

## User Guide

14.10.2024-BP

# My Aged Care e-Referrals for Best Practice

Welcome to My Aged Care e-Referrals via HealthLink SmartForms.  
The easiest and smartest way for health professionals to refer patients to  
My Aged Care for an Aged Care assessment.

For more information go to:  
<https://www.healthlink.com.au/my-aged-care>

Your practice must be running Best Practice Lava SP3 and above to access the HealthLink SmartForms.



Best Practice  
An evolution in medical software

# Submitting e-Referrals from Best Practice

## Using HealthLink SmartForms

SmartForms enable **Best Practice** users to easily refer and engage with all HealthLink SmartForm service providers including 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 (e-Referrals)**

Step 2:

**Launching a new form**

Step 3:

**Completing the form**

Step 4:

**Parking, Previewing and Submitting**

Step 5:

**Accessing parked and auto-saved forms**

Step 6:

**Accessing submitted forms**

Step 7:

**What happens after an e-Referral has been made?**

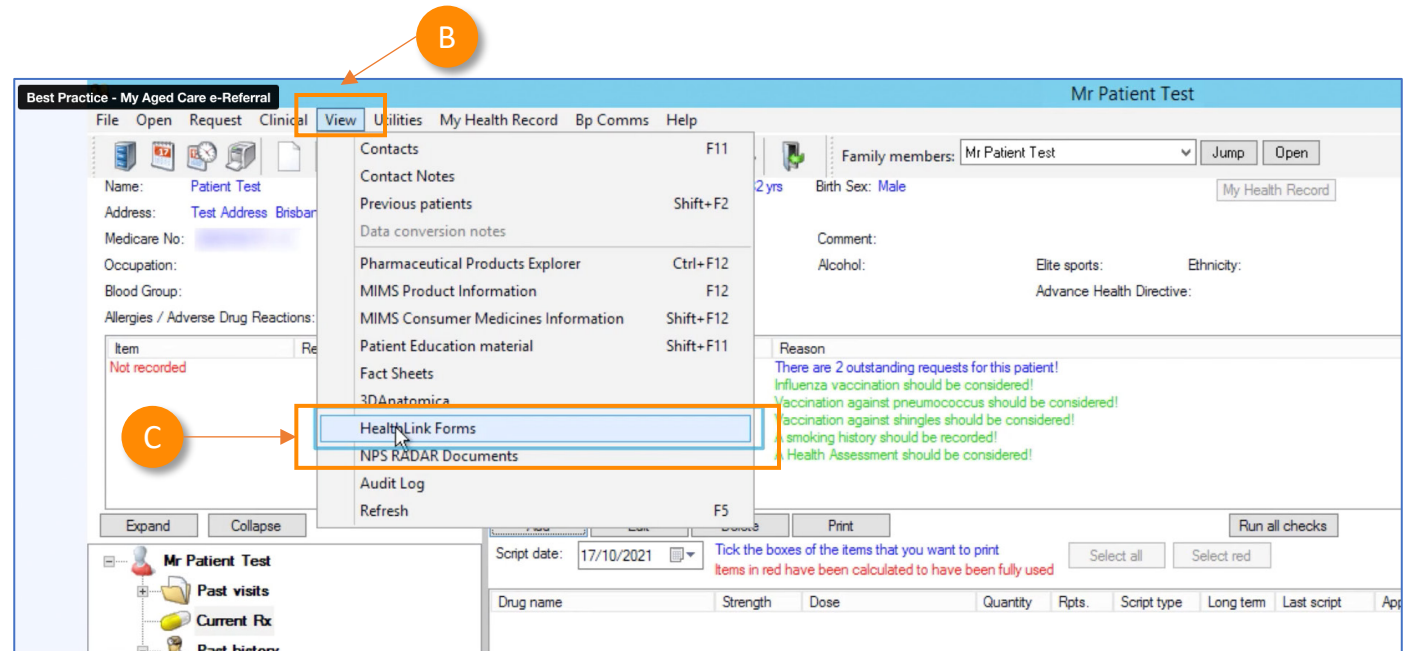
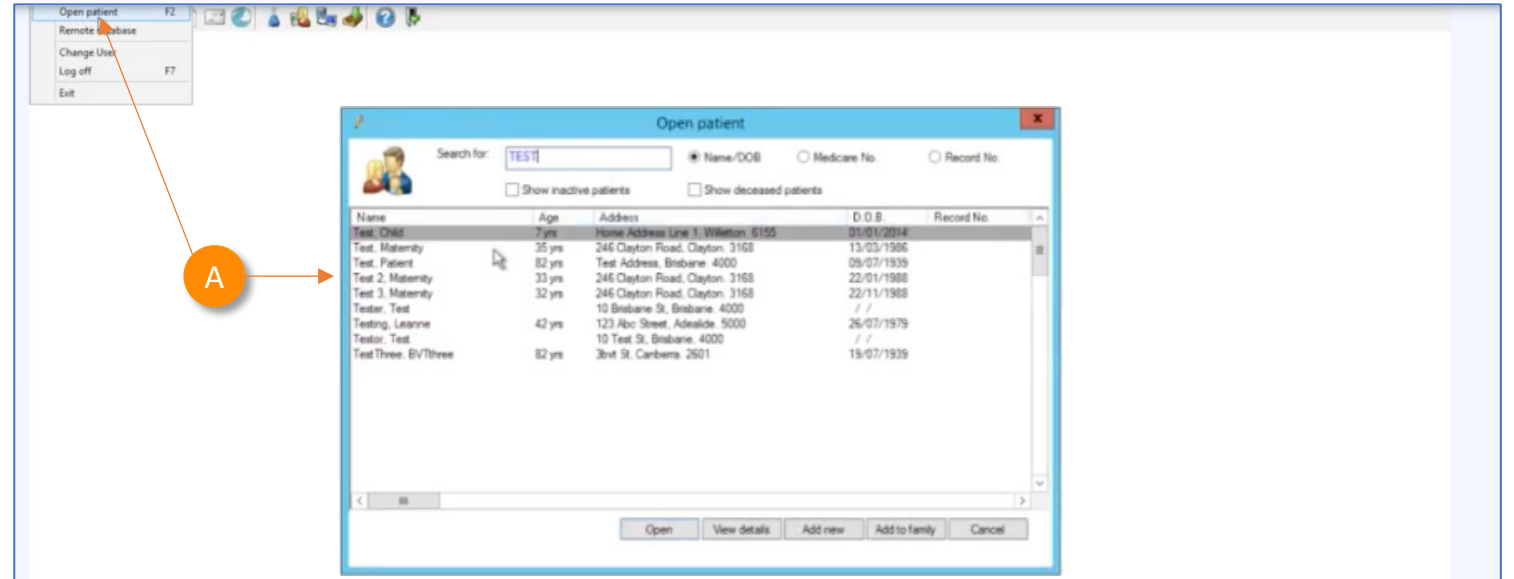
## Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your  
Best Practice software...

