HealthLink

User Guide

HealthLink SmartForms for Shexie Platinum

Welcome to HealthLink SmartForms. The smartest way for health professionals to refer their patients to Head to Health.

Your practice must be running Shexie Platinum 7.0 or above to access the HealthLink SmartForms.

HEAD T HEALTH Intake



©HealthLink

Submitting eReferrals from Shexie Platinum

Using HealthLink SmartForms

SmartForms enable **Shexie Platinum** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, Transport for NSW and 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. And what's more, they are free for you to use.

Step 1: Accessing HealthLink SmartForms (eReferrals)

Step 2: Launching a new form

Step 3: Completing the form

Step 4: Previewing, Submitting and Parking

Step 5: Accessing parked and auto-saved forms

Step 6: Accessing submitted forms

Step 7: What happens after a referral has been made?

HealthLink Technical Support

Email: helpdesk@healthlink.net Phone: 1800 125 036

Step 1: **Accessing HealthLink SmartForms (eReferrals)**

There are three ways to access the forms within your Shexie software...

From Appointments

In the appointment calendar, right click on the patient and then select HealthLink Form

From Patient Functions

or -----

Open and search for a patient via Patient Search. Once you are in the patient record click on HL – HealthLink Form.

From Patient Clinical

From the Patient search screen, after you have located the patient, click on the patient's name, select Patient Clinical and then click on the HL icon.

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0:30	Move Appointment	Ctrl+X			10-
0:45 Mr Mickey (Baddest)	Copy Appointment	Ctrl+C	20		viev
1:00	Paste Appointment	Ctrl+V			
1.15	Paste with New App Type		-		
1:15	Change Appointment Type	Ctrl+T			
1:30	Delete Appointment	Del		-	
1:45	Insert Appointment Slot	Ctrl+A			_
2:00	Set Double Booking NOT allowed				1
2:15	Remove Highlight	Ctrl+H			
2:30	Find Other Appointments	Ctrl+0			
2:45	Add to Waiting List	Ctrl+W			
1:00	Book from Waiting List	Ctrl+B		-	
	Print Appointment Slip		•		
	Cancel Appointment	Ctrl+L			
	SMS/Email for this Person		•		
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View Options						
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	_					
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			Appointments			
			Create Letter		_	
Patient Functions Ner	w Patie	ent	Patient Clinica		nie Mouse	•

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P

\land Shexie	Platinum - Patient Fu	nctions			
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				Date	Description
					Allergies - Dust and Pollen - Penicillins
A	Accounting	D	Patient Recall		Clinical Comments - Mouse will be referr
				03/05/2023	Consult - 10:45 AM Standard Consultation
U	Audit Details	0	Attachments	13/04/2023	Request - test
				07/03/2023	Consult - 09:45 AM Standard Consultation
N	Patient Notes	S	Surgery Details	02/03/2023	Consult - 09:15 AM Standard Consultation
				27/02/2023	Document - Form - SR Referral to Micker
L	Letter Production	R	Patient Referrals	27/02/2023	Document - Form - SR Referral to Mickey
				24/02/2023	Document - Form - My Aged Care Referm
Ρ	Patient Details	В	Appointments	24/02/2023	Document - Form - Transport for NSW - N
				23/02/2023	Document - Form - Eastern Health Refer
Т	Envelopes/Labels	Н	Hospital List	22/02/2023	Document - Form - Northern Health - Bre
				22/02/2023	Document - Form - SR Referral to Micker
F	Alams	С	Word Clinical Notes	15/02/2023	Consult - 08:00 AM Standard Consultation
				15/02/2023	Document - MR Mickey Mouse
G	Pathology/Badiology			15/02/2023	Document - MR Mickey Mouse
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		ML .	В	09/02/2023	Document - Prescription dated 09/02/202

