



# QUICK START GUIDE

GENIE  
SOLUTIONS  
EDITION

## HealthLink Technical Support

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helpdesk@healthlink.net  
1800 125 036

## Contact

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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

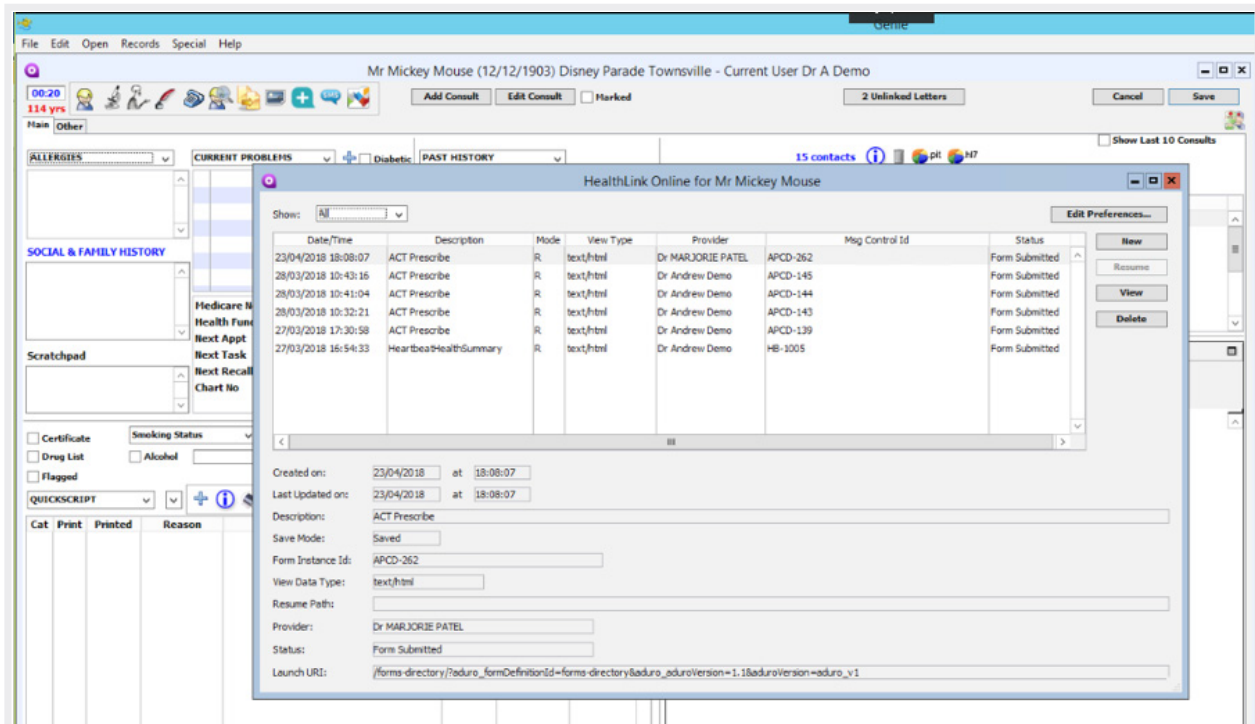
## MATER HEALTH REFERRAL SMARTFORM

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

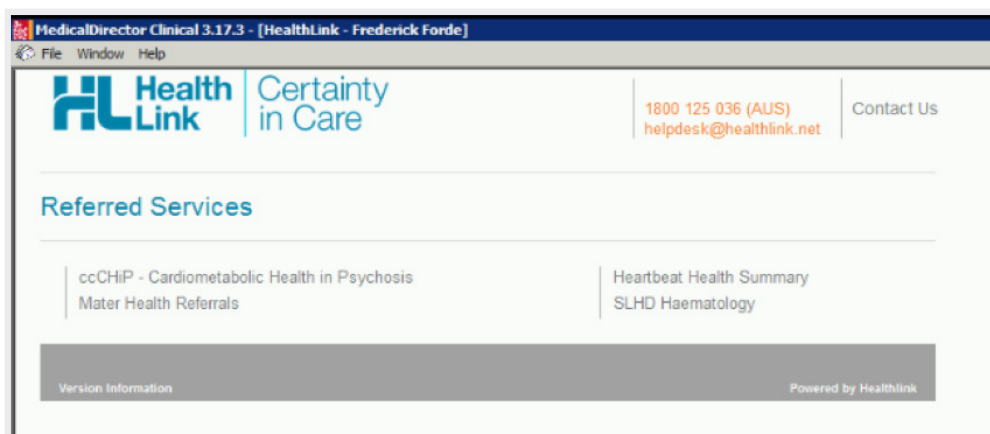
## 1. Open the patient record

Search for the patient and open their electronic medical record. Click on the **Tools** menu and select HealthLink Online. Then click on the **New** button.



