

User Guide

14.10.2024-GE

My Aged Care e-Referrals for Genie

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 Genie v8.8 and above to access the HealthLink SmartForms.



Submitting e-Referrals from Genie

Using HealthLink SmartForms

SmartForms enable **Genie** 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.

HealthLink Technical Support

Email: 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

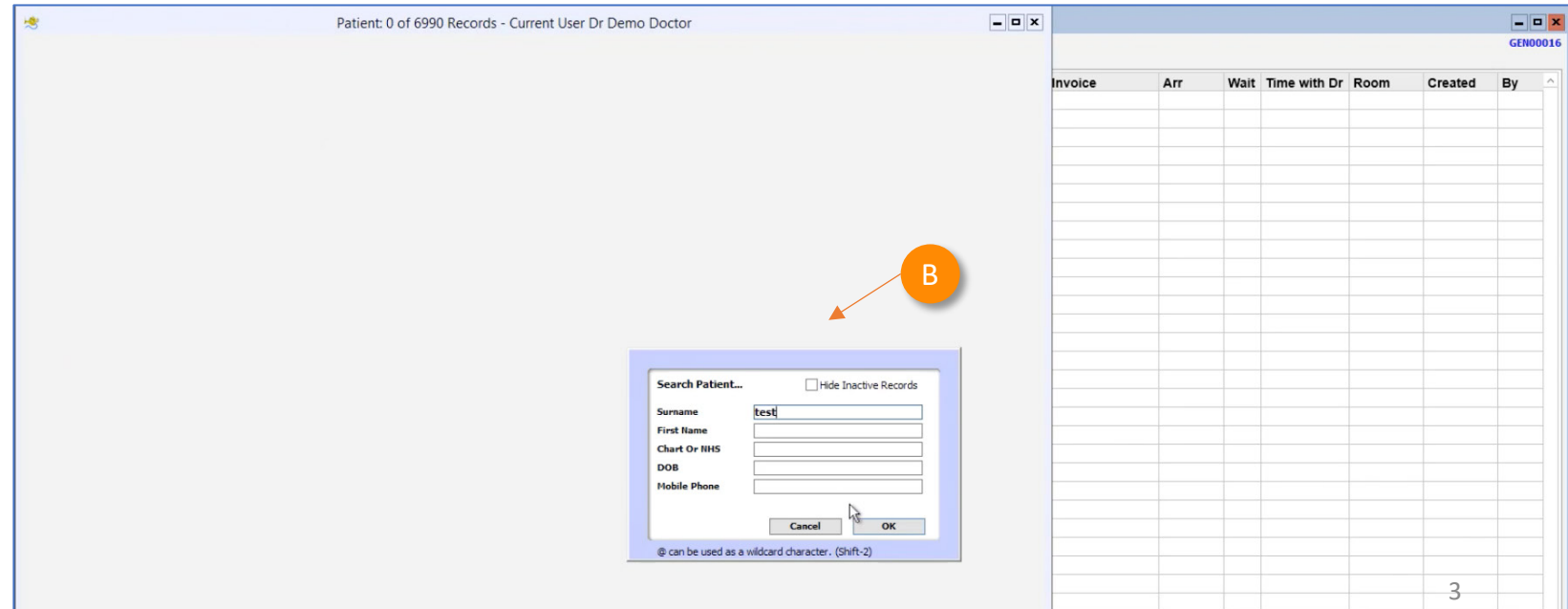
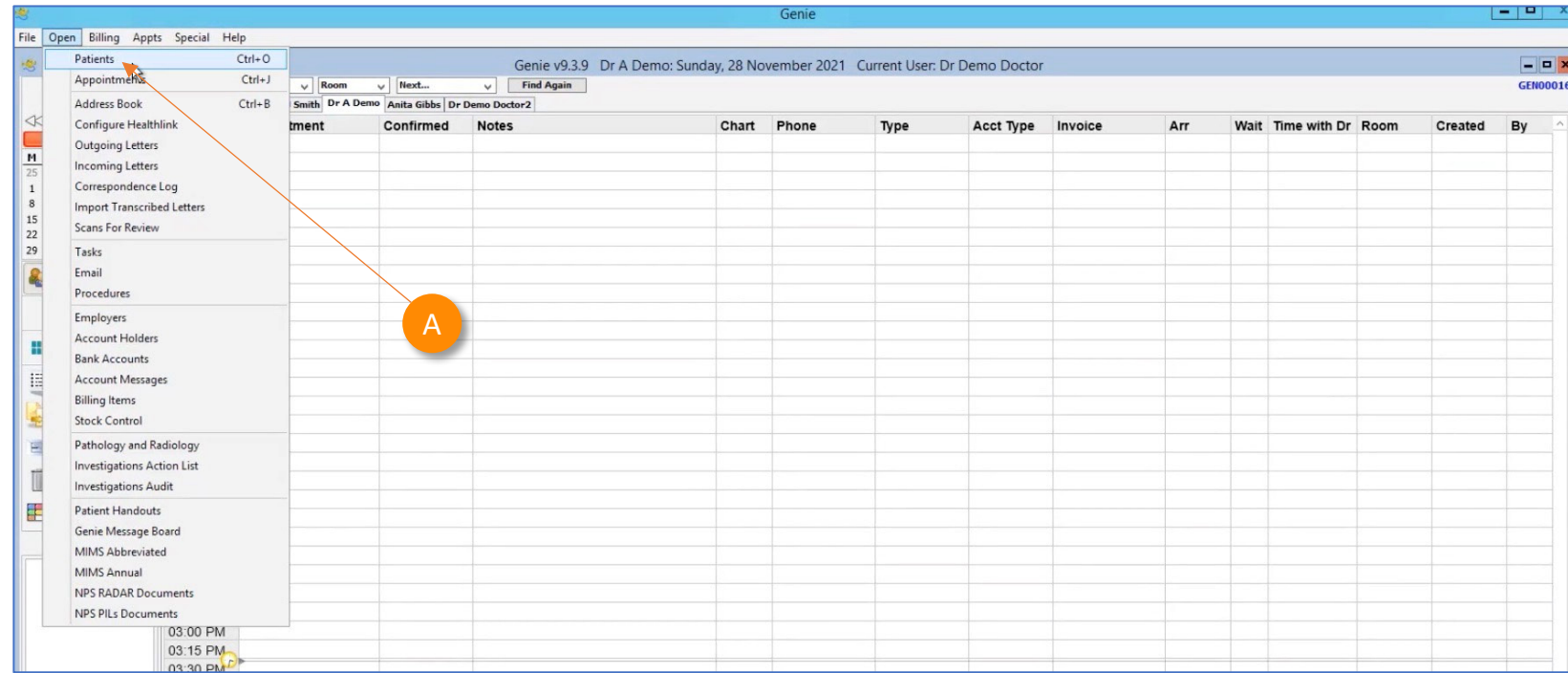
Step 7:

What happens after an e-Referral has been made?

Step 1: Accessing HealthLink SmartForms (e-Referrals)

To access the forms within your
Genie software...

- A** First, click on **Patients** from the **open** menu.
- B** Search for the patient and open their electronic medical record (EMR).



Step 1: Accessing HealthLink SmartForms (e-Referrals)

C From the **Tools** drop down menu, select **Healthlink Online**, then click the **new** button to launch the HealthLink homepage.

The screenshot shows the Genie software interface. The 'Tools' menu is open, and 'HealthLink Online' is highlighted with a blue box. An orange circle with the letter 'C' is positioned above the menu, with an arrow pointing to the 'Tools' menu and another arrow pointing to the 'HealthLink Online' option. The interface includes a menu bar (File, Edit, Open, Tools, Special, Help), a patient information section (Mr Charles Test, 75 yrs, Ashfield Road Indooroopilly 4068), and a consultation record table.

Date	Info	Dr Test Provider	Title	Dr Name
07/03/2017	Acknowledged	Dr Test Provider	Dr Test Provider	Dr A Demo
12/05/2015			Certificate of Capacity [P]	Dr A Demo
13/09/2013	Reviewed Acknowledged	Dr Test Provider	Dr Test Provider	Dr A Demo
09/09/2013	Reviewed Acknowledged	Dr Test Provider	Dr Test Provider	Dr A Demo
03/09/2013	Reviewed Sent	Dr Test Provider	Dr Test Provider	Dr A Demo
28/08/2013	Reviewed Acknowledged	Dr Test Provider	Dr Test Provider	Dr A Demo
28/08/2013	Reviewed Acknowledged	Dr Test Provider	Dr Test Provider	Dr A Demo
30/04/2010	Reviewed Sent	Dr Lawrence Peterson	Dr Lawrence Peterson	Dr A Demo
11/03/2010	Reviewed Sent	Dr Lawrence Peterson	Dr Lawrence Peterson	Dr A Demo
22/09/2009	Reviewed Printed Ackno...	Dr Peter Adkins	Dr Peter Adkins	Dr A Demo
22/09/2009	Reviewed Printed Ackno...	Dr Jack Ashwin	Dr Jack Ashwin	Dr A Demo
22/09/2009	Reviewed Printed Ackno...	Dr Lawrence Peterson	Dr Lawrence Peterson	Dr A Demo
01/08/2000		General & Unspecified	General & Unspecified	Dr Andrew Demo

CONSULTATION RECORD: Mr Charles Test
Date: Tuesday, 01/08/2000 9:21 AM
Presenting Problem: General & Unspecified
Provider: Dr Andrew Demo
History: Referral
Treatment/Plan: Referred to Dr Michael Moreny

Step 1: Accessing HealthLink SmartForms (e-Referrals)

D Within the patient record, click the **new** button to launch the HealthLink homepage.