**A** First, search for the patient and open  
their electronic medical record.

**B** Then click the **View** menu.

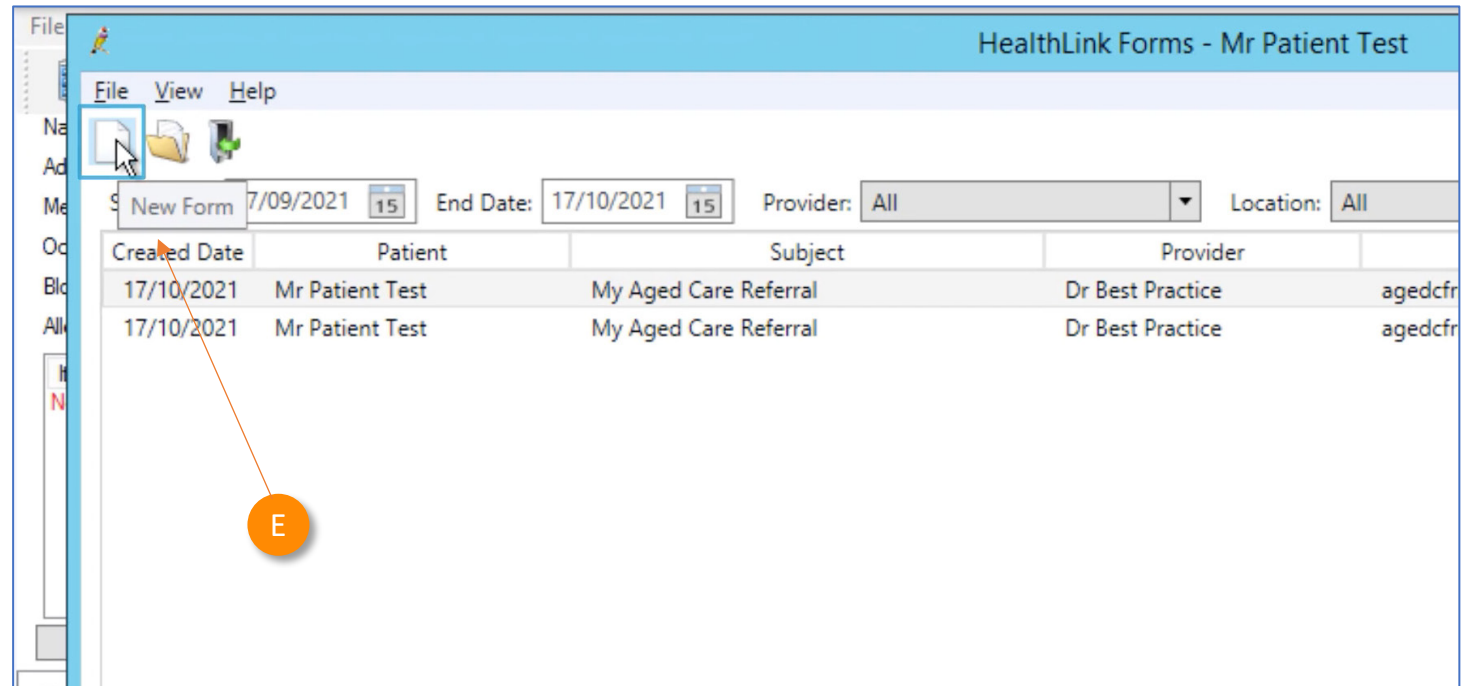
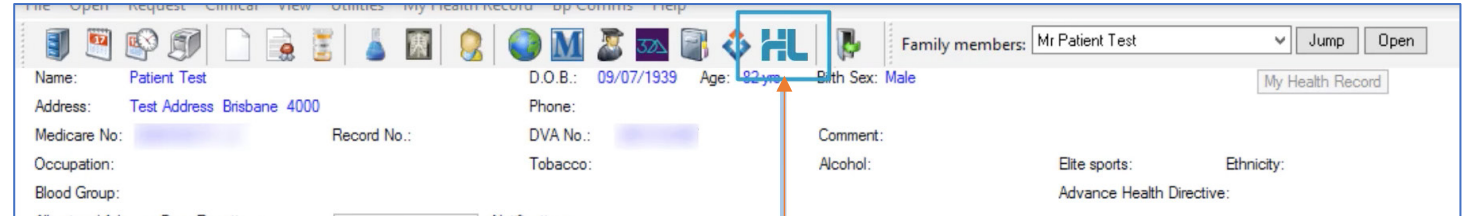
**C** Now click on the **HealthLink Forms**  
button to launch the **HealthLink home**  
page.



## Step 1: Accessing HealthLink SmartForms (e-Referrals)

**D** If you are using version Saffron SP2 or higher, you can click on the HealthLink icon from within the patient record.

**E** In the HealthLink Forms window click the **New Forms** button to launch the HealthLink homepage.



## 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 **My Aged Care Referral** to launch the SmartForm.

The screenshot shows the 'Make a referral' interface. At the top, there are two tabs: 'Make a referral' (selected) and 'Update referrals'. Below the tabs, the page is divided into sections:

- Specialists, Allied Health Providers and GPs**: Contains a link for 'Specialists & Referrals' with a sub-link 'Refer to Private Specialist'.
- General Services**: Contains two links: '--This is the AU UAT Environment-- NSW Certificate of Capacity External Demo' and 'NSW Certificate of Capacity ReturnToWorkSA Work Capacity Certificate'.
- Referred Services**: A large list of services. A callout box with a bracket points to the 'My Aged Care Referral' link in this list. The callout text reads: 'The My Aged Care form can be used to send a referral for government-funded aged care services directly to the Department of Health.' An arrow labeled 'B' points to the 'My Aged Care Referral' link.

