

QUICK START GUIDE

ACT HEALTH REFERRAL SMARTFORM

The ACT Health Referral SmartForm has been designed to make it easier for you to refer your patients electronically for services provided by ACT Health. This quick start guide has been developed to help you navigate the new digital form.

HealthLink Technical Support

helpdesk@healthlink.net
1800 125 036

Contact

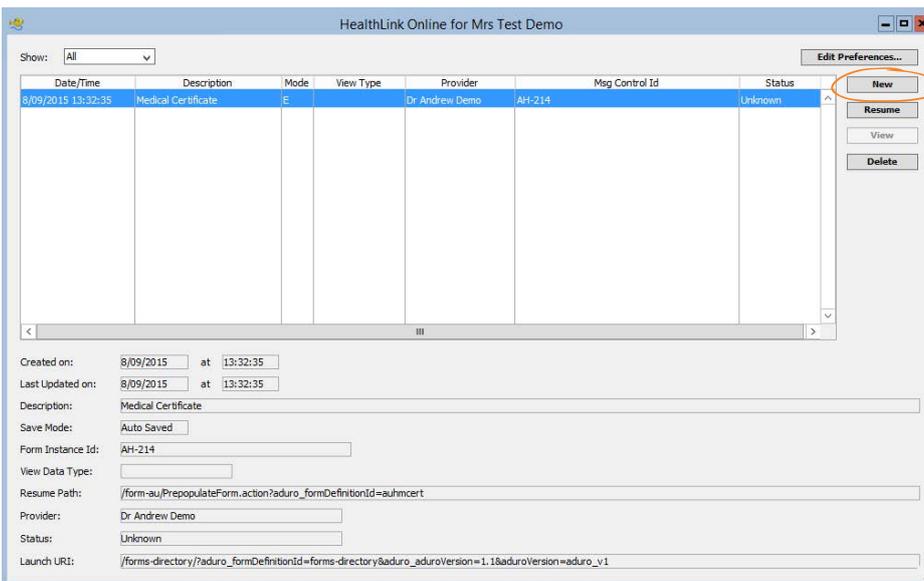
Digital Solutions Support
24/7 User Support: 02 5124 5000
Email: Digital.Support@act.gov.au

1. Open HealthLink Online within the patient record

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

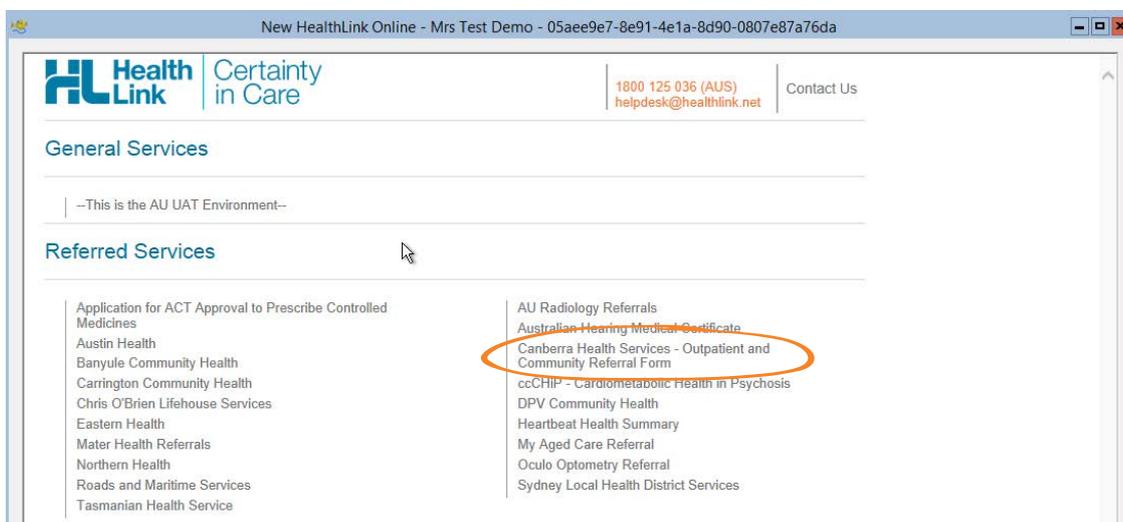
Click on the **icc`g** menu and select **<YUH @b_`Cb`jby.**

