

## User Guide

14.10.2024-MTE

# My Aged Care e-Referrals for Medtech Evolution

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 Medtech Evolution 10.4.4 and above to access the HealthLink SmartForms.



# Submitting e-Referrals from Medtech Evolution

## Using HealthLink SmartForms

SmartForms enable **Medtech Evolution** 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**

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**Completing the form**

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**View forms for a specific patient and 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  
Medtech Evolution software...

- A** Load patients in Medtech Evolution by either using the **Patient>Search** menu or press **F2** on your keyboard.
- B** Load HealthLink Forms from the **Module>Advanced Forms** drop down menu.
- C** From the Advanced Forms menu, click **New Form** to load the Patient Forms screen.

Search Patient/Company

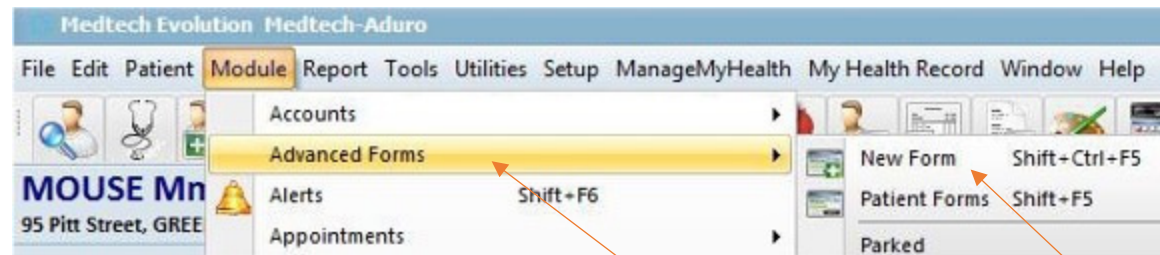
Quick Advanced

Name/Pat No/Medicare No: MOUSE Search Swipe Card

Patients Only:  A/c Holders Only:  Companies Only:  Include Inactive:

Name	Address	Prov	Age	DOB	A/c	Balance
MOUSE Mmouse (80550)	95 Pitt Street	ADM	R 76y	7 Nov 1940	P	

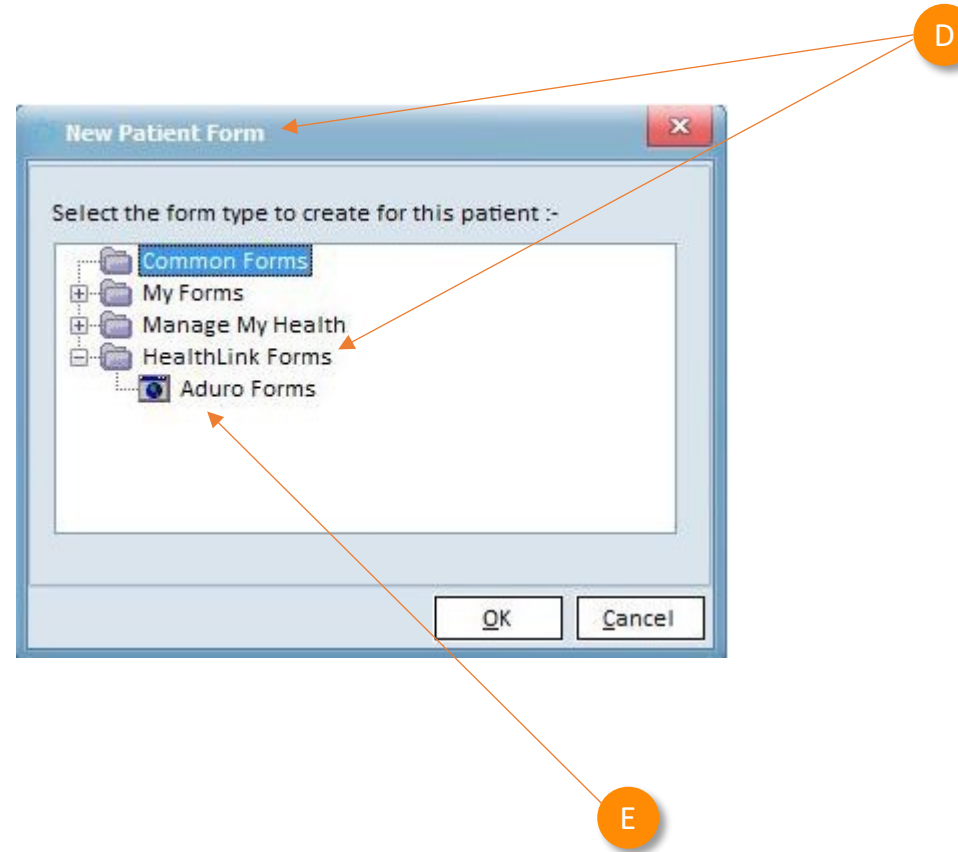
OK Cancel Add ... Family Add... Help



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

**D** In the **Patient Forms** screen, expand the **HealthLink Forms** tree.

**E** From the HealthLink tree click on **Aduro Forms** to load 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.

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  
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.

