

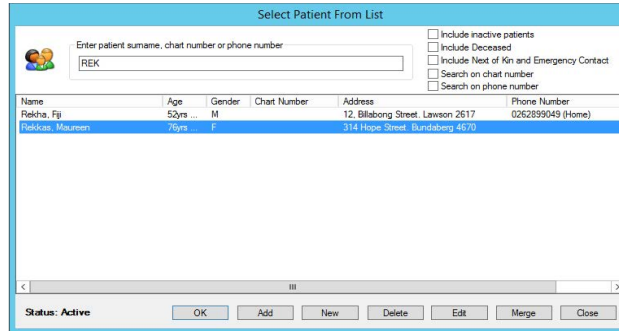
Digital Fitness to Drive Medical Assessment SmartForm Quick Start Guide

MedicalDirector 3.16 and higher



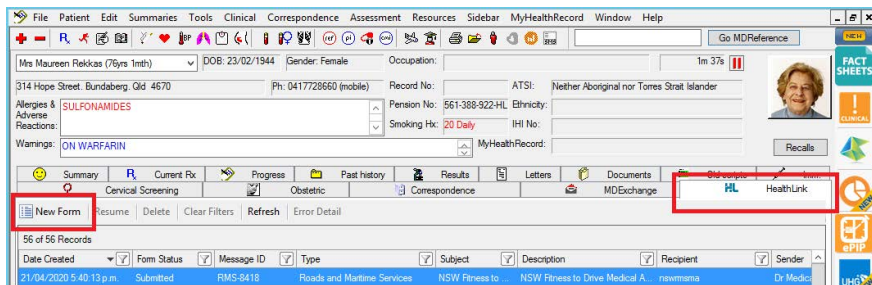
1. Open the patient record

Search for the patient and open their electronic medical record.



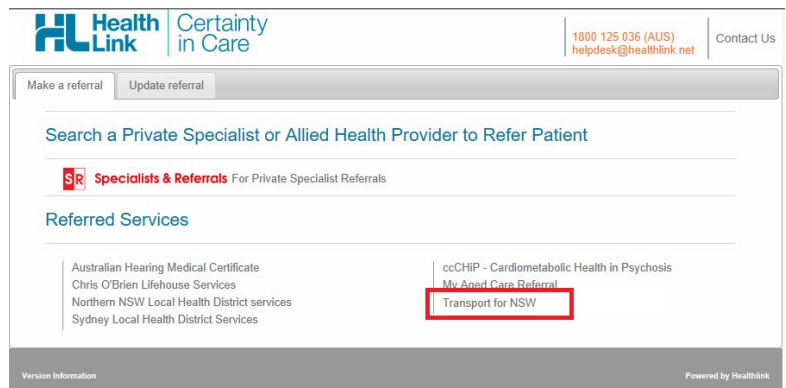
2. Launch Healthlink Homepage

Select the 'HealthLink' tab and click on the 'New Form' option to open the HealthLink homepage.



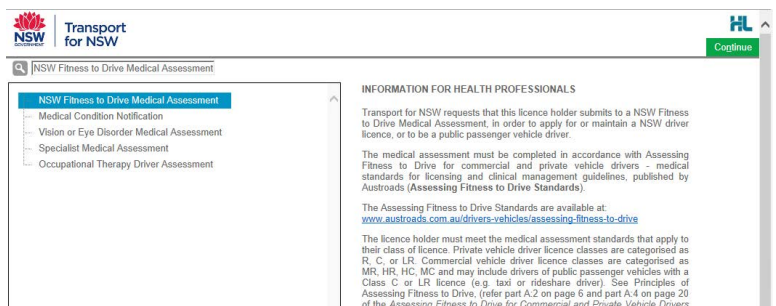
3. Launch the service landing page of Transport for NSW

Under Referred Services you will see a list of the HealthLink SmartForms available to you. Select the Transport for NSW link, and the service landing page will open displaying the list of on-line medical forms available to you.



4. Launch the form

If you are unsure of which form to select, hover over each option for an explanation of the forms purpose. Once you have selected a form, handy information for health professionals will display to the right. Click on the 'Continue' button to proceed. The relevant medical assessment form will be launched. Once displayed you will have access to all the information necessary to complete the form for submission.



5. Validate Licence Details

Enter the patient's NSW Licence Number in the Driver Licence Verification field displayed on the 'Medical Assessment' tab and confirm that you've obtained 'Patient consent' by ticking on the check box and click on the 'Validate / Retrieve' button. A validation of the Driver Licence Number will be initiated.

