



QUICK START GUIDE

MEDICAL
DIRECTOR
EDITION

HealthLink Technical Support

helpdesk@healthlink.net
1800 125 036

Contact

If you have questions relating to the Mater Health eReferral Program, please contact:

Louse O'Reilly, General Practice
Liason Program
MaterGPLiaison@mater.org.au
07 3163 7552

 **Health
Link** | Certainty
in Care

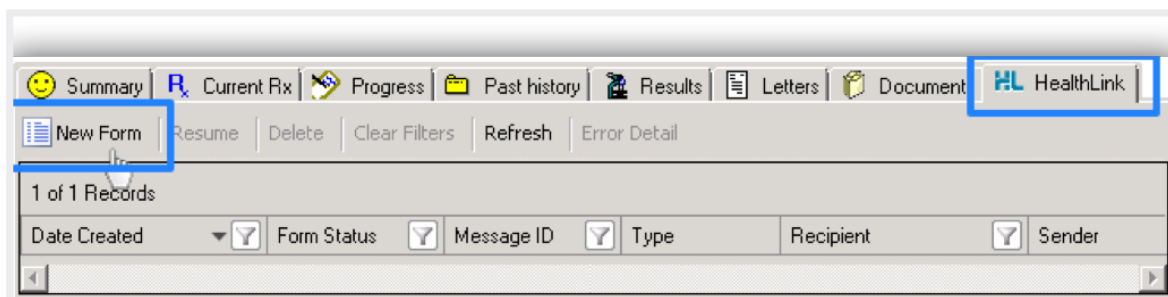
MATER HEALTH REFERRAL SMARTFORM

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

 **mater**
health

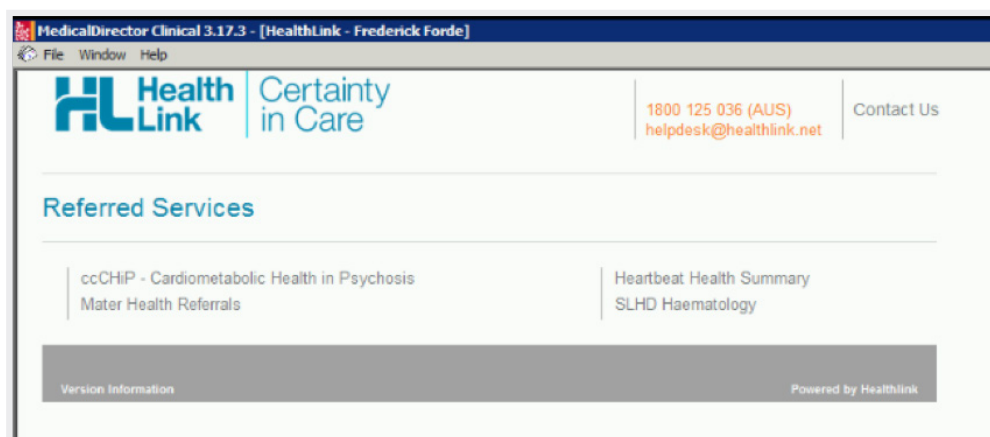
1. Open the patient record

Search for the patient and open their electronic medical record. Select the HealthLink tab and click on the **New Form** option to access the HealthLink launch page



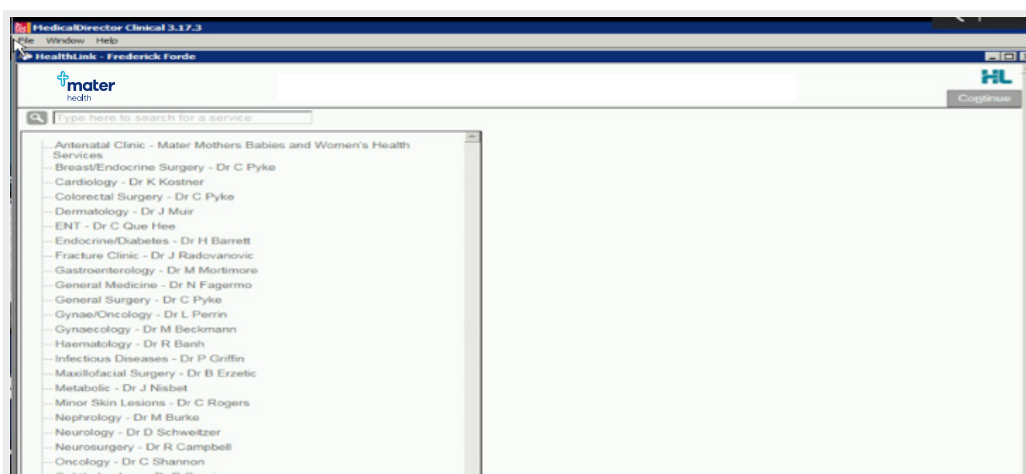
2. Launch the Form

Under the **Referred Services** section, click on Mater Health Referrals.