The 'Referred Services' list includes:

- ACT Public Outpatient and Community
- Austin Health
- ccCHIP - Cardiometabolic Health in Psychosis
- Demo - Certificate of Capacity
- Eastern Health
- HealthLink Logging Service
- Mercy Hospital for Women
- My Aged Care Referral
- Northern NSW LHD – eReferrals
- NSW Health Outpatient Referrals
- NSW Health Outpatient referrals - Far West LHD
- NSW Health Outpatient referrals - Western Sydney LHD
- NSW Health Outpatient referrals – South Eastern Sydney LHD
- Radiology Referrals
- Spectrum Medical Imaging
- Sydney Local Health District Women's Health
- Tasmanian Mental Health and Alcohol and Other Drugs
- Werribee Mercy Hospital
- Application for ACT Approval to Prescribe Controlled Medicines
- Banyule Community Health
- Chris O'Brien Lifehouse Services
- DPV Community Health
- Head to Health
- Hearing Australia Medical Certificate
- Health
- Health
- Sydney Local Health District Services
- NSW Health Outpatient referrals - Central Coast LHD
- NSW Health Outpatient referrals - Western NSW LHD
- NSW Health Outpatient referrals – Illawarra Shoalhaven LHD
- PRP Diagnostic Imaging
- SA Health
- Sydney Local Health District Services
- Tasmanian Health Service
- Transport for NSW

## 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.

myagedcare My Aged Care Referral

Requested Information My Aged Care Referral Form has been auto-saved.

Attachments / Reports No reports selected. No files attached

Patient Information ALPHABET TEST No patient ID available 12/11/1976

Referrer Information Medical Director

Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Patient Information - Contact Details - Work
- Patient Information - Contact Details - Home
- Referrer Information - Last name

Details of patient consent

By submitting this form, I will provide the information in it about you to My Aged Care. My Aged Care has contracted HealthLink Pty Ltd (HealthLink), a secure messaging service provider to securely transmit the information to My Aged Care. For further details please see HealthLink's [Privacy Policy](#).

My Aged Care will use this information to determine your level of need and/or to provide you with aged care services.

Once received by My Aged Care, the information will be used and disclosed in accordance with the My Aged Care [Privacy Policy](#). This will include validation with the Department of Human Services, and potential disclosure of the information to My Aged Care assessors and service providers, and other health professionals who are caring for you.

I confirm that the patient understands the above and has given his/her consent.\*

If not patient, consent is provided by

About the patient

Interpreter Required\*  Yes  No

Preferred Language\*

If other, please specify

Can patient be contacted by phone?\*  Yes  No

Usual living arrangement

Accommodation type

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

Referral details

Referral reason\*

Why does the patient need an assessment or access to aged care services?\*

myagedcare My Aged Care Referral

Requested Information My Aged Care Referral Form has been auto-saved.

Attachments / Reports No reports selected. No files attached

Patient Information ALPHABET TEST No patient ID available 12/11/1976

Referrer Information Medical Director

Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Patient Information - Contact Details - Work
- Patient Information - Contact Details - Home
- Referrer Information - Last name

Patient Information

Date of birth\*

Please provide the patient's Medicare and/or DVA card number.

Medicare number

DVA number

DVA card type

No DVA entitlement

Gold Card

White Card

Orange Card or other

Gender\*

Patient's Indigenous status\*

Residential Address

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

Contact Details (Select preferred phone contact)

At least one phone number must be provided. Please indicate the best contact phone number for the patient.

Wk 0809888889, Hme 0809888888, Mob 0404040400

Phone number must be numeric only with no spaces. An area code must be provided for all landline numbers.