The screenshot shows the 'Driver Licence Verification' section of the 'NSW Fitness to Drive Medical Assessment' form. The form is titled 'Transport for NSW' and 'NSW Fitness to Drive Medical Assessment'. It includes a sidebar with 'Medical Assessment Information Required', 'Attachments / Reports', 'Patient Information', and 'Recipient / Referrer'. The main form area has a 'Driver Licence Verification' section with the following fields and options:

- Driver licence number Customer number
- Driver licence number*: 3792KQ
- Patient surname: REKKAS
- Patient consent obtained*
- Date of birth: 23/02/1944
- Current medical assessment information:
 - Name: [Empty]
 - Date of birth: [Empty]
 - Address: [Empty]
 - Licence number: [Empty]
 - Licence class: [Empty]
 - Field of practice*: General Practitioner
 - Reason for medical: [Empty]
 - Medical standard*: [Empty]
 - Assessing medical standard*: Please Select

Below the form, there is an information box: **i** Consider the nature of the driving task when performing this assessment. At the bottom, there is a 'Continue with Medical Assessment' button.

At this point, if the entered Driver Licence Number is invalid or cannot be found, the relevant error message will be displayed. Follow the instructions and try again.

Once validated, the patient demographic and medical assessment details will be presented in a read only format. In some circumstances the information will be presented in a slightly different format based on the form option selected in the service landing page. You may change the "Field of Practice" to your relevant profession, and change the "Assessing Medical Standard" between private and commercial to meet the needs of your patient. Click on the 'Continue with Medical Assessment' button to continue with completion of the medical assessment form.

The screenshot shows the 'Driver Licence Verification' section of the 'NSW Fitness to Drive Medical Assessment' form after validation. The form is titled 'Transport for NSW' and 'NSW Fitness to Drive Medical Assessment'. It includes a sidebar with 'Medical Assessment Information Required', 'Attachments / Reports', 'Patient Information', and 'Recipient / Referrer'. The main form area has a 'Driver Licence Verification' section with the following fields and options:

- Driver licence number Customer number
- Driver licence number*: 3792KQ
- Patient surname: REKKAS
- Patient consent obtained*
- Date of birth: 23/02/1944
- Current medical assessment information:
 - Name: MR Daniel Thomas REKKAS
 - Date of birth: 23/02/1944
 - Address: 88 APOPHIS BOULEVARD SEVEN HILLS NSW 2147
 - Licence number: 3792KQ
 - Licence class: C
 - Reason for medical: Older Driver Med/Drv Test
 - Field of practice*: General Practitioner
 - Medical standard*: Private
 - Assessing medical standard*: Private

Below the form, there is an information box: **i** Consider the nature of the driving task when performing this assessment. At the bottom, there is a 'Continue with Medical Assessment' button.

6. Continue with Medical Assessment

If the patient has any existing medical condition/s (displayed under 'Reason for medical'), the relevant assessment section will be selected as 'Yes' automatically. The other medical assessment sections within the form will be unselected and will require "Yes" or "No" answers to be selected.

▶ Driver Licence Verification

VISION

Does the patient have a current vision or eye disorder?* **i** Yes No

What is the patient's visual acuity? * **i**

	Right	Left	Together
Uncorrected	6/ <input type="text"/>	6/ <input type="text"/>	6/ <input type="text"/>
Corrected	6/ <input type="text"/>	6/ <input type="text"/>	6/ <input type="text"/>

CARDIOVASCULAR DISEASE

Does the patient have a cardiovascular condition(s)?* **i** Yes No

DIABETES

Does the patient have diabetes?* **i** Yes No

EPILEPSY

Does the patient have epilepsy?* **i** Yes No

NEUROLOGICAL CONDITION

Does the patient have vestibular, neurological or other neurodevelopmental disorders?* **i** Yes No

SLEEP DISORDER

Does the patient have sleep apnoea or narcolepsy?* **i** Yes No

MENTAL HEALTH

Does the patient have mental health issues that may impact on safe driving?* **i** Yes No

MUSCULOSKELETAL DISORDER

Does the patient have a musculoskeletal disorder that may impact on safe driving?* **i** Yes No

As you progress through the form, additional questions may appear depending on the previous selections made. Note that a red asterisk means that an answer is required for that item.

Once you have selected your recommendations, ensure you confirm that the declaration section has been read and accepted.