Ô|ã Á@ÁBYk Á`ç } Áí Áæ } &@Á^apóŠ \ ÁÚ } |ã ^Á[{ ^Úæ^



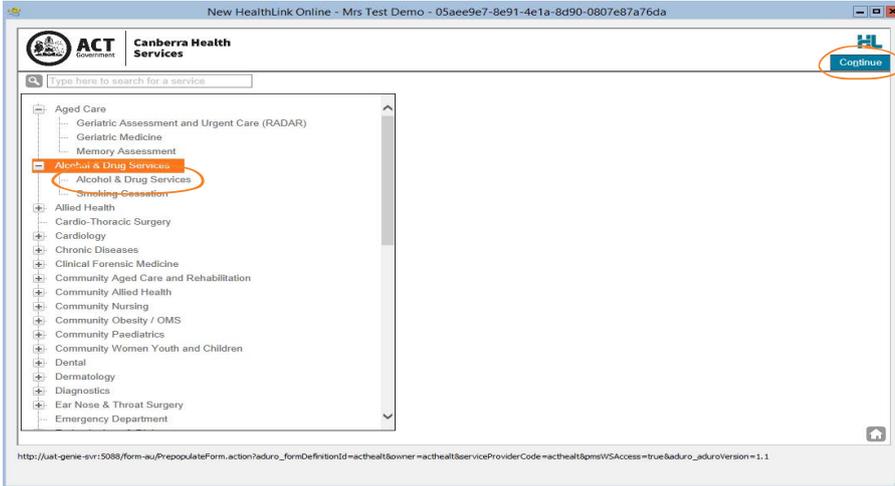
2. Launch the Canberra Health Services - Outpatient and Community Referral Form

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



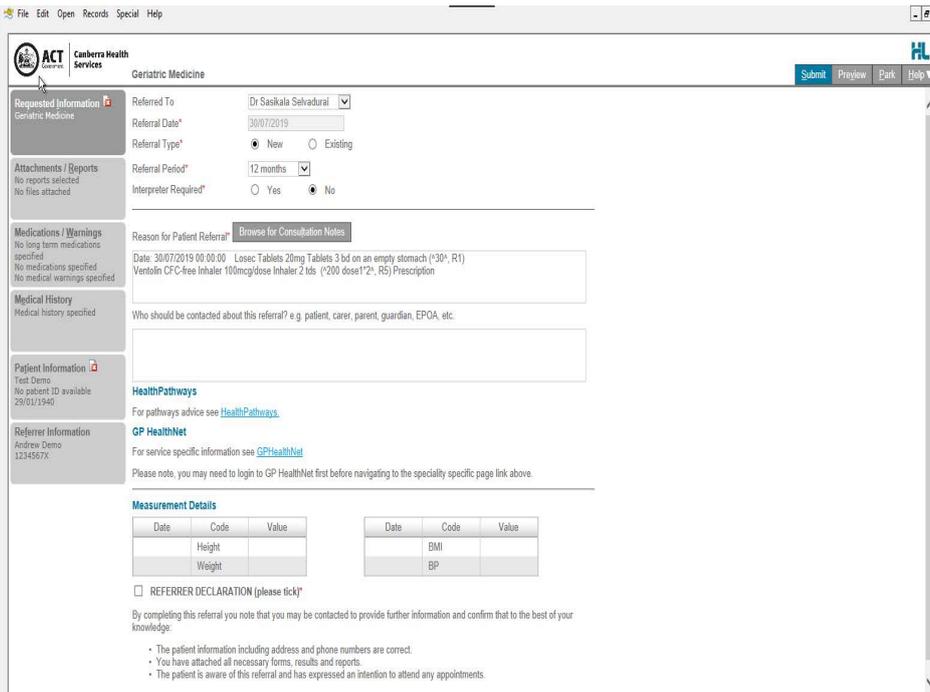
3. Select the Canberra Health Service you wish to refer to

Select the required service and recipient provider from the Canberra Health Services list and click the **continue** button on the top right. Should you wish to narrow down the list, you can enter the service or provider name you are looking for into the search field directly above the list.



4. Complete the Form

The form will be displayed. At this point, you will have access to all the information necessary to complete the form for submission. If you need to do something else, you can **Park** the form to save what you've currently done so far by clicking on the Park button at the top right of the form. To close the parked form click on the X on the right hand top corner of the form.



Where the **Referred to Field** is listed on the form, please select a consultant from the drop down list.

Referral Date is auto populated to today's date.

Referral Type - please select new if this is a new referral for the patient, or existing if this referral is a continuation of another previously sent referral.

Referral Period - Please choose the appropriate referral period from the drop down list.

Reason for Referral - Please either enter by using free text into this field, or by clicking the Browse for consultation notes button and then select the appropriate consultation notes to attach.

5. Include the relevant attachments

The **Attachments / Reports** tab will give you access to all of the supporting pathology, radiology or other documents that you may wish to attach to the form. You can select any item from the table – showing you patient medical records captured from the last six months by clicking the box next to the document/s you wish to attach. Or you can browse for files stored in Genie or in your local computer's file system

File Edit Open Records Special Help

ACT Canberra Health Services
Geriatric Medicine

Requested Information
Geriatric Medicine

Attachments / Reports
2 reports selected
No files attached

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

Medical History
Medical history specified

Form has been auto-saved.