Work

Home

Mobile

Other

### 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**.

## Step 3: Completing the form

### Fixing any errors

**E** If any of the required information is missing or incomplete the SmartForm will notify you to correct it.

**myagedcare** My Aged Care Referral

Accommodation type: Independent Living

Does patient have a carer/support person?  Yes  No

**Referral details**

Referral reason\*: Hospital Discharge

Why does the patient need an assessment or access to aged care services? \*

**Please note:** Completion of the following sections reduces the need for additional follow-up with your patient and the time to action this referral.

Are there concerns with any of the following? Please select all that apply based on your knowledge of the patient.

<input type="checkbox"/> Health concerns	<input type="checkbox"/> Recent falls
<input type="checkbox"/> Pain	<input type="checkbox"/> Memory loss or confusion
<input type="checkbox"/> Loneliness/social isolation	<input type="checkbox"/> Safety in their home
<input type="checkbox"/> Special needs	<input type="checkbox"/> Weight loss/nutrition concerns
<input type="checkbox"/> Carer stress	<input type="checkbox"/> Incontinence

Based upon your best estimate of the patient's function, are they able to: \*

Get out of bed or chairs easily?*	Please Select
Walk easily?*	Please Select
Get dressed?*	Please Select
Eat their meal?*	Please Select
Go to the toilet?*	Please Select
Shower or have a bath?*	Please Select
Manage their own medications?*	Please Select
Travel in the community?*	Please Select
Go shopping for groceries?*	Please Select
Prepare their own meals?*	Please Select
Do housework?*	Please Select
Manage their money?*	Please Select



## 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. This is where you will find all the files in the patient record.
  - I** **Note:** This list displays attachments from the **last 6 months only**.
  - J** **Or** in your local computer's file system by clicking the **Browse for Local File** button.

The screenshot shows the 'myagedcare' interface for a 'My Aged Care Referral'. The main form has a green checkmark and the message 'Form has been auto-saved.' Below this is a warning icon and a message: 'Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.' The 'Referrer Information' section shows 'Referrer Information - Last name'. The 'Attach File' dialog box is open, showing a table of attachments with columns for Date, Name, Comments, Type, and Size. The table lists several 'AduroForm.html' files and one 'Letter.rtf' file. The dialog box also has search and date range filters.

Date	Name	Comments	Type	Size
24/08/2023	AduroForm.html	My Aged Care Referral	html	43 KB
24/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
23/08/2023	AduroForm.html	My Aged Care Referral	html	44 KB
16/05/2023	AduroForm.html	Northern NSW Local Health District services	html	30 KB
28/06/2022	Letter.rtf		rtf	82 KB

## Step 3: Completing the form

### Attachments

**K** You can select a file from your local computer's file system by clicking the **Browse for Local File** button.

**Please note** you should not attach pathology reports or other detailed health reports that are not specific to aged care needs.

The screenshot shows the 'My Aged Care Referral' form in the myagedcare system. The form has several sections: 'Requested Information' (My Aged Care Referral), 'Attachments / Reports' (No reports selected, No files attached), 'Patient Information' (LANGUAGE TEST, 4915017051 1, 01/01/1950), and 'Referrer Information' (Medical Director2). A green message box at the top states 'Form has been auto-saved.' An orange warning box below it says 'Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.' The 'Referrer Information - Last name' field is highlighted. Below this is the 'Diagnostic Reports / Patient Documents' section with buttons for 'Browse for Patient Document' and 'Browse for Local File'. A table below shows 'No records found.' An 'Add File Attachment' dialog box is open, showing a 'New file attachment' field, a 'Browse...' button, and a 'Document Description' field. A file upload dialog box is also open, showing a list of folders in the 'Medical Director' directory, including '3rdParty', 'Acknowledgements', 'CMI', 'eClinic', 'EventsLookup', 'Hcn.Device', 'HTML', and 'NetworkUpgrade'. The 'File name' field is empty, and the file type is set to 'All Files (\*.\*)'. A red circle with the letter 'K' is positioned at the top right of the screenshot, with an arrow pointing to the 'Browse for Local File' button.