Shexie Platinum				
Patient Details Referrals Notes	New Report Appointments	Audit Details Ho	spital List Surgery Deta	ils Accounting Alarms/Message
New Script Patho\Radio Diagno Request Reque	stic Mickey (Baddest) st DOB: 30/01/19) Mouse #20020 991 Age: 32	Patient Functions	Online Meeting Cancel
Medications (incl. Prescribed) Dr J Moun	tain	✓ Weeks N	ext Visit Reason	Bill Items
Add a Medication Amoxil 500 mg Capsules Celebrex 200 mg Capsules [30] - 200mg Inflectra Powder for infusion - 100mg - f Noroxin - 400mg do not overdose Pandeine Forte Tablets - 1 - Tablet PE Health Conditions	p- Oral Capsu Powder for S:1215Y		ECG Echo Holter Stress Test	* Add Item
* Add a New Health Condition Cortex of adrenal gland Sick Mouse [C Hyperaldosteronism - [E26] Hyperaldo Melanoma] Default Tab Statistic Forms	74.0] steronism [E26]	* Add a Ne Dust and P Penicillins	v MIMS Allergy ollen	
Clinical Comments Clinical Notes	Documents Statistic Fo	orms Script Histo	y My Health Record	Tasks
Form === All Forms ===	✓ Edit	New		

Step 1: Accessing HealthLink SmartForms (eReferrals)

If the patient has not had a HealthLink smartform created previously, when you click on the **HL** icon, you will be taken directly to the HealthLink home page (skip to next page).

If the patient has any previously created smartforms, you will be presented with a popup window where you can **access a previously parked/saved form,**

or **create a new form** for that patient.

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؇ Shexie Platinum -	· Healthlink User	Helpdesk No: 13	300 743943 (1300 SHEXIE)								
Patient Search Ad	ccountin <mark>g</mark> View	/ Table Maintenance	e Reports Word Processo	r Calculator Housekeeping Help Log o	ff						
Open Panels 1					V	Vednesday 0	3 May	2023			_
	🚸 Shexie Platin	num - HealthLink Form	I.						- 🗆	\times	
				Patient: Mr Mickey (Baddest) Mouse		Provider:	Dr J Mo	untain 0319352	2K	\sim	
	New	Open Exit				Status:	All			~	
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09:00	29/09/2023	Patient Test	South Eastern Sydney LHD	Colorectal Clinic	South Eastern S	Dr J Mountain	HL	Parked	SES-488		
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09:30											
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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.
- Within the **Referred Services** section, Click on the link named **Head to Health Phone Service**.

To launch the smart form, Head to Health require you to then:

- Select a specific state and PHN
- Facility: Head to Health Intake
- Then click **Continue** to launch the form.

(e.g. Head to Health Phone Services – VIC – North Western Melbourne PHN)

		T	

Make a referral Update referrals

Specialists, Allied Health Providers and GPs





Now you've loaded the form to complete and submit.

The SmartForm layout provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

Mandatory Fields must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.

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.

Note: Once you have ticked on the consent box – the form will open and start pre-populating the patients details

Requested Information A North Western Melbourne PHN



Medications, Allergies, Alerts

2 long term medications specified 8 medications specified No medical warnings specified

Patient Information

MICKEY HEATLEY No patient ID available 17/12/1941

Referrer Information

Sam Entwistle No Different Regular GP

Requested Information A

North Western Melbourne PHN

Attachments / Reports No reports selected

No files attached

Medications, Allergies,

Alerts 2 long term medications specified 8 medications specified No medical warnings specified

Patient Information

MICKEY HEATLEY No patient ID available 17/12/1941

Referrer Information

Sam Entwistle No Different Regular GP North Western Melbourne PHN - Head to Health Intake

Important Information

The following information MUST be understood by the referring clinician and the patient:

- Head to Health Phone Service provides a free, confidential referral service for anyone seeking mental health support.
- Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am 5.00pm (excluding public holidays).
- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an
 appointment

Privacy Collection Notice

The patient's personal and health information is protected in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. The patient's personal and health information in the following pages will be collected, used and disclosed for the primary purpose of facilitating the patient's care and the referral. As this is a referral, it is not appropriate to collect health and personal information directly from the patient. If this information is not collected, the referral cannot be progressed. For further information about how the patient's personal and health information will be managed, please click <u>here</u>.

Head to Health eReferral Form - Terms of use

By using this Head to Health eReferral service, and pressing submit, you agree to the Head to Health eReferral form terms of use, which can be found <u>here</u>.