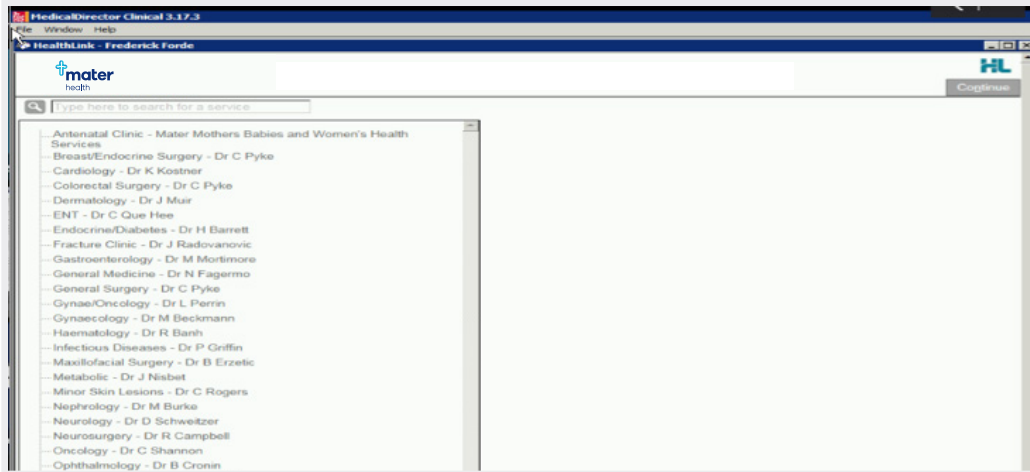
## 2. Launch the Form

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.

Referral to Mater Health Services - Respiratory - Dr L Burr

Form has been auto-saved.

**Requested Information** ✖

Respiratory - Dr L Burr

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**Attachments / Reports**

No reports selected  
No files attached

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**Medications / Warnings** ✖

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

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**Medical History**

Medical history specified

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**Patient Information** ✖

MICKEY MOUSE  
8003602345688835  
22/02/1999

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**Referrer Information**

Sam Entwistle  
889843

Referral Date\*

Referral Continuation\*  New  Continuation

Referral Period\*

Feedback Requested\*  Yes  No

Interpreter Required\*  Yes  No

Consider for Telehealth consultation  Yes  No

Urgency

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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.

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.

	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.

**mater health** General Surgery - Dr C Pyke Submit Preview Park Help

**Requested Information**  
General Surgery - Dr C Pyke

**Attachments / Reports**  
No reports selected  
No files attached

**Medications / Warnings**  
2 long term 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

**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

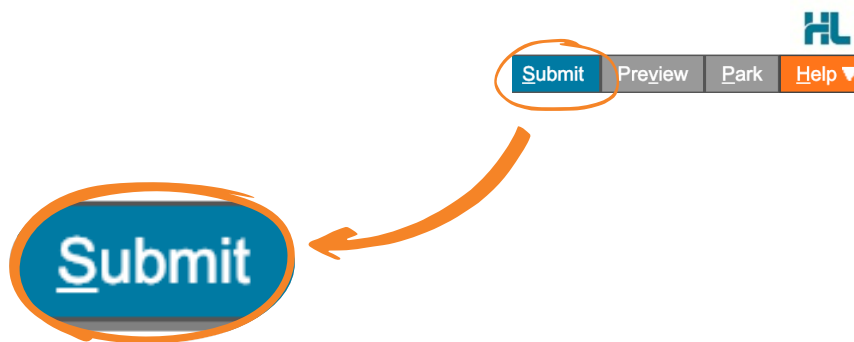
DVA Number

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.