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 area has a green notification: 'Form has been auto-saved.' Below this is a warning 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 '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 'Attach File' dialog box is open, showing a table of attachments:

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 says 'Form has been auto-saved.' An orange warning box below it 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.' Below this, a list shows 'Referrer Information - Last name'. The 'Diagnostic Reports / Patient Documents' section has buttons for 'Browse for Patient Document' and 'Browse for Local File'. A text box below explains that relevant patient information should be attached. An 'Add File Attachment' section is also visible, with a 'Browse...' button. A file upload dialog box titled 'Choose File to Upload' is open, showing a file explorer view of the 'Medical Director' folder. The dialog box lists several folders: 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 form, with an arrow pointing to the 'Browse for Local File' button in the 'Diagnostic Reports / Patient Documents' section.

## 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 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 left sidebar contains sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The main content area includes 'Diagnostic Reports / Patient Documents' with 'Browse for Patient Document' and 'Browse for Local File' buttons, and a table with columns for Date, Name, Document Description, Type, and Size. A red circle 'A' is positioned to the right of the screenshot, with an arrow pointing to the 'Park' button.

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 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 left sidebar contains sections for 'Requested Information', 'Attachments / Reports', 'Patient Information', and 'Referrer Information'. The main content area includes 'Diagnostic Reports / Patient Documents' with 'Browse for Patient Document' and 'Browse for Local File' buttons, and a table with columns for Date, Name, Document Description, Type, and Size. A red circle 'B' is positioned to the right of the screenshot, with an arrow pointing to the 'Park' button.

## 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, 9/10/1950

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 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, 9/10/1950

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

Submit Review Park Help

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.

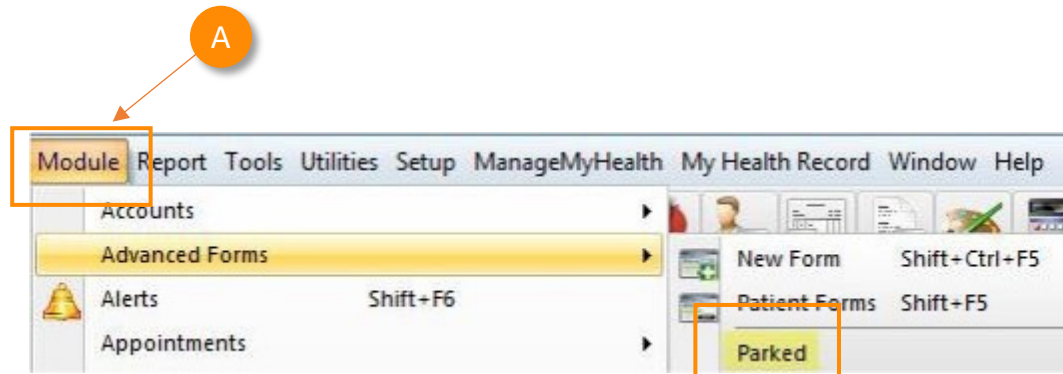
Step 5:

## Accessing parked and auto-saved forms

**A** To access parked or auto-saved forms, from the **Module>Advanced Forms** menu click on **Parked**.

**B**

**C** From the **Parked Advanced Forms** list, double click on the required form to complete and submit.



A screenshot of a window titled 'Parked Advanced Forms'. It contains a table with the following data:

Date	Patient	Form	Prov
31 Jul 2017	MOUSE Mmouse (80550)	Vendor Test Form	ADM

An orange circle with the letter 'C' has an arrow pointing to the 'Vendor Test Form' row in the table.

