

HealthLink Online for Demand Demo

Show: All

| Date/Time | Description | Mode | View Type | Provider | Msg Control Id | Status | |
|---------------------|----------------------------------|------|-----------|----------------|----------------|----------------|---------------|
| 20/03/2019 11:48:08 | Living Room - Clinical Dietitian | E | | Dr Andrew Demo | LIFE-3106 | Unknown | Resume |
| 20/03/2019 11:45:23 | Living Room - Clinical Dietitian | E | | Dr Andrew Demo | LIFE-3105 | Unknown | View |
| 20/03/2019 11:40:40 | Living Room - Clinical Dietitian | E | | Dr Andrew Demo | LIFE-3104 | Unknown | Delete |
| 13/03/2019 17:22:12 | Living Room - Clinical Dietitian | E | | Dr Andrew Demo | LIFE-2853 | Unknown | |
| 22/04/2015 16:38:37 | Medical Certificate | R | text/html | Dr Andrew Demo | AH-55 | Form Submitted | |

Buttons: New, Resume, View, Delete

Accessing Submitted Forms

A copy of the submitted form can be found by in the summary tab of the patient clinical record and will display in the right hand display area when selected from the list on the left. A purple quill is representative of a SmartForm referral. Only successfully submitted referrals will display in the display area.

File Edit Open Tools Special Help

Summary Notes Checklists/Script Archive Obstetric Hx Social

ALLERGIES: Cefaclor Monohydrate

PAST HISTORY: Appendectomy, Dilatation and curettage

28 contacts

| Date | Title | Info | Provider |
|------------|-------------------------------|------------------------|------------------------------------|
| 30/07/2019 | Prescription | | Dr Andrew Demo |
| 30/07/2019 | Geriatric Medicine [E] | | Dr A Demo |
| 30/07/2019 | Geriatric Medicine [R] | text/html | Dr A Demo |
| 27/02/2018 | Letter - MP Electronic ... | | Dr Paul Angus |
| 22/02/2018 | Letter - Discharge note | | Dr Laura Wright |
| 08/09/2015 | Medical Certificate [E] | | Dr A Demo |
| 15/06/2015 | Dr Lawrence Peterson | Reviewed Acknowled... | Dr A Demo |
| 10/06/2015 | Dr Lawrence Peterson | Reviewed Printed Ac... | Dr A Demo |
| 02/06/2015 | Dr Lawrence Peterson | Reviewed | Dr A Demo |
| 20/03/2015 | Skin Prick Allergy Test (...) | | 309.pdf |
| 20/03/2015 | Simulated Altitude Test... | | 308.pdf |
| 20/03/2015 | Deidentified Sleep Rep... | | 305.pdf |
| 20/03/2015 | 6 min walk test without... | | 304.pdf |
| 23/01/2015 | Spiro Example report.pdf | | 310.pdf |
| 23/01/2015 | NAR Example.pdf | | 307.pdf |
| 23/01/2015 | Lung Function Example... | | 306.pdf |
| 10/07/2014 | Dr Lawrence Peterson | Reviewed Acknowled... | Dr A Demo |
| 10/07/2014 | Dr Lawrence Peterson | Reviewed | Dr A Demo |
| 10/07/2014 | [P] | | Dr A Demo |
| 10/07/2014 | Echo Test.pdf | | 300.pdf |
| 23/04/2012 | Dr Lawrence Peterson | Reviewed Printed Ac... | Dr A Demo |
| 09/08/2011 | Dr Lawrence Peterson | Reviewed Sent | Dr A Demo |
| 16/12/2010 | Mr Andrew McGhee | Reviewed Sent | Dr A Demo |
| 13/05/2010 | Mr Matt Gilchrist | Reviewed Acknowled... | Dr A Demo |
| 12/03/2010 | MR TEST DEMO | | Dr W J Barry |
| 01/12/2009 | Dr Darren Oats | Reviewed Sent | Dr A Demo |
| 07/05/2009 | Dr Lawrence Peterson | Reviewed | Lawrence Petersen Lawrence Pete... |
| 24/04/2009 | Discharge Summary | Attune Hearing Attu... | |

Referral Sent and Acknowledged on 30/07/2019 15:26 NZST

Geriatric Medicine

Patient: Test Demo, 79yrs, F, DOB 29/01/1940, PH: 04123456
Residential address: 14 Tandamus Crt, Annandale, Qld 4814
Postal address: same as residential address
Referred by: Andrew Demo, HealthLink Genie Test, Prov. No. 1234567X, PH 07 3720 2801, FAX 07 3720 2802
Referral date: 30/07/2019 15:26 NZST

Clinical Referral Information

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

Reason for Patient Referral:
Date: 30/07/2019 00:00:00 Losec Tablets 20mg Tablets 3 bd on an empty stomach (*30*, R1)
Ventolin CFC-free Inhaler 100mcg/dose Inhaler 2 tds (*200 dose*1*2*, R5) Prescription

Medications & Management - No medications or warnings specified

Medical History

Smoking History and Additional Information
Unrecorded

Patient Information

Medicare/DVA Eligible: Yes
Medicare number: 4063722005 1
Medicare expiry: 31/07/2021
Patient's indigenous status: Not stated/indisputably described

Appointments Patient List Clinical-Test Demo Results to Review Letters to Review Reviewed, Unpr...

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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