## Step 4: Parking, Previewing and Submitting.

### Parking a form

**A** 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.

**B** Attachments selected from your PC will need to be reattached when resuming filling in the parked form.

The screenshot shows the 'myagedcare' interface for a 'My Aged Care Referral'. The top navigation bar includes 'Submit', 'Preview', and 'Park' buttons. The 'Park' button is highlighted with a blue box and an orange arrow pointing to a circled 'A' on the right. The main content area contains several sections: 'Requested Information' (My Aged Care Referral), 'Attachments / Reports' (No reports selected, No files attached), 'Patient Information' (LANGUAGE TEST, 49150170511, 01/01/1950), and 'Referrer Information' (Medical Director2). A green message box states: 'Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.' An orange warning box indicates: 'Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.' Below this, a list shows 'Referrer Information - Last name'. The 'Diagnostic Reports / Patient Documents' section includes 'Browse for Patient Document' and 'Browse for Local File' buttons, followed by instructions to attach relevant patient information and a list of supported file types. A table with columns 'Date', 'Name', 'Document Description', 'Type', and 'Size' is shown with 'No records found.' below it.

A

This screenshot is identical to the one above, showing the 'myagedcare' interface for a 'My Aged Care Referral'. The 'Park' button in the top navigation bar is highlighted with a blue box and an orange arrow pointing to a circled 'B' on the right. The rest of the form content, including the success message, warning box, and diagnostic reports section, is the same as in the previous screenshot.

B

## Step 4: Parking, Previewing and Submitting.

### Previewing a form

- C** You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.
- D** You can scroll through the form to preview it.

myagedcare My Aged Care Referral

Requested Information: My Aged Care Referral

Attachments / Reports: No reports selected. No files attached.

Patient Information: LANGUAGE TEST, 4915017051 1, 91/01/1950

Referrer Information: Medical Director

Form has been auto-saved.

Diagnostic Reports / Patient Documents: Browse for Patient Document, Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tif, txt  
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, txt

Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

Preview, not submitted copy

Submit

My Aged Care Referral

Patient: LANGUAGE TEST, 74yrs, Male, DOB 01/01/1950  
Phone number: 0412345678  
Residential address: 23 FURZER ST, PHILLIP, ACT 2606  
Referred by: Medical Director, MD-Test Healthlink (Marketplace Partner), PH 0744015650

Clinical Referral Information

About the patient

Interpreter Required:	Yes
Preferred Language:	English
Can patient be contacted by phone?	Yes
Usual living arrangement:	With partner
Accommodation type:	PR Client Ovens/Purchasing
Does patient have a carer/support person?	No

Referral details

Referral reason: Hospital Discharge

Why does the patient need an assessment or access to aged care services?  
Following hospital discharge

Are there concerns with any of the following? Please select all that apply based on your knowledge of the patient.

- Recent falls:  Pain

Based upon your best estimate of the patient's function, are they able to:

Close

myagedcare My Aged Care Referral

Requested Information: My Aged Care Referral

Attachments / Reports: No reports selected. No files attached.

Patient Information: LANGUAGE TEST, 4915017051 1, 91/01/1950

Referrer Information: Medical Director

Form has been auto-saved.

Diagnostic Reports / Patient Documents: Browse for Patient Document, Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tif, txt  
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, txt

Caution: larger attachments may take significant time to preview

Date	Name	Document Description	Type	Size
No records found.				

Recommendations

Based on your patient's function, they are recommended for home support assessment.

Accept / Alternative recommendation: I accept the recommendation

To support aged care assessment, please specify the types of services the patient would benefit from (At least one must be selected):

- Allied health/Other (specify):  Domestic Assistance
- Allied health/Other (specify):  Physio

Estimated duration of services: 6-12 weeks  
Date services required: 12/09/2024

Patient Information

Medicare number: 4915017051 1  
Patient's Indigenous status: No - Neither

Referrer Information

Referral number: MAC-2156  
Practice Address: Healthlink Practice, North Ward, QLD 4810  
Email: hk.us@test.com  
Referrer EDI: hmdnuat

Diagnostic Reports / Patient Documents - No reports selected from the patient record

File Attachments - No files attached from the sender's local file system

Close

## Step 4: Parking, Previewing and Submitting

### Submitting a form

- E** When you are ready to send your form, click **Submit**.
- F** 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.**
- G** 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.

myagedcare My Aged Care Referral

Requested Information  
My Aged Care Referral

Form has been auto-saved.