The screenshot displays the HealthLink Online interface for Mr Charles Test. A message list is shown with the following data:

Date	Info	Title	Dr Name
07/03/2017	Acknowledged	Dr Test Provider	Dr A Demo

The details form below the message list contains the following information:

- Created on: 12/05/2015 at 18:25:24
- Last Updated on: 12/05/2015 at 18:25:40
- Description: Certificate of Capacity
- Save Mode: Parked
- Form Instance Id: DEMO-109
- View Data Type: [Empty field]
- Resume Path: /form-au/PrepopulateForm.action?aduro_formDefinitionId=demofmau
- Provider: Dr Andrew Demo
- Status: Unknown
- Launch URI: [Empty field]

A red circle labeled 'D' highlights the 'New' button in the top right corner of the message list.

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.

Make a referral | Update referrals

Specialists, Allied Health Providers and GPs

SR Specialists & Referrals Refer to Private Specialist

General Services

--This is the AU UAT Environment--
NSW Certificate of Capacity External Demo

NSW Certificate of Capacity
ReturnToWorkSA Work Capacity Certificate

Referred Services

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

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**.

C →

D →

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?* **[Empty text box]**

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: **[i]**

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 area has a green message: 'Form has been auto-saved.' Below this is a warning icon and text: '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.' A list of modified fields includes 'Referrer Information - Last name'. There are two buttons: 'Browse for Patient Document' and 'Browse for Local File'. An 'Attach File' dialog box is open, showing a table of attachments. The table has columns: Date, Name, Comments, Type, and Size. The data in the table is as follows:

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

The dialog box also includes a search bar, 'Date from' (12/03/2022), 'Date to' (12/03/2024), and buttons for 'Search', 'Attach', and 'Cancel'. A 'Caution: large' warning is visible near the bottom of the dialog box.

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 is partially filled out, and a green message at the top indicates 'Form has been auto-saved.' A warning message in the center states: '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 warning lists 'Referrer Information - Last name' as a field to be reviewed. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Diagnostic Reports / Patient Documents' section has buttons for 'Browse for Patient Document' and 'Browse for Local File'. A file upload dialog box is open, showing a list of folders and files in the 'Medical Director' directory. The dialog box has a search bar and a file name field. A red circle with the letter 'K' is positioned at the top right of the form, with an arrow pointing to the 'Browse for Local File' button.

myagedcare My Aged Care Referral

Requested Information **Form has been auto-saved.**

Attachments / Reports 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.

- Referrer Information - Last name

Diagnostic Reports / Patient Documents

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

Caution: larger attachments may take time to upload

Date	Name	Document Description
No records found.		

Add File Attachment

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.

New file attachment

Document Description

Choose File to Upload

Health Communic... Medical Director

Name	Date modified	Type
3rdParty	14/03/2019 9:41 a...	File folder
Acknowledgements	14/04/2020 1:43 p...	File folder
CMI	12/05/2024 11:22 a...	File folder
eClinic	24/02/2021 11:18 a...	File folder
EventsLookup	12/01/2021 10:57 a...	File folder
Hcn.Device	11/01/2023 12:05 ...	File folder
HTML	5/06/2024 12:36 p...	File folder
NetworkUpgrade	5/06/2024 12:12 p...	File folder

File name: All Files (*.*)

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 right corner has buttons for 'Submit', 'Preview', 'Park', and 'Help'. The 'Park' button is highlighted with a blue box. A green message box at the top states: 'Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.' Below this, an orange warning box indicates that information in the fields below has been modified for the purpose of submitting to My Aged Care. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. A 'Diagnostic Reports / Patient Documents' section contains a table with columns for Date, Name, Document Description, Type, and Size, and a 'No records found.' message.

A

This screenshot is identical to the one above, showing the 'myagedcare' interface for a 'My Aged Care Referral'. The 'Park' button is highlighted with a blue box. A green message box at the top states: 'Form parked successfully. Please note that attachments selected from your PC need to be re-attached when resuming the parked form.' Below this, an orange warning box indicates that information in the fields below has been modified for the purpose of submitting to My Aged Care. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. A 'Diagnostic Reports / Patient Documents' section contains a table with columns for Date, Name, Document Description, Type, and Size, and a 'No records found.' message.