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

Select the required service and recipient provider from the Mater Health Services list and click the continue button on the top right. Should you wish to narrow down the list, you can enter the clinic 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.

Requested Information
Respiratory - Dr L Burr

Attachments / Reports
No reports selected
No files attached

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

Medical History
Medical history specified

Patient Information
MICKEY MOUSE
8003602345688835
22/02/1999

Referrer Information
Sam Entwistle
889843

Referral Date* 26/03/2018

Referral Continuation* New Continuation

Referral Period* Please Select ▾

Feedback Requested* Yes No

Interpreter Required* Yes No

Consider for Telehealth consultation Yes No

Urgency Please Select ▾

Reason for Patient Referral:
Please include all the essential condition specific information outlined in standard referral guidelines [here](#)*
[Browse for Consultation Notes](#)

Other Notes (for example current services)

Depending on the selections you've made, additional fields will appear allowing you to include the relevant information necessary.

Requested Information
Respiratory - Dr L Burr

Attachments / Reports
No reports selected
No files attached

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

Medical History
Medical history specified

Referral Date* 26/03/2018

Referral Continuation* New Continuation

Referral Period* Please Select ▾

Feedback Requested* Yes No

Interpreter Required* Yes No

Preferred Language*

Consider for Telehealth consultation Yes No

Urgency Please Select ▾

The button **Browse for Consultation Note** will give you access to the clinical notes in patient's medical records. You can add clinical notes to the form by selecting the relevant records.

5. Include the relevant attachments

The **Attachments / Reports** tab will give you access to all of 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 Medical Director or in your local computer's file system. Or you can browse for files stored in Medical Director or in your local computer's file system.

Requested Information
Respiratory - Dr L Burr

Attachments / Reports
No reports selected
No files attached

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

Referral to Mater Health Services - Respiratory - Dr L Burr

Form has been auto-saved.

Diagnostic Reports / Patient Documents

Browse for Patient Document | Browse for Local File

Attach file from EMR supports: jpeg, msword, pdf, plain text, rtf, tiff
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tif, tiff, txt

Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	04/10/2015	FBC_2950087891	comment	plain	1 KB	
<input type="checkbox"/>	04/10/2015	3.xls		xls	0 KB	

6. Select relevant medications, warning and medical history items

The **Medications / Warnings** and **Medical History** tabs will give you access to the relevant pre-populated records. Just select those records that are relevant to the referral or add your specific notes if necessary.

Requested Information
General Surgery - Dr C Pyke

Attachments / Reports
No reports selected
No files attached

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

Medical History
No medical history specified

Patient Information
Alan Abbott
4133180467 1
30/06/1945

Referrer Information
Best Practice
0000000Y

General Surgery - Dr C Pyke

Submit | Preview | Park | Help

Long Term Medications

Date	Details	Dose	Units	Instructions	
05/12/2011	Flixotide 250 CFC-Free 250mcg Inhaler			2 puffs Inhalation Twice a day	
23/02/2006	Losec 20mg Tablet			1 Tablet Daily	

Other Medications | Browse for More Medications

Date	Details	Dose	Units	Instructions	
No records found.					

Medical Warnings

<input type="checkbox"/>	Date	Description	Comments
<input type="checkbox"/>	04/10/2017	On warfarin	
<input type="checkbox"/>	23/02/2006	Aluminium Hydroxide	
<input type="checkbox"/>	23/02/2006	House dust mite	Bronchospasm
<input type="checkbox"/>	23/02/2006	Trifle	Nausea

Clinical Medication Comments

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.

Please fix the following errors:

- Patient Date Of Birth is a required field

Patient Information

Medicare Number*
6288253443 1

Medicare Expiry

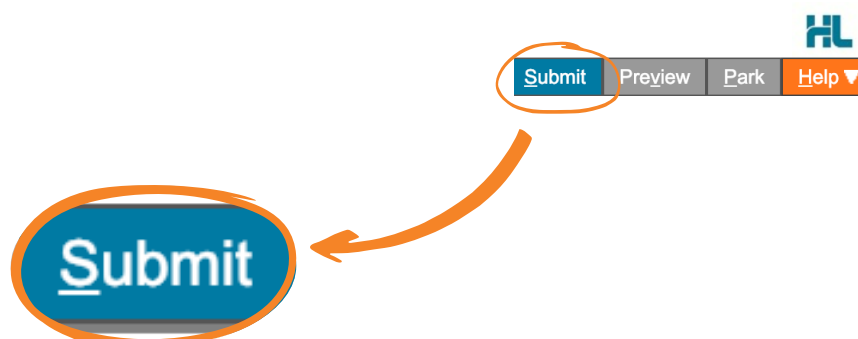
DVA Number

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.