Consent

The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Head to Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care. They understand that this information will be kept safe and private and will be used to determine what support they need.*

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They understand that this information will be kept safe and private and will be used to determine what support they need.*

The patient, or guardian, has consented to share their de-identified data with the Commonwealth Department of Health and Aged Care, state and territory health departments and evaluators. This de-identified data includes personal information like date of birth, gender, postcode and health outcomes. The patient, or guardian is aware that this de-identified data can also be linked to other available de-identified data about them to facilitate research. The service does not share the patient's name, address or other personally identifiable details that can be linked back to the patient.*

○ Yes ○ No ◎ Not stated

Referral Details

Referral Date



Are you referring this patient due to concerns about suicide risk or O Yes O No their need for suicide prevention services?

Submit Preview Park

Help~

The additional details can be completed by using the drop-down menu and using the Yes / No radio buttons

Assessment section of the form will ask if you would like to use the Initial Assessment and Referral Decision Support Tool (IAR-DST).

Select the developmental age group.



Additional Patient Details

The majority of patient demographic information is contained within the "Patient Information" tab, and populated from your medical software. Please review for accuracy prior to submission.

If unsure of an answer to a question below, please leave unanswered.

Gender identity	Please select	r
Patient pronouns	Please select	r
Patient sexual orientation ii	Please select	r
Patient has Health Care Card	O Yes O No	
Patient has Medicare card	O Yes O No	
Patient has DVA Card	O Yes O No	
Patient has Pensioner Concession Card	O Yes O No	
Homelessness	Not homeless	r
NDIS participant	O Yes O No	
Proficiency in spoken English	Please select	r
Main language spoken at home	Please select	r
nterpreter required?*	🔿 Yes 💿 No	
Do you identify as having a multicultural background?	O Yes O No	
Patient's preferred consultation method	Please select	,
Preferred location for service		
Preferred contact method	Please select	,
Are there any safety concerns with contact methods? 🚺	O Yes O No	
Next of Kin or Emergency Contact		
Relationship to patient	Please select	r
s the Next of Kin the preferred contact?	O Yes O No	

Assessment

Do you want to use the Initial Assessment and Referral Decision () Yes Support Tool (IAR-DST) for this patient?*

O No

Developmental age group*	Please Select	
GP Mental Health Treatment Plan		
Has a GP Mental Health Treatment Plan been completed?*	Please Select Child (5-11)	
If applicable, please attach the Mental Health Treatment Plan in the	Adolescent (12-17) Adult (18-64) Older Adult (65+)	-

IAR – DST Calculator

In the forn	use the drop down to
select the	

TIP: The domain rating guide under each question will open another window and take you the official IAR-DST website.

Click on Calculate to determine the IAR-DST
recommended level of care.

Note: For more information on the IAR-DST please <u>click here</u>.

Assessment

Do you want to use the Initial Assessment and Referral Decision
• Yes Support Tool (IAR-DST) for this patient?*

Yes 🔿 No

Aild or sub diagnostic
Aild or sub diagnostic
Aild or sub diagnostic
Aild or sub diagnostic
ow risk of harm
ow risk of harm
Aild impact
Aild impact
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Severe impact
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Positive
Positive
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No supports
imited
Calculate F
3+ Moderate Intensity Services
li l

IAR-DST

If you disagree with the IAR-DST calculation; use the drop-down menu and text box.

Then click through the remaining Tabs on the left to ensure all the pre-populated patient information has been either selected, or deselected, as appropriate to submit to the service provider.

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.

Do you agree with the IAR-DST recommended level of care?

O Yes 💿 No

Practitioner assessed level of care*	Please select]
Please include the rationale for any deviation between the DST-der care.*	Please select	f
	Level 1 - Self Management Level 2 - Low intensity services Level 3 - Moderate intensity services Level 4 - High intensity services	
GP Mental Health Treatment Plan	Level 5 - Acute and specialist community health services	
Has a GP Mental Health Treatment Plan been completed?*	🔿 Yes 🛛 No	

If applicable, please attach the Mental Health Treatment Plan in the Attachments/Reports tab of this referral.