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, 910/1/1950

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

Date	Name	Document Description	Type	Size
No records found.				

Preview, not submitted copy

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 Owns/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, 910/1/1950

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, tiff, txt
Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, 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
- 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.usi@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
01/09/1950

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 Online** from the **Tools** menu.

The screenshot shows the Genie software interface for a patient record. The 'Tools' menu is open, and 'HealthLink Online' is highlighted. An orange circle with the letter 'A' points to the 'Tools' menu. Another orange circle with the letter 'A' points to the 'HealthLink Online' option in the menu.

Mr Charles Test (25/01/1946) Ashfield Road Indooroopilly 4068 - Current User Dr Demo Doctor

Diabetic PAST HISTORY

Date	Info	Title	Provider
28/11/2021	Acknowledged	My Aged Care Referral [P]	Dr Demo Doctor
28/11/2021	Acknowledged	My Aged Care Referral [P]	Dr A Demo
28/11/2021	Acknowledged	My Aged Care Referral [P]	Dr Demo Doctor
20/08/2018	Reviewed Adn	Mrs Laura Wright	Dr A Demo
11/07/2018	Reviewed Adn	Mrs Laura Wright	Dr A Demo
28/03/2018	Reviewed Adn	Steven Burton	Dr A Demo
28/03/2018	Reviewed Adn	Steven Burton	Dr A Demo
16/03/2018	Dr Andrew Demo	DISCHARGE SUMMARY	Dr Test Provider
24/01/2018	Reviewed Adn	Dr Christe Alison	Dr A Demo
08/11/2017	Reviewed Adn	Mrs Laura Wright	Dr A Demo
28/09/2017	Reviewed Adn	Dr Test Provider	Dr A Demo
07/03/2017	Acknowledged	Dr Test Provider	Dr A Demo
12/05/2015		Certificate of Capacity [P]	Dr A Demo
13/09/2013	Reviewed Adn	Dr Test Provider	Dr A Demo

THIS IS A DISPLAY AREA ONLY.
ANYTHING ENTERED IN THIS AREA WILL NOT BE SAVED.

Step 5:

Accessing parked and auto-saved forms

B 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.

C Click the **resume** button to open the parked form.

The screenshot shows the HealthLink Online interface for Mr Charles Test. At the top, there is a search bar with 'All' selected and an 'Edit Preferences...' button. Below this is a table with columns: Date/Time, Description, Mode, View Type, Provider, Msg Control Id, and Status. The table contains four rows of data. The second row, dated 28/11/2021 21:40:24, is highlighted in blue and has a 'Parked' status. A mouse cursor is pointing at this row, and a blue box highlights the 'Resume' button in the right-hand column of the table. Below the table, there is a detailed view of the selected form. It includes fields for 'Created on', 'Last Updated on', 'Description', 'Save Mode', 'Form Instance Id', 'View Data Type', 'Resume Path', 'Provider', 'Status', and 'Launch URI'. A blue circle 'C' is placed over the 'Resume' button in the table, and an orange circle 'C' is placed over the 'Resume' button in the detailed view.

Date/Time	Description	Mode	View Type	Provider	Msg Control Id	Status	
28/11/2021 22:07:23	My Aged Care Referral	P		Dr Andrew Demo	MAC-6503	Submitted	New
28/11/2021 21:40:24	My Aged Care Referral	P		Dr Demo Doctor	MAC-6504	Parked	Resume
28/11/2021 15:56:45	My Aged Care Referral	P		Dr Demo Doctor	MAC-6502	Deleted	View
12/05/2015 18:25:40	Certificate of Capacity	P		Dr Andrew Demo	DEMO-109	Autosaved	Delete

Created on: 28/11/2021 at 21:40:24
Last Updated on: 28/11/2021 at 21:40:24
Description: My Aged Care Referral
Save Mode: Parked
Form Instance Id: MAC-6504
View Data Type:
Resume Path: /form-au/PrepopulateForm.action?aduro_formDefinitionId=agedcfm
Provider: Dr Demo Doctor
Status: Unknown
Launch URI: /forms-directory/?aduro_formDefinitionId=forms-directory&aduro_aduroVersion=1.1&aduroVersion=aduro_v1

Step 5: Accessing parked and auto-saved forms

D You can also use this area to see previously submitted, deleted and auto-saved forms.

