

QUICK START GUIDE

My Aged Care e-Referral Form



The electronic referral form has been designed to make it easier for you to send referrals for My Aged Care. This quick start guide has been developed to help you navigate within the new digital form.

HealthLink Technical Support

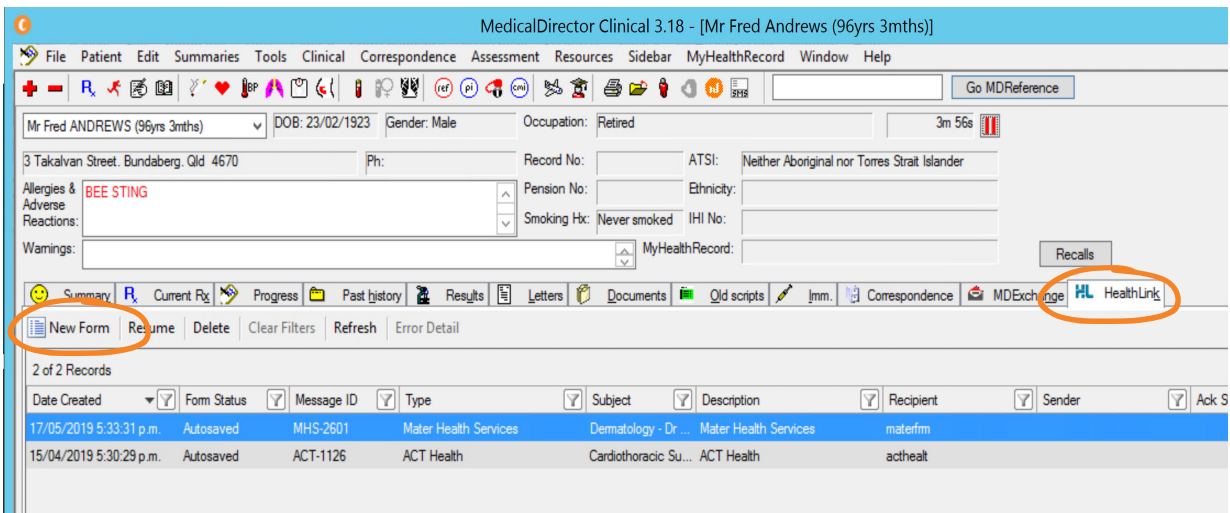
helpdesk@healthlink.net
1800 125 036

Contact

For more information about My Aged Care, including the My Aged Care e-Referral solution, please visit www.myagedcare.gov.au/health-professionals

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 home page.



2. Launch the Form

Under the Referred Services section within the HealthLink Homepage, click on **My Aged Care Referral** to launch the eReferral form.

Referred Services

- Application for ACT Approval to Prescribe Controlled Medicines
- Austin Health
- Banyule Community Health
- Carrington Community Health
- Chris O'Brien Lifecare Services
- DPV Community Health
- Heartbeat Health Summary
- My Aged Care Referral**
- Northern NSW Local Health District services
- Roads and Maritime Services
- Tasmanian Health Service

- AU Radiology Referrals
- Australian Hearing Medical Certificate
- Canberra Hospital Public Outpatient and Community Referral Form
- ccCHIP - Cardiometabolic Health in Psychosis
- Demo - Certificate of Capacity
- Eastern Health
- Mater Health Referrals
- Northern Health
- Oculo Optometry Referral
- Sydney Local Health District Services

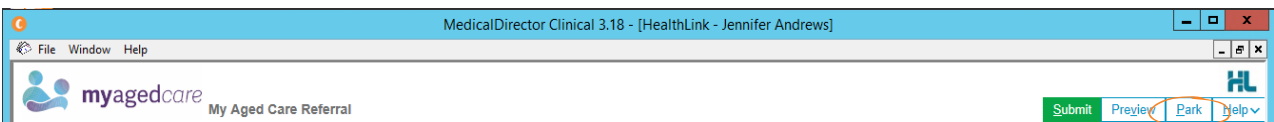
3. Complete the Form

The form will be displayed. At this point, you will have access to all the information necessary to complete the form for submission. Note that some of the information taken from Medical Director may be modified for the purpose of submitting to My Aged Care - the form will display warning information if this happens and you may be asked to review the information to ensure it is correct. An example of this will be if the practice or patient contact phone numbers do not include the area code.