					H
HEAD TO HEALTH Intake 1800 595 212	North Western Melbourne PHN - Head to Health Intake	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> e
Requested Information A North Western Melbourne PHN	Form has been auto-saved.				
Attachments / Reports No reports selected No files attached	Patient Information Date of birth* 13/02/1985 Name*				
Medications, Allergies, Alerts No long term medications specified No medications specified No medical warnings specified Patient Information	✓ John Smith First name* Middle name(s) John Last name* Preferred name				
John Smith No patient ID available 13/02/1985	Smith Gender* Patient's Indigenous status*				
Kejerrer Information Brett Mitchell No Different Regular GP	Male Not stated/inadequately described Gender Identity Country of Birth				
	RESIGENUAL AGGRESS Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field				

Attachments

The **Attachments / Reports** tab will give you access to all the supporting 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**.

Or you can **browse for files**...

stored in your Practice Management
 Software by clicking the Browse for Patient
 Document button .



- **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.
- **Or** in your local computer's file system by clicking the **Browse for Local File** button.

General Surgery	Diagnostic Re Attach file from Attach file from	EMR supports: gif, h	uments ntml, jpeg, doc, docx, p files that end in types:	Browse for Patient Docume	ent Brow	wse for L <u>o</u> cal	File	
Attachmente / Denorte				Caution: larger attachments	may take signifi	icant time to	preview	
Attachments / Reports	Date:	• •	Name	Comments	Туре	Size		
	01/09/2	²⁰²¹ File_12	3		rtf	80 KB		
Medications, Allergies,	01/10/2	021 File_45	6		rtf	8 KB		
Alerts	01/11/2	021 File_78	9		rtf	90 KB		
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Step 4: Previewing, Submitting and Parking

Previewing



You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.

B

Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

HEAD T≏ HEALTH Intake 1800 595 212 North Western Melbourne PHN - Head to Health Intake Park Help ~ Submit Preview Medical Practitioner Information **Requested Information** Medicare Provider Number* Medical Registration Number A000000A 123456 HPI-I HPI-O 123456789098765 Attachments / Reports Name Dr Name Full name Preview, not submitted copy North Western Melbourne PHN - Head to Health Intake HEAD TO HEALTH Submit Intake 1800 595 212 Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221, Hme 03 9 53532221 Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000 Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000 Referred by: Sam Entwistle, Millstone Family Practice, PH 03 9 358 0116, FAX 03 9 4433456

Referral date: 13/02/2025 12:14 NZDT

Clinical Referral Information

Important Information

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- Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral.
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HEAD TC HEALTH Intake 1800 595 212	North Western Melbourne PHN - Head to Health Int	ake	Submit Prev
Requested Information A Gastroenterology & Liver Clinics	Patient consent is a required field Reason for referral is a required field Referred To is a required field Triage category is a required field	•	В
Attachments / <u>R</u> eports No reports selected	Referred To*	Please Select	
	Patients presenting at NSW public hospitals can choose to be tree	ated as a public (hospital funded) or private (Medicare bulk-billed)	
Medications, Allergies, Alerts	further information and will be asked to make an election when the require a named referral to a medical specialist if they choose to b	ey present to the outpatient clinic for their appointment. Patients will be a private patient	
lo medications specified medical warning specified	Referral date*	17/10/2023	
	Referral type*	New	
Medical, Social and Family History		O Updated	

Step 4: Previewing, Submitting and Parking

Submitting

When you are ready to send your form, click **Submit**.

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.



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.

HEA Intal	AD T HEALTH ke 1800 595 212	North Western Melbourne PHN	- Head to Health Intake	Submit Preview Park Help~
	Requested Information General Surgery	Medical Practitioner Information Medicare Provider Number* 0000000A	Medical Registration Number	K C
	Attachments / Reports	HPI-I	123456789098765	
		Name Full name	Dr Name 👔	

 Form sent on 17/02/2025 09:34 AEDT
 Sensitive: Personal
 North Western Melbourne PHN - Head to Health Intake HEAD T HEALTH Intake 1800 595 212
 Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221, Hme 03 9 5352221
 Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000
 Postal address: 9600 Pitt Street, Apartment, Sydney, NSW 2000
 Referred by: Sam Entwistle, Millstone Family Practice, PH 03 9 358 0116, FAX 03 9 4433456
 Referral date: 13/02/2025 12:14 NZDT

Clinical Referral Information

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- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000

Step 4: **Previewing, Submitting** and Parking

Parking

And 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.