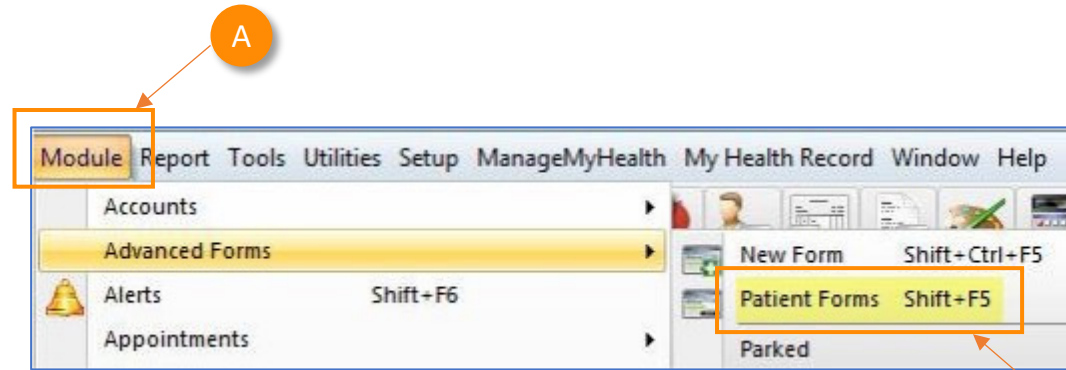
Step 6:

## View forms for a specific patient and submitted forms

Load patients in Medtech Evolution by either using the **Patient>Search** menu or press **F2** on the keyboard.

**A** From the **Module>Advanced Forms** menu click on **Patient Forms**.

**C** The patient's **submitted** and **parked forms** will be listed in **Patient Advanced Forms**



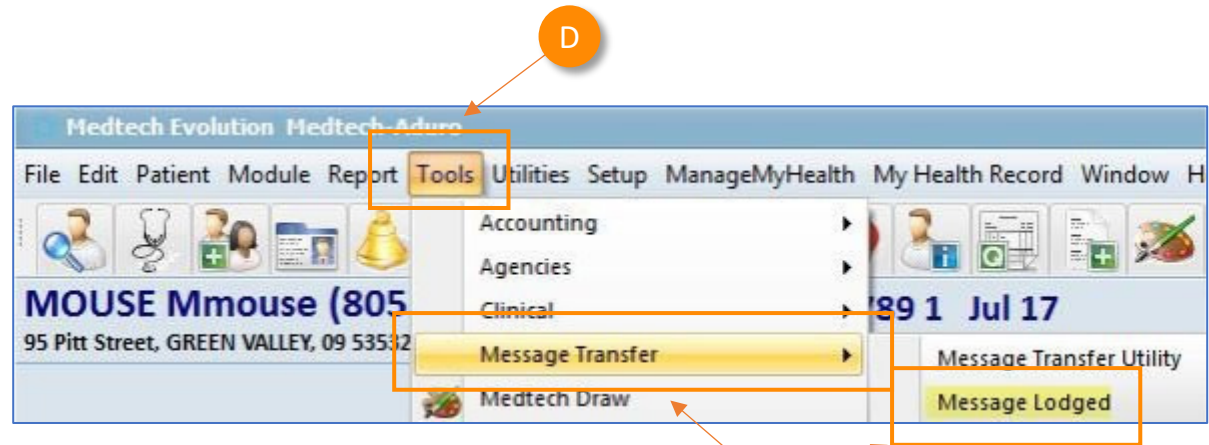
A screenshot of the 'Patient Advanced Forms' window. It features an 'Actions' dropdown menu and a table with columns for Date, Form Name, Prov, and Status. The table contains two rows: one for a 'Submitted' form and one for a 'Parked' form, both dated 31 Jul 2017 and named 'Vendor Test Form'. A red circle 'C' points to the table.

Date	Form Name	Prov	Status
31 Jul 2017	Vendor Test Form	ADM	Submitted
31 Jul 2017	Vendor Test Form	ADM	Parked

## Step 6: View all submitted forms

**D** You can view a list of all submitted forms from the **Tools>Message Transfer>Message Lodged** menu. **E**

**F** From the Messages Lodged screen click on the **Webforms** tab to view a list of all submitted forms.



The screenshot shows the 'Messages Lodged' window. The 'Webforms' tab is selected, and a table displays the following data:

Date Lodged	Date Sent	Patient	To	Status	Message Id
31/07/2017 11:32:44	31/07/2017 11:32:44	MOUSE Mmouse (80550)	Mr Mickey Mouse	Acknowledged	31072017113244

Callout 'F' points to the 'Webforms' tab and the table.



## 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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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.