! Information in the fields listed below has been modified for the purpose of submitting to My Aged Care. Please review and ensure the information is correct before submitting this referral.

- Patient Information - Contact Details - Home

If you need to gather more information pertinent to the referral and have not received it yet, you can Park the form by **clicking the Park button on the form** to save what you've done so far, and come back to it later once you have all the required information to submit the referral.



4. 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 eReferral. 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. You can submit files totaling up to 3.7 MB when you attach supporting documents to the e-Referral. You do not need to attach all patient information. Examples of information relevant to support an aged care assessment include: list of current medications, evidence of medical condition/ diagnosis such as specialist assessments and GP care or management plans.

You should not attach pathology reports or other detailed health reports not specific to aged care needs.

MedicalDirector Clinical 3.18 - [HealthLink - Fred Andrews]

myagedcare My Aged Care Referral

Requested Information My Aged Care Referral

Attachments / Reports No reports selected No files attached

Patient Information Fred ANDREWS QPCV2140F 23/02/1923

Referrer Information Medical Director

Diagnostic Reports / Patient Documents

Browse for Patient Document Browse for Local File

Please attach any relevant patient information (for example allied health assessments, wound care details, medication summaries and relevant medical summaries). This information will support your patient's assessment and service provision. Clinical information will be visible to assessors.

Attach file from EMR supports: bmp, docx, gif, jpeg, pdf, png, rtf, tiff, txt
 Attach file from Computer supports files that end in types: bmp, docx, gif, jpeg, jpg, pdf, png, rtf, tif, tiff, txt

Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Document Description	Type	Size	
<input type="checkbox"/>	11/10/2019	sinusitis chronic.jpg	sinusitis chronic	jpeg	6 KB	
<input type="checkbox"/>	11/10/2019	ultrasound-2.jpg	ultrasound-2	jpeg	415 KB	
<input type="checkbox"/>	04/06/2019	AMBS2004_table.pdf		pdf	7 KB	

5. Ensure patient and referrer information is correct

With the Patient and Referrer information tabs, you simply need to ensure that the information displayed is up-to-date and correct and all mandatory fields have been completed. If a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

Note that you can verify that the form has been completed correctly by clicking on **Preview**.

MedicalDirector Clinical 3.18 - [HealthLink - Fred Andrews]

myagedcare My Aged Care Referral

Requested Information
My Aged Care Referral

Attachments / Reports
No reports selected
No files attached

Patient Information
Fred ANDREWS
GPCV2140F
23/02/1923

Referrer Information
Medical Director

Please fix the following errors:

- Patient's Phone Number is a required field. Telephone numbers must be 10-digit long and contain only numeric characters (i.e. 0123456789).
- DVA card type is a required field.

Date of birth*
23/02/1923

Please provide the patient's Medicare and/or DVA card number.

Medicare number
2294724171

DVA number
GPCV2140F

DVA card type*
Please Select

Name*
Mr Fred ANDREWS

Gender*
Male

Patient's indigenous status*
No - Neither

Residential Address
3 Takalvan Street, Bundaberg, QLD, 4670

Contact Details (Select preferred phone contact)
At least one phone number must be provided. Please indicate the best contact phone number for the patient.

No contact details specified

Phone number must be numeric only with no spaces. An area code must be provided for all landline numbers.

Work Home

6. 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 acknowledgment of receipt. You may wish to provide the patient with 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 My Aged Care.

HealthLink - Fred Andrews

myagedcare My Aged Care Referral

Submit Preview Park Help

MedicalDirector Clinical 3.18

Referral Sent and Acknowledged on 11/10/2019 19:45 NZDT

Print

Thank you for making a referral with My Aged Care.

Your confirmation number for Mr Fred ANDREWS is Activity ID 1-56819109486

What happens next? My Aged Care will review the referral and may refer your patient for an assessment. If additional information is required, My Aged Care may contact the patient to talk about the support they need. Your patient should hear from My Aged Care or an assessment organisation within 3 weeks.

You or your patient can follow up on this referral by calling the My Aged Care Contact Centre (1800 200 422), using the confirmation number shown above.