				1	
		Submit	Preview	Park	Help ~
HEAD T HEALTH Intake 1800 595 212	North Western Melbourne PHN - Head to Health Intake				F
Requested Information A North Western Melbourne PHN	Form has been auto-saved.				
Attachments / Reports No reports selected No files attached	Patient Information Date of birth* 13/02/1985				
Medications, Allergies, Alerts No long term medications specified No medications specified No medical warnings specified	✓ John Smith First name* Middle name(s) John				
Patient Information A John Smith No patient ID available 13/02/1985	Last name* Preferred name Smith				
Referrer Information Brett Mitchell No Different Regular GP	Gender* Patient's Indigenous status* Male Not stated/inadequately described Gender Identity Country of Birth Residential Address Residential Address				
	Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field]		

Step 5: Accessing parked and auto-saved forms



Any form parked or submitted can be seen from the patient's file after clicking the HL icon.



Also, you can access all forms via Housekeeping > HealthLink Audit Report

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

			A						
؇ Shexie Platinur	m - HealthLink Form						_		×
			Patient: Mr Patient Test		Provider:	Dr J Mount	tain 0319352K		~
New Op	ben Exit				Status:	All			\sim
Created Date	Patient	Туре	Subject	Description	Provider	User	Status	Message ID	
29/09/2023	Patient Test	South Eastern Sydney LHD	Colorectal Clinic	South Eastern S	Dr J Mountain	HL	Parked	SES-488	
29/09/2023	Patient Test	SR Referral to Genie Solut	Specialist Referral	SR Referral to G	Dr J Mountain	HL	Awaiting Ac	SR-3912	_

						В	
😽 Shexie P	latinum - Healthlink User	Helpdesk No: 1	300 743943 (1	1300 SHEXIE)			
Patient Sea	anels 1 Lock Bookings	Table Maintenanc	e Reports	Word Processor	Calculator Aram Callahan	Housekeeping Help Log off Backup Medical System Offsite Pathology Results Pathology Runs Archive Patients Exp/Imp Appointments to Outlook	Fi
Time	Appointment	Flage B	illing	Contact No. P:	atient Re	Import/Export Bulk Letters	_
08:00	Appointment	Tidys D	ining			Link Unattached Files	
00.00						Shexie Users Logged On	-
08:15						Timesheets	
08:30						Network Messages	
08:45						My Health Audit Export	
09:00						HealthLink Audit Report	
09:15							

🚸 Shexie Platinum - HealthLin	k Form		L.					-	٥	Х
			Patient: Patient Test				Provider: All			~
New Open E	From: Mon	day . 🚹 May 2023					Status: All			~
Created Date	Patient	Туре	Subject	Description	Provider	User	Status	Message ID		
17/05/2023	Minnie Mouse	My Aged Care Referral	My Aged Care Referral	My Aged Care Referral	Dr J Mountain	HL	Completed	MAC-8179		
17/05/2023	Minnie Mouse	My Aged Care Referral	My Aged Care Referral	My Aged Care Referral	Dr J Mountain	HL	Completed	MAC-8177		
04/05/2023	Mickey Mouse	Eastern Health Referral	Breast Surgery - Michael Law	Eastern Health Referral Form	Dr J Mountain	HL	Parked	EH-7		
03/05/2023	Mickey Mouse	Eastern Health Referral	Allergy - Francis Thien	Eastern Health Referral Form	Dr J Mountain	HL	AutoSaved	EH-4		
02/05/2023	Minnie Mouse	Eastern Health Referral	Allergy - Francis Thien	Eastern Health Referral Form	Dr J Mountain	HL	AutoSaved	EH-1		
()										