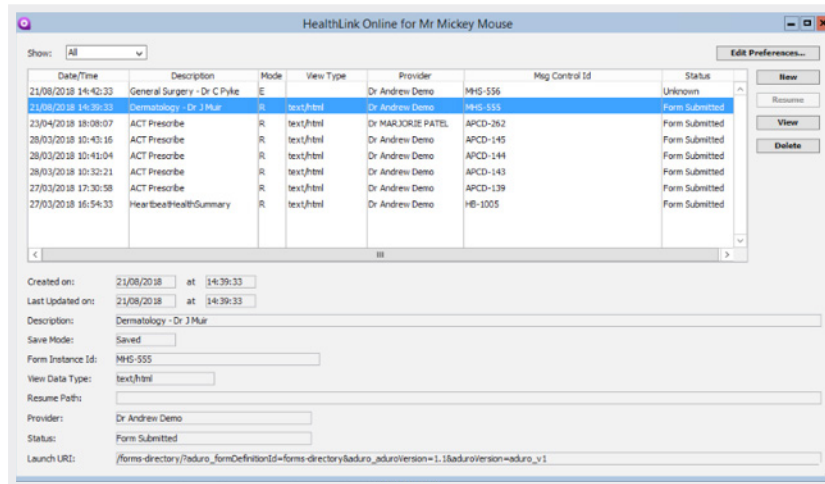
**Referral Sent and Acknowledged on 26/03/2018 11:59 NZDT**

Referral to Mater Health Services - Respiratory - Dr L Burr 

**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

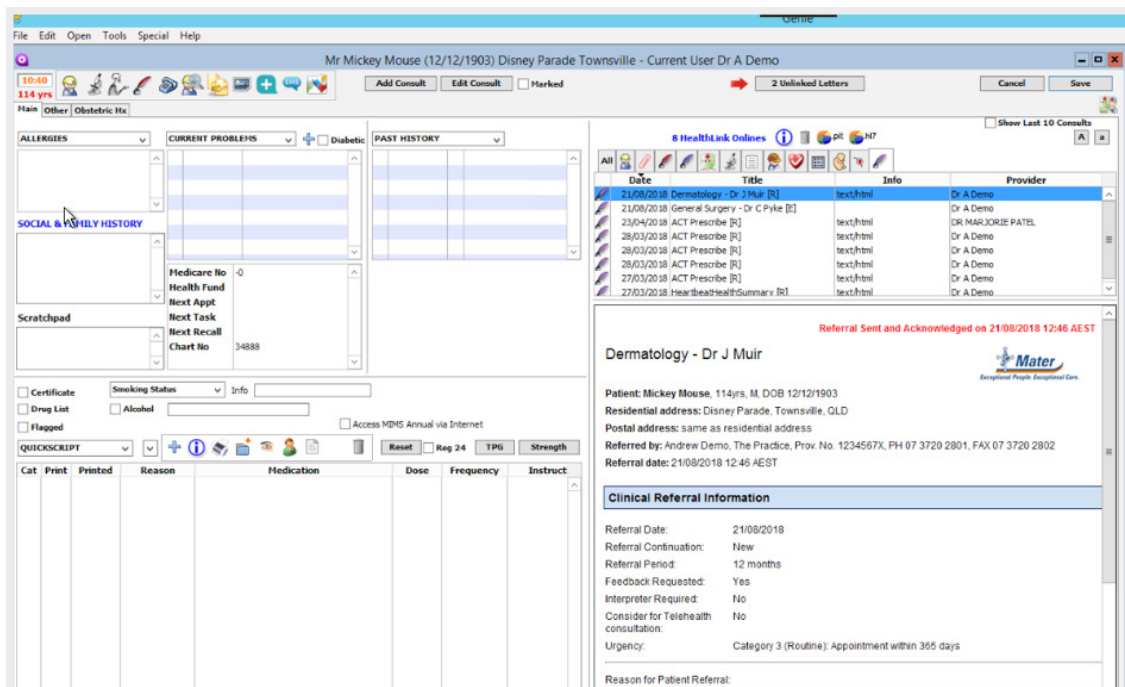
To access a parked form from the patient's record, select HealthLink Forms' under the **View** menu. From the available listing, double-click on the parked form you would like to open.



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 in the summary list section of the patient clinical record. Forms are shown using a purple quill, and an all forms sent filter can be applied by clicking on the purple quill at the top of the list.



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](mailto: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](mailto:helpdesk@healthlink.net) | [www.healthlink.net](http://www.healthlink.net)