DIABETES

Does the patient have diabetes?* **i** Yes No

Please select the relevant condition(s): *

Diabetes controlled by diet only

Tablets and/or other non-insulin agents

Diabetes controlled by insulin

Is the patient compliant with medication?* Yes No

Is patient currently fit to continue driving pending compliance with medication?* Yes No

Does the patient have any end organ effects that may impact safe driving?* **i** Yes No

Does the patient need to be referred to a specialist for further review?* Yes No

RECOMMENDATIONS*

Meets the medical criteria for a conditional licence

Does not meet the medical criteria for a driver licence - unfit to drive

Review recommendation (if applicable)

TRNSW will use the default review period if review period recommendation is left unselected. Recommended review periods will be assessed by TRNSW.

Review period recommendation*

Driving assessment recommendation/s (if applicable)

Transport for NSW practical driving test

Occupational Therapist Driver assessment

None

Recommended licence condition/s (if applicable)

Downgrade to a lower class of licence

Daylight hours only

May only drive automatic vehicles

Radius restrictions

Must wear glasses or contact lenses when driving

Recommend other licence condition/s

Specialist review recommendation/s (if applicable)

Recommend other specialist/s review:
Click on the box below to show more specialist options

Any additional comments on conditions likely to affect driving? **i**

DECLARATION

Applicant declaration read and accepted*

7. Attach supporting documents

The 'Attachments / Reports' tab will give you access to all of the supporting documents that you may wish to attach to the form. You have the option of attaching patient data stored within Medical Director using 'Browse for Patient Document' or by attaching data residing in your local PC using 'Browse for Local File'. This option is particularly useful when wanting to attach eyesight reports already completed by the patient's eye specialist.

Medical Assessment ▲

Licence class: C
Medical standard: Private

Attachments / Reports

No reports selected
No files attached

Patient Information

Maureen Rekkas
22947241715
23/02/1944

Recipient / Referrer

Medical Director
3340332Y

Diagnostic Reports / Patient Documents

Attach file from EMR supports: doc, docx, jpeg, pdf, rtf, tiff, txt
 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"/>	21/04/2020	AduroForm.html	NSW Fitness to Drive Medical Assessment	html	47 KB	
<input type="checkbox"/>	20/04/2020	AduroForm.html	Eastern Health Referral Form	html	27 KB	
<input type="checkbox"/>	30/03/2020	AduroForm.html	Primary Health Tasmania Addendum Form	html	46 KB	
<input type="checkbox"/>	30/03/2020	AduroForm.html	Primary Health Tasmania Hospitals	html	33 KB	
<input type="checkbox"/>	30/03/2020	AduroForm.html	Primary Health Tasmania Hospitals	html	30 KB	
<input type="checkbox"/>	19/03/2020	AduroForm.html	ACT Health	html	30 KB	
<input type="checkbox"/>	05/03/2020	Test PDF.pdf		pdf	1,074 KB	

8. Check Patient and Recipient/Referrer Information

With the 'Patient Information' and 'Recipient/Referrer' tabs, you simply need to ensure that the information displayed is up-to-date and correct. If a piece of required information is incorrect you will see the validation symbol displayed on the tab. To complete it, just click on the tab and fill-in the required field.

Attachments / Reports

No reports selected
No files attached

Patient Information

Maureen Rekkas
22947241715
23/02/1944

Recipient / Referrer

Medical Director
3340332Y

Patient Information

Medicare number
22947241715

Date of birth*
23/02/1944

Pension number
561-388-922-HL

Name*
Maureen Rekkas

Residential Address
314 Hope Street, Bundaberg, QLD, 4670

Postal Address
Same as residential
Yes

314 Hope Street, Bundaberg, QLD, 4670

Contact Details (Select preferred phone contact)
Mob 0417728660

Attachments / Reports

No reports selected
No files attached

Patient Information

Maureen Rekkas
22947241715
23/02/1944

Recipient / Referrer

Medical Director
3340332Y

Medical Practitioner Information

Medicare Provider Number*
3340332Y

Medical Registration Number

Name
Full name
Dr Medical Director

Medical Director

Practice name
Healthlink (Marketplace Partner)

Practice Address
Healthlink Test Environment, North Ward, QLD, 4810

Practice telephone*
0744015650

Practice fax

Email*
hik.uat@test.com

EDI*
hkmdnuat

9. Preview the form

Upon form completion, click 'Preview' to verify that the form has been completed correctly. It will highlight which tab and which fields are incomplete.