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

The screenshot shows the HealthLink Online interface for Mr Charles Test (25/01/1946). The main window displays a list of messages with columns for Date/Time, Description, Mode, View Type, Provider, and Msg Control Id. A dropdown menu is open over the Status column, showing options: Submitted, Parked, Deleted, and Autosaved. A blue circle with the letter 'D' and an arrow points to this dropdown menu.

Date/Time	Description	Mode	View Type	Provider	Msg Control Id	Status
28/11/2021 22:07:23	My Aged Care Referral	P		Dr Andrew Demo	MAC-6503	Submitted
28/11/2021 21:40:24	My Aged Care Referral	P		Dr Demo Doctor	MAC-6504	Parked
28/11/2021 15:56:45	My Aged Care Referral	P		Dr Demo Doctor	MAC-6502	Deleted
12/05/2015 18:25:40	Certificate of Capacity	P		Dr Andrew Demo	DEMO-109	Autosaved

Additional details shown in the interface include:
- Patient: Mr Charles Test (25/01/1946) Ashfield Road Indooroopilly 4068 - Current User Dr Demo Doctor
- Allergies: *Tetracyclines
- Current Problems: BCC R nose
- Social & Family History: Medicare No -0, Health Fund, Next Appt, Next Task, Next Recall, Chart No 10599
- Smoking Status: Info
- Alcohol Unticked: Info
- Medication List:
| Cat | Print | Printed | Reason | Medication |
|---|---|---|---|---|
| | | 20/04/2000 | | Cardiprin 100 100mg Tablets |
| | | 30/03/2000 | | Viscotears 0.2% Eye Gel |

Step 5:

Accessing parked and auto-saved forms

E A copy of the submitted form can be found by selecting the form from the list of clinical contacts in the patient's clinical record.

F Submitted forms are indicated by a purple quill.

Mr Charles Test (25/01/1946) Ashfield Road Indooroopilly 4068 - Current User Dr Demo Doctor

04:51 75 yrs

Dr Test Provider (Usual GP)

28 contacts

ALLERGIES: *Tetracyclines

CURRENT PROBLEMS: BCC R nose

PAST HISTORY

SOCIAL & FAMILY HISTORY

Medicare No: -0

Health Fund

Next Appt

Next Task

Next Recall

Chart No: 10599

Smoking Status: Info

Alcohol Unticked: Info

Access MIMS Annual via Internet

QUICKSCRIPT

Cat	Print	Printed	Reason	Medication	Dose	Frequency	Instructions
<input type="checkbox"/>		20/04/2000		Cardiprin 100 100mg Tablets	1	once a day	with food
<input type="checkbox"/>		30/03/2000		Viscotears 0.2% Eye Gel		apply no...	

Date	Info	Title	Provider
28/11/2021	Acknowledged	My Aged Care Referral [P]	Dr Demo Doctor
28/11/2021	Acknowledged	My Aged Care Referral [P]	Dr A Demo
28/11/2021	Acknowledged	My Aged Care Referral [P]	Dr Demo Doctor
20/08/2018	Reviewed Acknowledged	Mrs Lisa Wright	Dr A Demo
11/07/2018	Reviewed Acknowledged	Mrs Lisa Wright	Dr A Demo
28/03/2018	Reviewed Acknowledged	Steven Jrt.	Dr A Demo
28/03/2018	Reviewed Acknowledged	Steven Jrt.	Dr A Demo
16/03/2018	Reviewed Acknowledged	Dr Andrew Demo	Dr Test Provider
24/01/2018	Reviewed Acknowledged	Dr Christie Al	Dr A Demo
08/11/2017	Reviewed Acknowledged	Mrs Laura W	Dr A Demo
28/09/2017	Reviewed Acknowledged	Dr Test Provider	Dr A Demo
07/03/2017	Reviewed Acknowledged	Dr Test Provider	Dr A Demo
12/05/2015	Reviewed Acknowledged	Certificate of Capacity [P]	Dr A Demo
13/09/2013	Reviewed Acknowledged	Dr Test Provider	Dr A Demo

Referral Sent and Acknowledged on 09/12/2021 10:11 NZDT

Thank you for making a referral with My Aged Care.

Your confirmation number for Charles Test is Activity ID 2-77394960469

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 3 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.

myagedcare

Patient: Charles Test, 75yrs, Male, DOB 25/01/1946
Phone number: 0212345678
Residential address: Ashfield Road, Indooroopilly, SA 4068
Primary Point of Contact: Support Person - 0212345678 (Child)
Referred by: Demo Doctor, HealthLink Genie Test, PH 0212345678
Referral date: 09/12/2021 10:11 NZDT

Clinical Referral Information

Appointments Patient List Clinical-Charles Test Letters to Review Reviewed, Unprinted

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

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

HealthLink* — Part of
Clanwilliam

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