Attachments / Reports  
No reports selected  
No files attached

Patient Information  
LANGUAGE TEST  
4915017051 1  
01/01/1950

Referrer Information  
Medical Director

Diagnostic Reports / Patient Documents  
Browse for Patient Document Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

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

Date	Name	Document Description	Type	Size
No records found.				

Recommendations  
Based on your patient's function, they are recommended for home support assessment.  
Accept / Alternative recommendation: I accept the recommendation  
To support aged care assessment, please specify the types of services the patient would benefit from (At least one must be selected):  
• Allied health/Other (specify) • Domestic Assistance  
Allied health/Other (specify): Physio  
Estimated duration of services: 6-12 weeks  
Date services required: 12/09/2024

Print

Form sent on 12/09/2024 10:26 AEST

Thank you for making a referral with My Aged Care.  
Your confirmation number for LANGUAGE TEST is Activity ID 2-156018670231

What happens next? My Aged Care will review the referral and may refer your patient for an assessment. If additional information is required, My Aged Care may contact the patient to talk about the support they need. Your patient should hear from My Aged Care or an assessment organisation within 2-6 weeks.

You or your patient can follow up on this referral by calling the My Aged Care Contact Centre (1800 200 422), using the confirmation number shown above.

## Step 5: Accessing parked and auto-saved forms

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

**B**

The screenshot shows a medical software interface for a patient named 'Mr Patient Test'. The 'View' menu is open, and 'HealthLink Forms' is highlighted. The interface includes a menu bar, a patient information section, a 'Reason' section with green alerts, and a table of visits.

**View** menu items:

- Contacts (F11)
- Contact Notes
- Previous patients (Shift+F2)
- Data conversion notes
- Pharmaceutical Products Explorer (Ctrl+F12)
- MIMS Product Information (F12)
- MIMS Consumer Medicines Information (Shift+F12)
- Patient Education material (Shift+F11)
- Fact Sheets
- 3D Anatomica
- HealthLink Forms**
- NPS RADAR Documents
- Audit Log
- Refresh (F5)

**Reason** section:

- There are 2 outstanding requests for this patient!
- Influenza vaccination should be considered!
- Vaccination against pneumococcus should be considered!
- Vaccination against shingles should be considered!
- A smoking history should be recorded!
- A Health Assessment should be considered!

**Visits Table:**

Date	Doctor	Reason	Visit type	Start	Duration	Review d
12/05/2021	Dr Best Practice		Surgery	12:32 pm	0m	//
03/08/2021	Dr Best Practice2		Surgery	4:32 pm	0m	//
13/08/2021	Dr Best Practice2		Surgery	1:28 pm	0m	//
20/08/2021	Dr Best Practice2		Surgery	9:23 am	2m	//

## Step 5:

# Accessing parked and auto-saved forms

- C** 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.

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

The screenshot displays the 'HealthLink Forms - Mr Patient Test' window. The main area contains a table of forms with columns for Created Date, Patient, Subject, Provider, Addressee, Location, Status, and Message ID. The 'Status' column is filtered to show 'Parked' and 'AutoSaved' forms. A mouse cursor is pointing at the 'Parked' status of a form with Message ID MAC-6362. An orange circle 'C' is positioned to the right of the table, and another orange circle 'D' is at the bottom right with an arrow pointing to the 'AutoSaved' status of a form with Message ID MAC-6351.