Medical Assessment
Licence class: C
Medical standard: Private

Attachments / Reports
No reports selected
No files attached

Patient Information

NSW Fitness to Drive Medical Assessment

Please fix the following errors:

- Is the patient compliant with medication? is a required field
- Recommended reduction in dosage of anti-epileptic medication in a patient who satisfies the standard to hold a conditional licence? is a required field
- Planned withdrawal of one or more anti-epileptic medications in a patient who satisfies the standard to hold a conditional licence? is a required field
- Has there been a seizure in the last 12 months? is a required field
- Has the epilepsy been treated with surgery? is a required field

EPILEPSY

Does the patient have epilepsy?* Yes No

Has there been a seizure in the last 12 months?* Yes No

Has the epilepsy been treated with surgery?* Yes No

Is the patient compliant with medication?*

Yes No Not treated with epilepsy medication

Planned withdrawal of one or more anti-epileptic medications in a patient who satisfies the standard to hold a conditional licence?* Yes No

Recommended reduction in dosage of anti-epileptic medication in a patient who satisfies the standard to hold a conditional licence?* Yes No

Date medication ceased or reduced (if applicable)

10. Submit the form

When you are ready to send the form, click 'Submit'.

NSW Fitness to Drive Medical Assessment

Submit **Preview** **Park** **Help**

Once submitted, you will receive a real time instant response that can be shared with your patient confirming the submission has been securely transmitted and received by Transport for NSW. A copy of the completed submission will be stored in your patient record for future reference and review. If required you can print a copy by clicking the Print button.

Referral Sent and Acknowledged on 21/04/2020 17:49 NZST

[Print](#)

Assessment Summary

Report has been forwarded to Transport for NSW for processing.

For any enquires please contact Service NSW on 132213

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Privacy Statement

Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsors Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS permit) to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies. If your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or rideshare service providers under the Passenger Transport Act 2014 (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

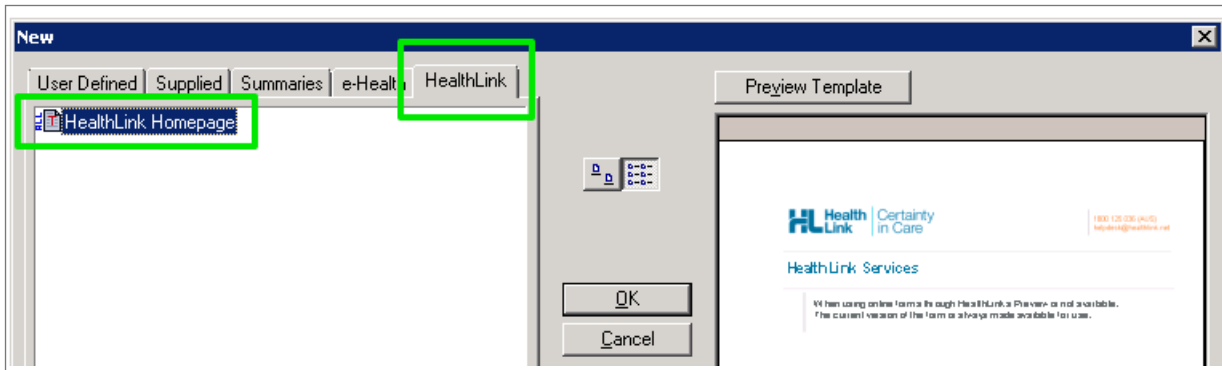
NSW Fitness to Drive Medical Assessment

Transport for NSW

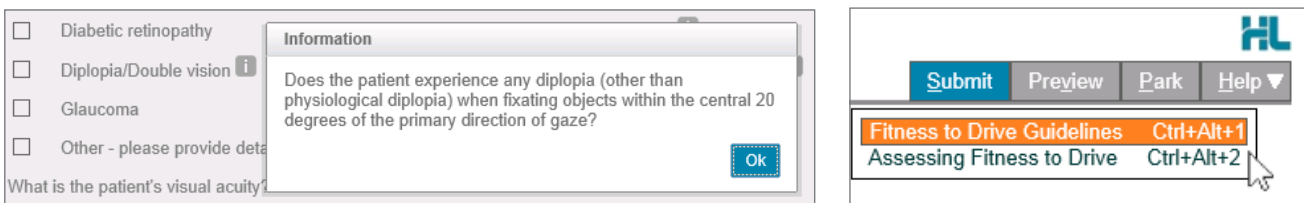
Patient: Maureen Rekkas, 76yrs, Medicare number 22947241715, DOB 23/02/1944, PH: Mob 0417728660
Residential address: 314 Hope Street, Bundaberg, QLD 4670
Postal address: same as residential address
Referred by: Medical Director, Healthlink (Marketplace Partner), Prov. No. 3340332Y, PH 0744015650
Referral date: 21/04/2020 17:49 NZST