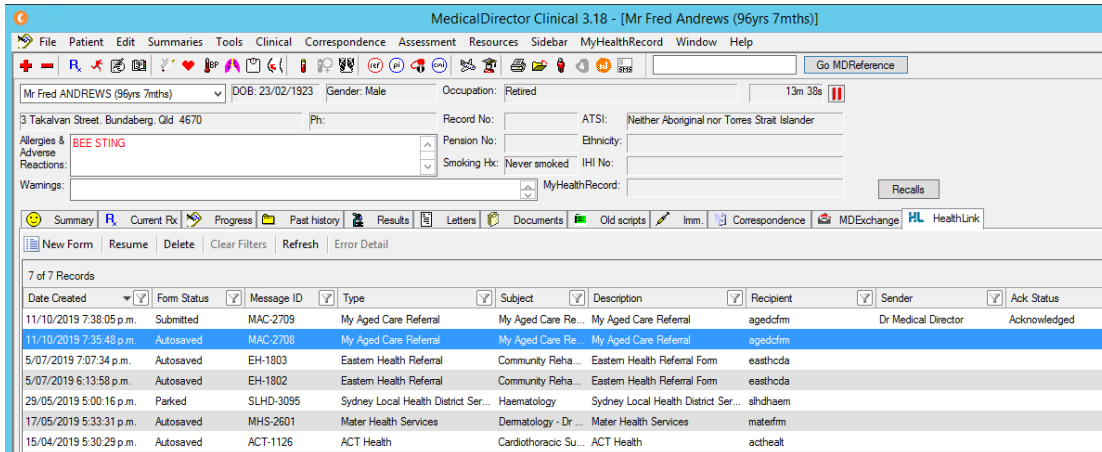
My Aged Care Referral

myagedcare

Patient: Mr Fred ANDREWS, 96yrs, Male, DOB 23/02/1923
Phone number: 0747474747
Residential address: 3 Takalvan Street, Bundaberg, QLD 4670
Referred by: Medical Director, Healthlink (Marketplace Partner), PH 0744015650
Referral date: 11/10/2019 19:45 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.



MedicalDirector Clinical 3.18 - [Mr Fred Andrews (96yrs 7mths)]

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Mr Fred ANDREWS (96yrs 7mths) DOB: 23/02/1923 Gender: Male Occupation: Retired 13m 38s

3 Takalvan Street, Bundaberg, Qld 4670 Ph: Record No: ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: BEE STING Pension No: Ethnicity: IHI No:

Smoking Hx: Never smoked MyHealthRecord: Recalls

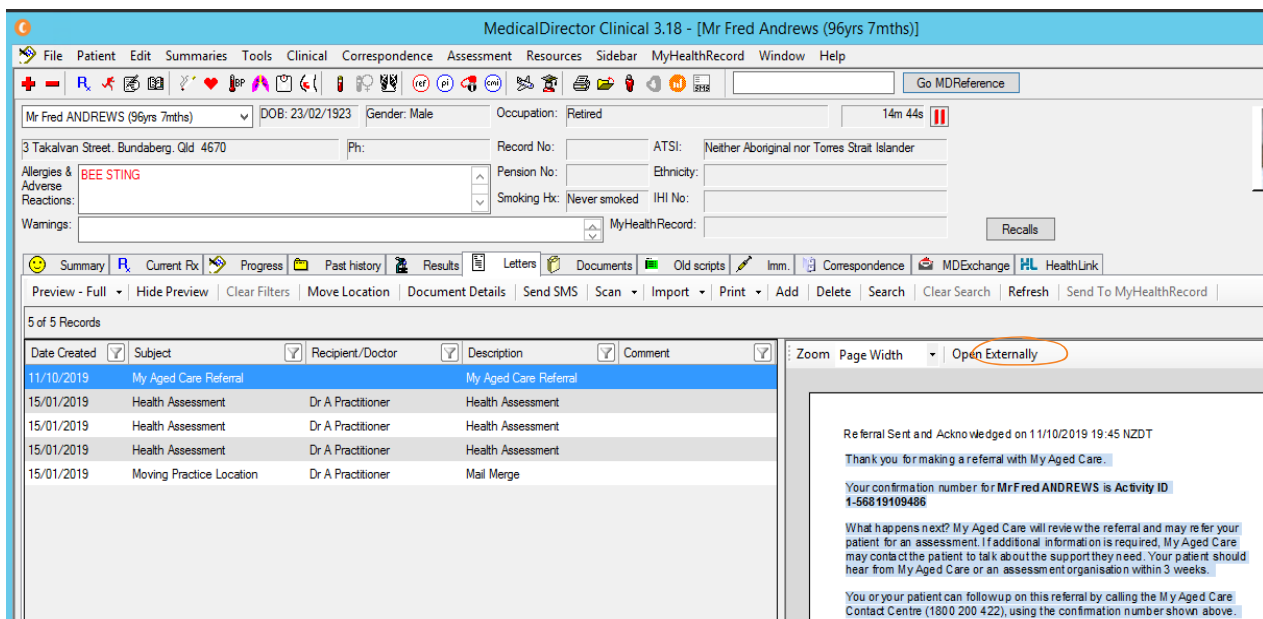
Summary Current Rx Progress Past history Results Letters Documents Old scripts Imm. Correspondence MDExchange HealthLink