Referral Sent and Acknowledged on 26/03/2018 11:59 NZDT

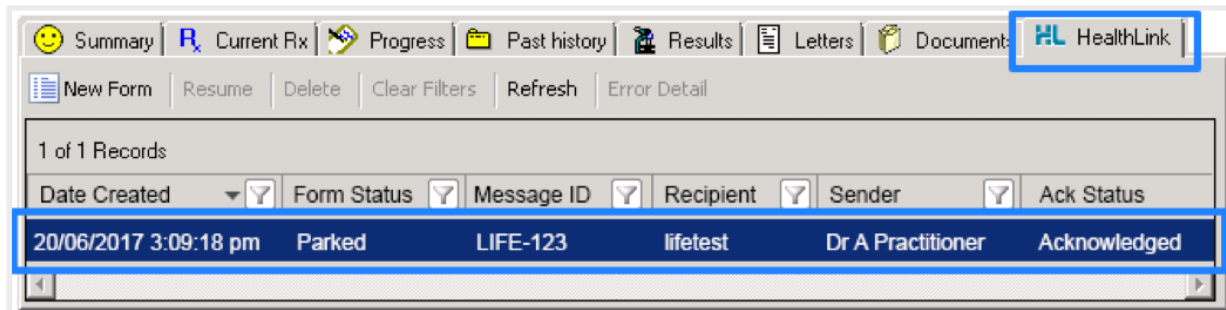
Referral to Mater Health Services - Respiratory - Dr L Burr

mater health

Patient: MICKEY MOUSE, 19yrs, M, DOB 22/02/1999, PH: 021021021, Wrk 09 2342322, Hme 09 5353222
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, Prov. No. 889843, PH 09 358 0116, FAX 09 4433456
Referral date: 26/03/2018 11:59 NZDT

Access parked forms

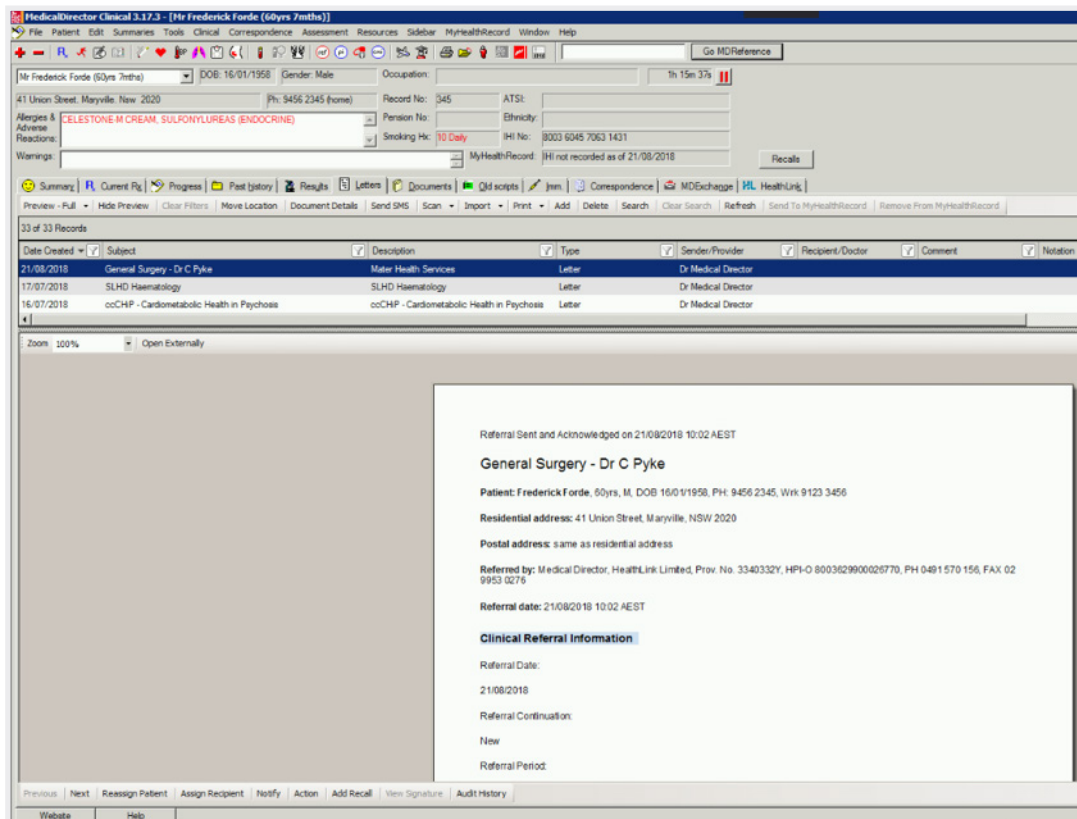
To access a parked form from the patient's record, select the **HealthLink** tab. From the available listing, double-click on the parked form you would like to open.



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

Accessing Submitted Forms

A copy of the submitted form can be found by selecting the **Letter** tab. Double-click on the form to open it. Medical Director stores a **Rich Text Format** of the form sent for viewing within the Medical Director Clinical Record. If you wish to see the HTML or Web Page view sent to Mater Health Services, click on the open externally button to raise the form in an external window.



HealthLink helps over 30,000 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 Castreagh Street, Sydney NSW 2000
helpdesk@healthlink.net | www.healthlink.net