Hints & Tips

Alternate way of opening the form: Open the Medical Director Letter Writer by clicking on the 'Letter Writer' icon or by pressing F8 on the keyboard. Click on the 'New Letter' icon, select the 'HealthLink' tab and click on the 'OK' button.



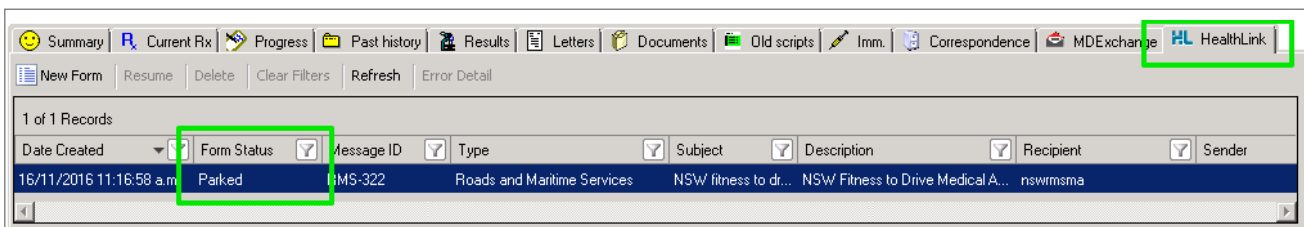
Additional Help: Help for specific questions on the form can be found by clicking on the **i** icon next to relevant question. For details about the purpose of the form and other Fitness to Drive related information, go to the 'Help' menu and click on the link provided.



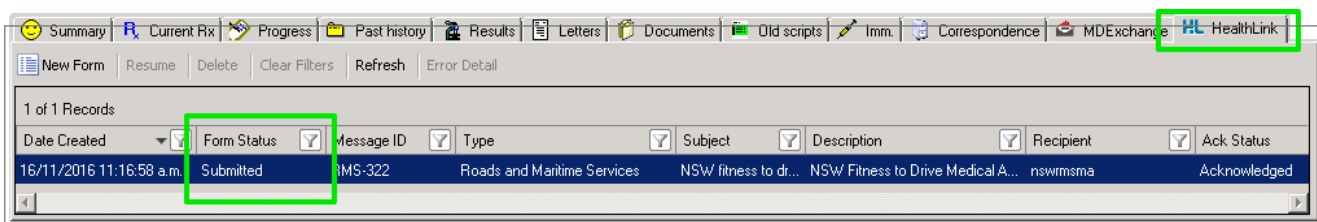
Park the form If you're in the middle of completing the form and you need to do something else, you can 'Park' the form to save what you've currently done so far. Just click on the 'Park' button and close the form.



Access parked NSW Fitness to Drive Medical Assessment: To access a parked form from the patient's record, click on the 'HealthLink' tab. From the available listing, double-click on the parked form you would like to open.



Access submitted NSW Fitness to Drive Medical Assessment: A copy of the NSW Digital Fitness to Drive Medical Assessment submitted for the patient can be found by clicking on the 'HealthLink' tab. From the available listing, double-click on the submitted form you would like to open.



Transport for NSW is using HealthLink SmartForm technology to help you get on with your passion for providing quality healthcare that makes a difference.

Now, more than 400,000 patients within NSW will no longer need to visit a Service NSW centre to hand in a paper medical form, thanks to our collaboration with HealthLink. For your patient, a real time instant response confirming their medical assessment has been securely transmitted to Transport will provide peace of mind. For you, this means faster case reviews, less delay, and more time to get on with what you do best.

**For all queries, please call the
HealthLink Customer Support
Monday to Friday (except public holidays) 8am- 6pm
Email - helpdesk@healthlink.net
Phone - 1800 125 036**



Customer Feedback
Transport NSW
Locked Bag 928
North Sydney 2059

www.transport.nsw.gov.au



Customer Support
HealthLink
au.healthlink.net
helpdesk@healthlink.net