Diagnostic Reports / Patient Documents [Browse for Patient Document](#)

Attach file from EMR supports: jpeg, doc, docx, pdf, txt, rtf
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, txt
Caution: larger attachments may take sign

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

Please note the maximum size of attachments is 3.7MB

6. Select relevant medications, warning and medical history items

The **Medications / Warnings** and **Medical History** tabs will give you access to pre-populated clinical history data from the patient medical record. To select those records that are relevant to the referral click the box to the left of the item you wish to include. Ticking the box at the top of the list will include all items in the list. To remove a current or long term medication from the referral (not from the medical record), click the cross on the right hand side of the item you wish to remove. You may also add further detail in the comments sections should you wish to add further detail or context to the clinical data being provided with the referral.

ACT Canberra Health Services
Ablations SVT, AF and VT and PVC [Submit](#) [Previous](#)

Requested Information
Ablations SVT, AF and VT and PVC

Attachments / Reports
No reports selected
No files attached

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

Medical History
Medical history specified

Patient Information
John Andrews
3500265121 1
17/06/1968

Referrer Information
Best Practice
000000Y

Form has been auto-saved.

Long Term Medications

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

Other Medications [Browse for More Medications](#)

Date	Details	Dose	Units	Instructions	
No records found.					

Medical Warnings / Allergies

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

Clinical Medication Comments

Canberra Health Services

Ablations SVT, AF and VT and PVC

Submit
Preview
Park
Help

Requested Information ✖

Ablations SVT, AF and VT and PVC

Attachments / Reports

No reports selected
No files attached

Medications / Warnings

3 long term medications specified
No medications specified
No medical warnings specified

Medical History

Medical history specified

Patient Information ✖

John Andrews
3500265121 1
17/06/1968

Referrer Information

Best Practice
0000000Y

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

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

7. Ensure patient and referrer information is correct

With the Patient Information and Referrer Details tabs, you simply need to ensure that the information is correct. If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

Canberra Health Services

Ablations SVT, AF and VT and PVC

Requested Information ✖

Ablations SVT, AF and VT and PVC

Attachments / Reports

No reports selected
No files attached

Medications / Warnings

3 long term medications specified
No medications specified
No medical warnings specified

Medical History

Medical history specified

Patient Information ✖

John Andrews
3500265121 1
17/06/1968

Referrer Information

Best Practice
0000000Y

Form has been auto-saved.

Patient Information

Date of birth* IHI

Medicare/DVA Eligible* Yes No

Medicare number Medicare expiry

DVA number Pension number

Private health fund name Patient membership number

Safety net number Country of birth

Name*

Gender* Patient's indigenous status*

Residential Address

Please fix the following errors:

- Patient Date Of Birth is a required field

Patient Information

Medicare Number*

Medicare Expiry

DVA Number

Date of birth*

IHI

Pension Number

8. Submit the Form

Click on **Submit** when you are ready to send your form. This will safely and securely send the form electronically via HealthLink and you will see a copy of the completed form containing an acknowledgement of receipt. If needed, you can print a copy by right-clicking on any area of the submitted forms and choosing **Print**. Note that it is not necessary for the printed copy to be sent or taken to the hospital.

File Edit Open Records Special Help

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

Geriatric Medicine

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

Canberra Health Services

Clinical Referral Information

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

Reason for Patient Referral:

Date: 30/07/2019 00:00:00 Losec Tablets 20mg Tablets 3 bd on an empty stomach (^30^, R1)
 Ventolin CFC-free Inhaler 100mcg/dose Inhaler 2 tds (^200 dose1*2^, R5) Prescription