New Form Resume Delete Clear Filters Refresh Error Detail

Date Created	Form Status	Message ID	Type	Subject	Description	Recipient	Sender	Ack Status
11/10/2019 7:38:05 p.m.	Submitted	MAC-2709	My Aged Care Referral	My Aged Care Re...	My Aged Care Referral	agedcfm	Dr Medical Director	Acknowledged
11/10/2019 7:35:48 p.m.	Autosaved	MAC-2708	My Aged Care Referral	My Aged Care Re...	My Aged Care Referral	agedcfm		
5/07/2019 7:07:34 p.m.	Autosaved	EH-1803	Eastern Health Referral	Community Reha...	Eastern Health Referral Form	easthcd		
5/07/2019 6:13:58 p.m.	Autosaved	EH-1802	Eastern Health Referral	Community Reha...	Eastern Health Referral Form	easthcd		
29/05/2019 5:00:16 p.m.	Parked	SLHD-3095	Sydney Local Health District Ser...	Haematology	Sydney Local Health District Ser...	slhdhaem		
17/05/2019 5:33:31 p.m.	Autosaved	MHS-2601	Mater Health Services	Dermatology - Dr ...	Mater Health Services	materfm		
15/04/2019 5:30:29 p.m.	Autosaved	ACT-1126	ACT Health	Cardiothoracic Su...	ACT Health	acthealth		

Accessing Submitted Forms

A copy of the submitted form can be viewed by selecting the **Letter** tab. Double-click on the selected form, then **click open externally** to view the submitted referral. Or if you have the preview panel enabled, simply **click the Open Externally button** on the letter preview.



MedicalDirector Clinical 3.18 - [Mr Fred Andrews (96yrs 7mths)]

File Patient Edit Summaries Tools Clinical Correspondence Assessment Resources Sidebar MyHealthRecord Window Help

Mr Fred ANDREWS (96yrs 7mths) DOB: 23/02/1923 Gender: Male Occupation: Retired 14m 44s

3 Takalvan Street, Bundaberg, Qld 4670 Ph: Record No: ATSI: Neither Aboriginal nor Torres Strait Islander

Allergies & Adverse Reactions: BEE STING Pension No: Ethnicity: IHI No:

Smoking Hx: Never smoked MyHealthRecord: Recalls

Summary Current Rx Progress Past history Results Letters Documents Old scripts Imm. Correspondence MDExchange HealthLink

Preview - Full Hide Preview Clear Filters Move Location Document Details Send SMS Scan Import Print Add Delete Search Clear Search Refresh Send To MyHealthRecord

Date Created	Subject	Recipient/Doctor	Description	Comment
11/10/2019	My Aged Care Referral		My Aged Care Referral	
15/01/2019	Health Assessment	Dr A Practitioner	Health Assessment	
15/01/2019	Health Assessment	Dr A Practitioner	Health Assessment	
15/01/2019	Health Assessment	Dr A Practitioner	Health Assessment	
15/01/2019	Moving Practice Location	Dr A Practitioner	Mail Merge	

Zoom Page Width **Open Externally**

Referral Sent and Acknowledged on 11/10/2019 19:45 NZDT

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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 (All Time Zones)

HealthLink

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