Created Date	Patient	Subject	Provider	Addressee	Location	Status	Message ID
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Completed	MAC-6364
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Completed	MAC-6356
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Deleted	MAC-6353
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Deleted	MAC-6352
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Parked	MAC-6362
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6363
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Parked	MAC-6361
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Deleted	MAC-6355
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6359
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6360
18/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	Completed	MAC-6366
17/10/2021	Mr Patient Test	My Aged Care Referral	Dr Best Practice	agedcfm	HealthLink Townsville	AutoSaved	MAC-6351

## Step 5: Accessing parked and auto-saved forms

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

**F** 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.

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

The screenshot displays the MedicalDirector Clinical 4.0 interface for a patient named 'MR TEST PATIENT (71yrs 6mths)'. The patient's details, including DOB (01/01/1950), gender (Male), and address (1 Furzer Street, Phillip, Act 2606), are visible. The 'HealthLink' tab is selected in the top navigation bar, indicated by an orange circle 'E'. Below the patient information, a table lists 8 records of forms. The first record, dated 8/07/2021 at 12:28:53 p.m., is marked as 'Parked' and is highlighted with a mouse cursor, indicated by an orange circle 'F'. Other records include 'Submitted' and 'Autosaved' forms from various dates. At the bottom of the interface, there are buttons for 'Website', 'Feedback', and 'Help', and a status bar showing 'Dr Medical Director (MD-Test Healthlink (Marketplace Partner))', 'MD Live Data - UAT-MD-SVR\HCNSQL07', and the date 'Thursday, 8 July 2021'. An orange circle 'G' is placed over the bottom section of the form list area.

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 clicking on the **Correspondence Out** section of the clinical record for the patient.

**B** Use the F5 button on the keyboard to refresh the correspondence view.

The screenshot displays a patient record for 'Mr Patient Test'. The top section contains personal and demographic information. Below this, there are sections for 'Allergies / Adverse Drug Reactions', 'Reactions', and 'Notifications'. The 'Notifications' section lists several items with due dates and reasons. The main area of the screen is a table of correspondence records.

Date	Subject	Addressee	Sender	Status	Note	Comment
06/08/2021	CRS Adult Gen Ref	Mrs Laura Wright	Dr B. Practice	Draft		
19/08/2021	SR Referral to Mickey	cevinimd	Dr B. Practice2	Final		
20/08/2021	CWH HealthLink Letterhead	Dr Gavin Michael Wright	Dr B. Practice2	Draft		
23/08/2021	SR Referral to Mickey	cevinimd	Dr B. Practice2	Final		
18/10/2021	My Aged Care Referral	agedcfm	Dr Best Practice	Final		
18/10/2021	My Aged Care Referral	agedcfm	Dr Best Practice	Final		
18/10/2021	My Aged Care Referral	agedcfm	Dr Best Practice	Final		

## Step 6: Accessing submitted forms

**C** A copy of the submitted form can be viewed in the preview pane.

The screenshot displays a medical software interface for a patient named Mr Fred Andrews. The interface includes a menu bar (File, Open, Request, Clinical, View, Utilities, By Comm, Help), a toolbar, and a main content area. The patient's details are shown at the top, including Name, Address, Medicare No., Occupation, Blood Group, and various health indicators. A table of notifications is visible, listing dates and reasons for preventive health checks. On the left, a navigation pane shows categories like Immunisations, Investigation reports, Correspondence In, Correspondence Out, Past prescriptions, Observations, Family/Social history, and Clinical images. The 'Correspondence Out' section is expanded, showing a list of correspondence items, with the most recent one, '12/10/2019 speech: My Aged Care Referral', selected. The main content area displays a preview of this referral form, which includes a confirmation number (1-56792401095) and contact information for My Aged Care. A mouse cursor points to the bottom right corner of the preview pane, and a red circle with the letter 'C' is overlaid on the image.

## Step 7:

# What happens after an e-Referral has been made?

- If a completed referral is received by My Aged Care, the information can be sent directly to an assessor who will then call your patient to discuss and organise an assessment.
- Make sure your patient is aware that they may be contacted by My Aged Care or an assessor.
- Your patient should hear from My Aged Care or an assessment organisation within two to six weeks.
- If the referral is incomplete, My Aged Care will contact you to confirm the information provided.
- After an e-Referral is submitted to the Department of Health and Aged Care, the client and their representatives can track its progress through myGov (<https://my.gov.au>). They will also receive a My Aged Care welcome pack in the mail containing helpful information and outlining what their next steps will be. This information is not sent back to their referring Doctor/ General Practitioner.
- You can follow up on your referral by calling the My Aged Care industry line on 1800 836 799 (option 1).

A



## Customer Care

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)

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