

**HealthLink**



## User Guide

14.10.2024-MD

# My Aged Care e-Referrals for MedicalDirector Clinical

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 Medical Director Clinical 3.16 or above to access the HealthLink SmartForms.



# Submitting e-Referrals from Medical Director Clinical

## Using HealthLink SmartForms

SmartForms enable **Medical Director** 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:

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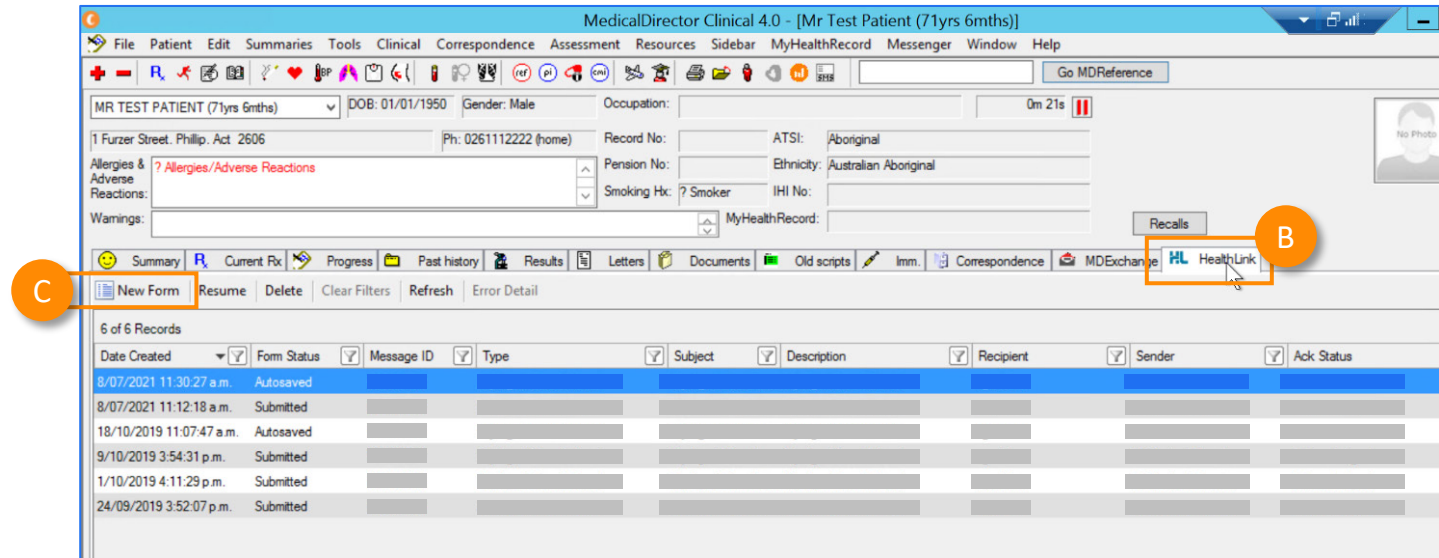
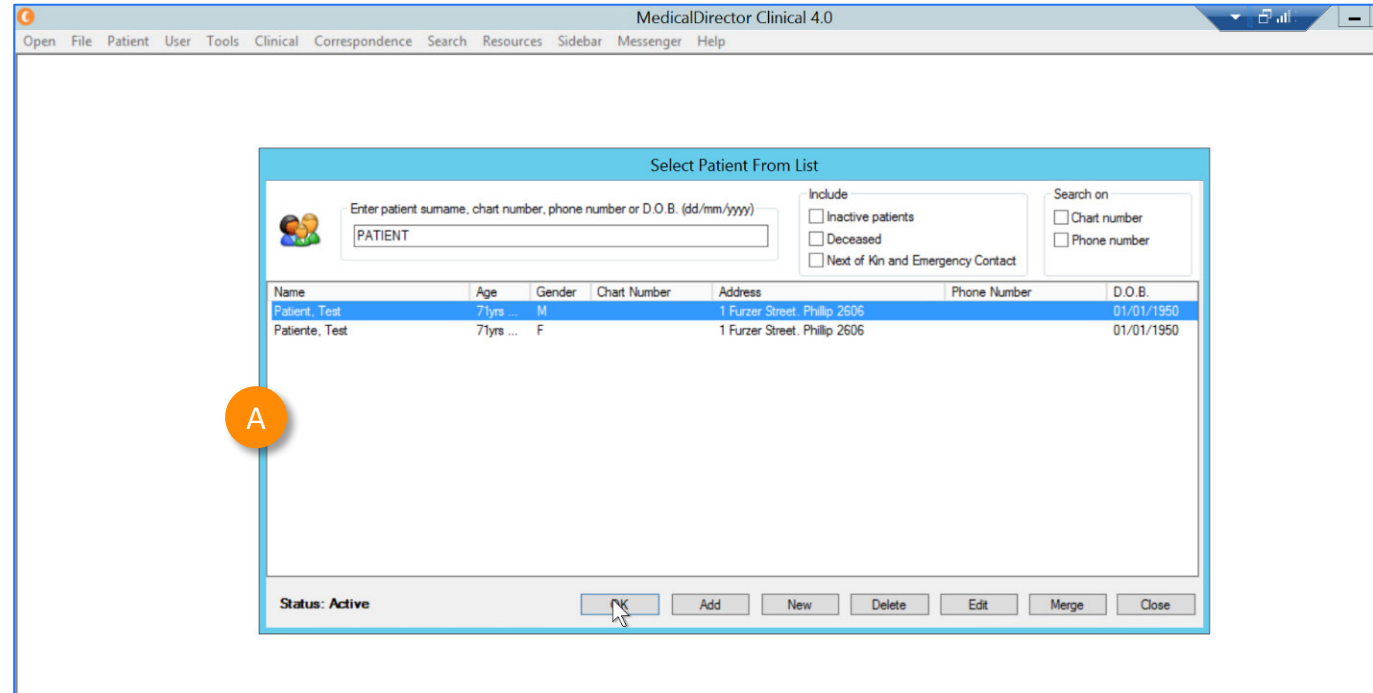
Step 7:

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

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

To access the forms within your  
Medical Director software...

- A** First, search for the patient and open their electronic medical record.
- B** Then click the **HealthLink** tab.
- C** Now click on the **New Form** button to launch the **HealthLink** home page.



## 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 HealthLink interface with two tabs at the top: 'Make a referral' and 'Update referrals'. The main content is divided into sections: 'Specialists, Allied Health Providers and GPs', 'General Services', and 'Referred Services'. The 'Referred Services' section contains a list of services, with 'My Aged Care Referral' highlighted. A callout box points to this link with the text: '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 points from the callout box to the 'My Aged Care Referral' link, which is marked with a 'B' in a blue circle. A 'A' in a blue circle is also present next to the 'Referred Services' section header.

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

### A Referred Services

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 – eRe  
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

The My Aged Care form can be used to send a referral for government-funded aged care services directly to the Department of Health.

B

## 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.

Work  Home  Mobile

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

Work:  Home:  Mobile:

### 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? \*

**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.

**F** → Requested Information / Attachments / Reports tab

**G** → Attach File dialog table

**H** → Browse for Patient Document button

**I** → Attach File dialog table

**J** → Browse for Local File button

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 is partially filled out, and a green checkmark indicates that the form has been auto-saved. A warning message 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 that has been modified. The form includes sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The 'Attachments / Reports' section is currently empty. The 'Patient Information' section shows 'LANGUAGE TEST' with ID '4915017051 1' and date '01/01/1950'. The 'Referrer Information' section shows 'Medical Director2'. The 'Diagnostic Reports / Patient Documents' section has buttons for 'Browse for Patient Document' and 'Browse for Local File'. Below this, there is a table for 'Add File Attachment' with columns for 'Date', 'Name', and 'Document Description'. The table is currently empty. A file upload dialog box is open, showing the 'Choose File to Upload' window. The dialog box is titled 'Choose File to Upload' and shows the file system path 'Health Communic... > Medical Director'. The file list includes folders such as '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 (\*.\*)'. The 'Open' and 'Cancel' buttons are visible at the bottom of the dialog box. A red circle with the letter 'K' is positioned above the 'Browse for Local File' button, with an arrow pointing to the file upload dialog box.