Step 6: Accessing submitted forms



Submitted forms are saved back to the Documents tab where it can be viewed

on end of a contract to the			- 0)
Patient Details Referrals Notes New Report	Appointments Audit Details Hospi	ital List Surgery Details Accounting	g Alarms/Message Env/Labels Checklists Synergy SMS/eMail Add to Waiting List Immunisation
New Script Patho\Radio Request Request	Patient Test #99-Z DOB: 05/05/1955 Age: 68	Patient Online Functions Car	ancel
edications (incl. Prescribed) Dr J Mountain	Weeks Next	Visit Reason Bill Item	ms
* Add a Medication		G * Add I	Item Sensitive: Personal
		.ho olter ress Test	North Western Melbourne PHN - Head to Health Intake HEAD T2 HEALTH Intake 1800 595 212
			Patient: John Smith. 40vrs. M. DOB 13/02/1985. PH: 042376543
alth Conditiona		No Known Allergies	Residential address: 137 Pitt Street, Sydney, NSW 2000
Add a New Health Condition	Add a New N		Postal address: same as residential address
	Add a New Iv		Referred by: Brett Mitchell, Furious Five Psych, PH +61 04 17728660
			Referral date: 17/02/2025 13:55 AEDT
efault Tab Documents			Clinical Referral Information
Clinical Comments Clinical Notes Documents	Statistic Forms Script History	My Health Record Tasks	
		요. All Folders	Important Information
Date Description	Folder Status	Bloods	The following information MUST be understood by the referring clinician and the patient:
29/09/2023 Form - SR Referral to Genie Solutio	is - Speci Dispatched	Correspondence	 Head to Health Phone Service provides a free, confidential referral service for anyone seeking mental
		Imagon	health support.
		Letters	health support. • Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (availuting sublin bolicitary)
		Letters Radiology	health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or
		Images Letters Radiology	 health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000 Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate
		Images Letters Radiology	 health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways o call 000 Once received, this referral vill be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. Yu will be informed of the referral shalth sent the service will contart your patient directly to arrange an
		Images Letters Radiology Status Any Status	health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies, instead, follow your existing emergency healthcare pathways o call 000. Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. You will be informed of the referral status and the service will contact your patient directly to arrange an appointment.
		Any Status	 health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies, instead, follow your existing emergency healthcare pathways or call 000 Once received, this referral will be assessed by the Head to Health feam and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. You will be informed of the referral status and the service will contact your patient directly to arrange an appointment
		Images Letters Radiology Status Any Status Document Deleted Review Pending Manual Send	health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies, instead, follow your existing emergency healthcare pathways or call 000 Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. You will be informed of the referral status and the service will contact your patient directly to arrange an appointment Privacy Collection Notice
		Images Letters Radiology Status Any Status Document Deleted Review Pending Manual Send Review Complete	health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways o call 000 Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. You will be informed of the referral status and the service will contact your patient directly to arrange an appointment Privacy Collection Notice Head to Health Referral Form - Terms of use
		Images Letters Radiology Status Any Status Document Deleted Review Pending Manual Send Review Complete E-Letters Review Pending	 health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies, instead, follow your existing emergency healthcare pathways o call 000. Once received, this referral will be assessed by the Head to Health heam and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. You will be informed of the referral status and the service will contact your patient directly to arrange an appointment Privacy Collection Notice Head to Health Referral Form - Terms of use By using this Head to Health Referral service, and pressing submit, you agree to the Head to Health Referral form there.
			 health support. Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays). Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000 Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral. You will be informed of the referral status and the service will contact your patient directly to arrange an appointment Privacy Collection Notice Head to Health Referral Form - Terms of use By using this Head to Health Referral service, and pressing submit, you agree to the Head to Health eReferral form terms of use, which can be found here.

Step 7: What happens after a referral has been made?

- Head to Health will respond with a Status
 Message regarding the Referral Acceptance or Referral Rejection with reasons.
- These Status Messages will be received back into your Practice Software using the same workflows when receiving Incoming Reports and Results, and Other correspondence like Discharge Summaries.

Viewing incoming reports



From the home screen – if incoming correspondence is waiting to be viewed – tabs at the bottom will flash red.

You are also able to click on E-Letters and it will take you to the incoming correspondence area.