Medications & Management - No medications or warnings specified

Medical History

Smoking History and Additional Information
 Unrecorded

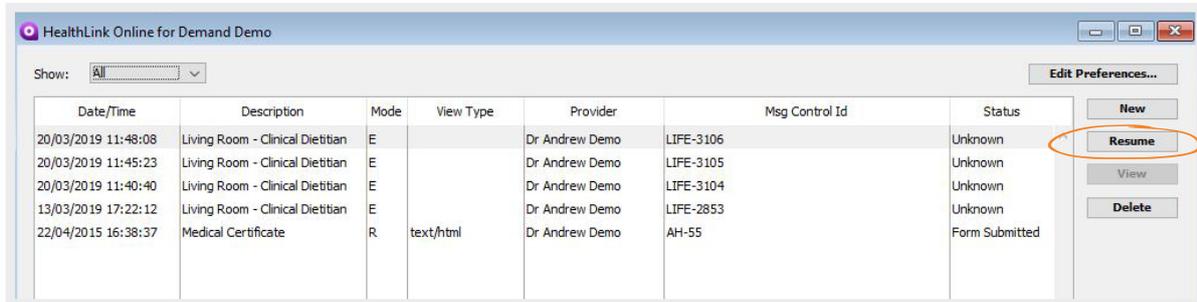
Patient Information

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

Referrer Information

Access Parked Forms

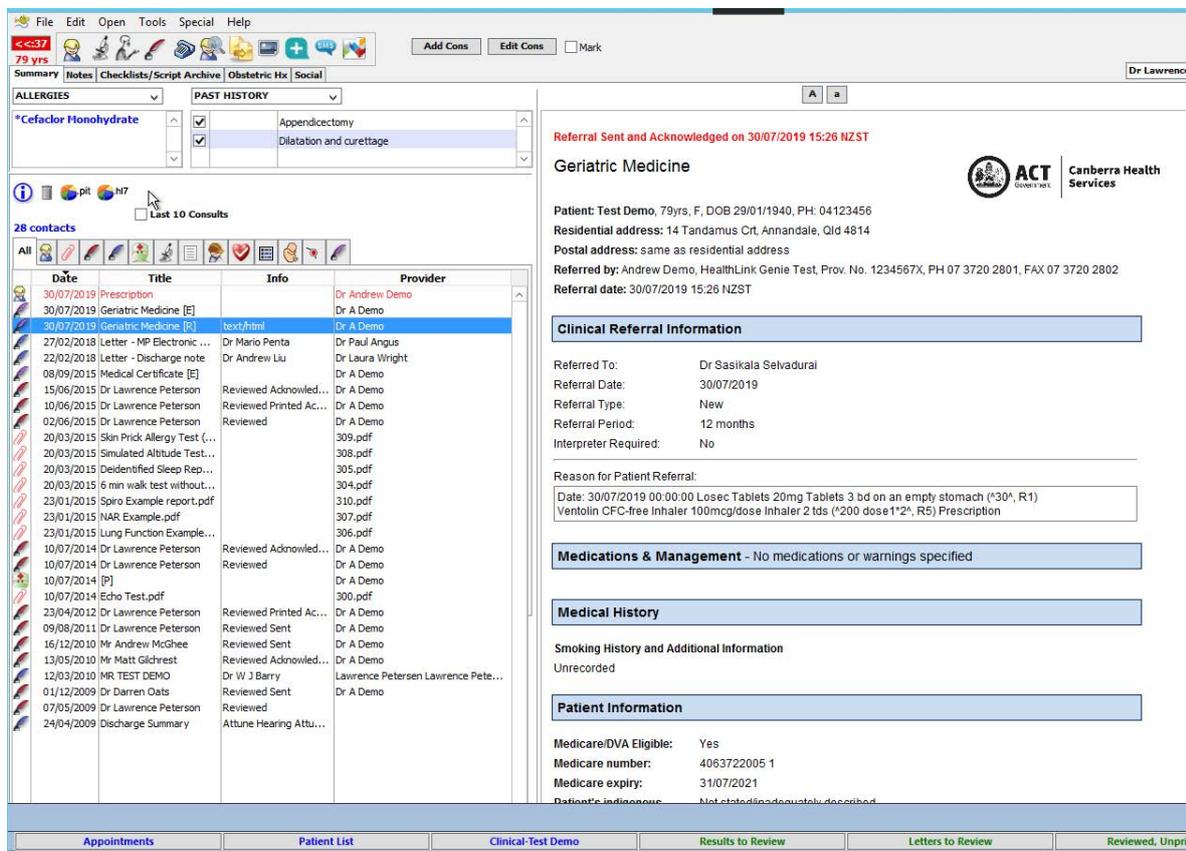
To access a parked form from the patient's record, select the form with status of unknown from the available listing in the HealthLink Online window and click **Resume** to open.



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

Accessing Submitted Forms

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



ALLERGIES

- Cefaclor Monohydrate

PAST HISTORY

- Appendectomy
- Dilatation and curettage

28 contacts

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

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

Geriatric Medicine

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

Clinical Referral Information

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

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

Medications & Management - No medications or warnings specified

Medical History

Smoking History and Additional Information
 Unrecorded

Patient Information

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

HealthLink helps over 60,000
healthcare practitioners deliver
certainty in care by enabling them
to exchange patient information
quickly, reliably and securely.

For all queries, please contact HealthLink
Customer Care on 1800 125 036 or email
helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)
8:00 am - 6:00 pm

HealthLink

Level 17, 9 Castlereagh Street, Sydney NSW 2000
helpdesk@healthlink.net | www.healthlink.net

 **Health
Link** | Certainty
in Care