## 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. 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 has been modified for submission. 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 in the top navigation bar 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 has been modified for submission. 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, 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, 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 Ovrns/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, 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
- 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  
01/09/1950

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 the **HealthLink** tab.

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

MedicalDirector Clinical 3.18 - [Mr Fred Andrews (96yrs 7mths)]

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

Mr Fred ANDREWS (96yrs 7mths) | DOB: 23/02/1923 | Gender: Male | Occupation: Retired | 13m 38s

3 Takalvan Street, Bundaberg, Qld 4670 | Ph: | Record No: | ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: BEE STING | Pension No: | Ethnicity: | Smoking Hx: Never smoked | IHI No: | MyHealthRecord: | Recalls

Summary | Current Rx | Progress | Past history | Results | Letters | Documents | Old scripts | Imm. | Correspondence | MDExchange | **HL HealthLink**

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

7 of 7 Records

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status
11/10/2019 7:38:05 p.m.	Submitted	MAC-2709	My Aged Care Referral	My Aged Care Re...	My Aged Care Referral	agedcfm	Dr Medical Director	Acknowledged
11/10/2019 7:35:45 p.m.	Autosaved	MAC-2708	My Aged Care Referral	My Aged Care Re...	My Aged Care Referral	agedcfm		
5/07/2019 7:07:34 p.m.	Autosaved	1903	Eastern Health Referral	Community Reha...	Eastern Health Referral Form	easthoda		
5/07/2019 6:13:58 p.m.	Autosaved	1902	Eastern Health Referral	Community Reha...	Eastern Health Referral Form	easthoda		
29/05/2019 5:00:16 p.m.	Parked	SLI-3095	Sydney Local Health District Ser...	Haematology	Sydney Local Health District Ser...	slhdhaem		
17/05/2019 5:33:31 p.m.	Autosaved	MHS-2601	Mater Health Services	Dermatology - Dr ...	Mater Health Services	materfm		
15/04/2019 5:30:29 p.m.	Autosaved	A...	ACT Health	Cardiothoracic Su...	ACT Health	actheat		

## Step 6: Accessing submitted forms

- A** A copy of the submitted form can be viewed by selecting the **Letters** tab
- B** and then **Double-clicking the submitted form**.
- C** Alternatively, if you have the preview panel enabled, simply click the **Open Externally** button on the letter preview.

The screenshot shows the MedicalDirector Clinical 3.18 interface for a patient named Mr Fred ANDREWS (96yrs 7mths). The patient's details, including DOB (23/02/1923), gender (Male), and occupation (Retired), are visible. The 'Letters' tab is selected in the navigation bar. Below the navigation bar, a table lists 5 records. The first record, dated 11/10/2019, is 'My Aged Care Referral' and is highlighted. A double-click action is indicated by a mouse cursor and a callout 'B' on this record. The 'Open Externally' button is highlighted with a callout 'C' in the preview panel on the right. The preview panel shows the content of the selected letter, including a confirmation number and contact information for My Aged Care.

Date Created	Subject	Recipient/Doctor	Description	Comment
11/10/2019	My Aged Care Referral		My Aged Care Referral	
15/01/2019	Health Assessment	Dr A Practitioner	Health Assessment	
15/01/2019	Health Assessment	Dr A Practitioner	Health Assessment	
15/01/2019	Health Assessment	Dr A Practitioner	Health Assessment	
15/01/2019	Moving Practice Location	Dr A Practitioner	Mail Merge	



## 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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Clanwilliam

HealthLink is part of Clanwilliam, a vast network of healthcare enterprises spanning across the United Kingdom, Ireland, New Zealand, Australia, and India. Together, we're working collectively to create safer, more efficient and better healthcare for everyone.