Shexie Platin	num - Healthlink User He	lpdesk N	o: 1300 743943	(1300 SHEXIE)					
Patient Search Open Panels	Accounting View Table	Mainten	ance Repor	ts Word Proce	ssor Calcul	ator Housek	eeping Help	Log off	ıy 03 October, 2023 08:30 AM - 10:30 AM
	Lock Bookings	ain	,	[Dr Aram Cal	lahan			
Time Ap	pointment	Flags	Billing	Contact No	Patient	Ref No.1	Ref No.2	HighLights	Comment
08:30					1				
08:45									
09:00									
09:15									
09:30									
09:45									
10:00									
10:15			3						
10:30									
Standard Consult	tation							1 October 2022	Neurophan 2022
								• October 2023	November 2023

Step 7: What happens after a referral has been made?

Viewing incoming reports (continued)

You can also access incoming correspondence by...

Selecting **View** from the menu

Then clicking **Review Incoming** Electronic Files

	В
؇ Shexie Platinum - Healthlink	Jsen Helpdesk No: 1300 743943 (1300 SHEXIE)
Patient Search Accounting Open Panels 1 Lock Book	View Table Maintenance Reports Word Processor Calculator Housekeeping Help Log off Appointment Waiting Room Files Awaiting Linking Weekly Appointments Book (Original) Weekly Appointments Book (New)
	Todays Appointment Screen
Time Appointment	Appointment Waiting List Find Lost Appointment Patient Ref No.1 Ref No.2 HighLights
08:45	Alarms
09:00	To-Do List
09:15	Show Unavailable Providers
09:30	Hide Waiting Time
09:45	Hide Cancelled Appointments Hide Tool Tin Text
10:00	Hide Inder Hol High Press
10:30	Hide EDC Date
	Insert Fixed Text for Day
	Fixed Text
	Active Patients Only
	Review Incoming Electronic Files
	Review Penaing Letters

Step 7: What happens after a referral has been made?

Viewing incoming reports (continued)

The right-hand side shows the messages waiting for review.

The right-hand panel enables you to link/match/filter etc.

A Shexie Platinum E-Letters Review	/ Pending							
			Electronic files received pending revie	3W				
From: pmsshexi HealthLink Client Test Message Generator v6.8.0.5	Requested	//	File Description				Date	
Patient: Patient HealthlinkTest	DOB:	12/12/1912 Collected: //	Mickey Mouse - MR Mickey Mc	use	_		15/02/2	202
D. (Mickey Mouse - MR Mickey Mc	use			15/02/2	202
Report			Report				23/02/	202
- This test report is being sent to your clinical system from HealthLink to test your installation and configuration to import clinical documents.			CARDIO TESTPATIENT				23/02/2	202
			MR Mickey Mouse	MR Mickey Mouse				202
			MR Mickey Mouse				24/11/2	202
			MR Mickey Mouse				24/11/2	202
acknowledgement indicating the successful delivery of	this rep	ort.	MR Mickey Mouse	MR Mickey Mouse				202
			Mickey Mouse - MR Mickey Mouse				24/11/2	202
			Report Set Folder to Additional Clinical Stuff			eleted	Set Da	te t 02/
			Additional Clinical Stuff Bloods Clinical Stuff	^	Document D Review Pen Review Corr	eleted ding plete	^ 23/0 Filter)2/2
			Correspondence Images	*	E-Letters Re E-Letters Re Not Require	view Pendin <mark>view Compl∉</mark> d	Sn Ma	atch
			All Providers				0 0	in the
			All Froviders	~	i			link
			Set Provider to		Review /	All Linked Files	F	Patie
			Dr. Mountain		Link to patier	ıt		
			Dr Ricardo Burns 2441091Y		Last Name			
			Dr Aram Callahan 2419151J		First Name		Ner	w P
					DOB			
			Searched Patients		Reviewed	Delete	Print	Ca
			Surname Firstname	Suburb		Date of Birth	Patient	
			\sim					

Customer Care Phone: 1800 125 036 Email: <u>helpdesk@healthlink.net</u>

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

www.healthlink.com.au



Part of 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.