



QUICK START GUIDE

Victorian Statewide Referral SmartForm

built based on the GP SCTT2012

The Victorian Statewide SmartForm has been designed to make it easier for you to refer your patients electronically to Austin Health, Northern Health, Eastern Health, Banyule Community Health, Carrington Community Health and DPV Health.

This quick start guide has been developed to help you navigate the new digital form.



Genie Edition



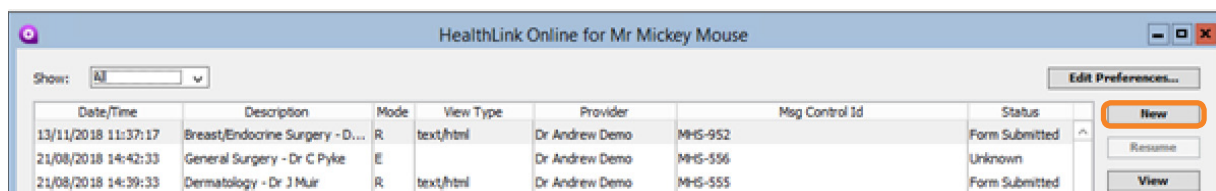
Contact

If you require further technical support please contact:
HealthLink
helpdesk@healthlink.net
1800 125 036

If you have questions relating to the Victorian eReferral Program, please contact:
Digital Health Team, Eastern Melbourne PHN
(03) 9046 0300

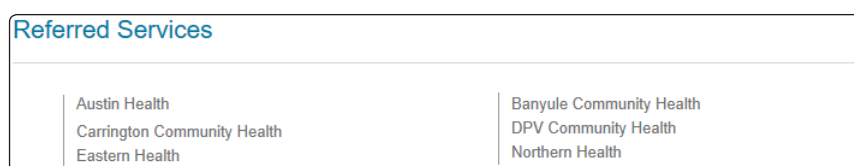
1. Open the patient record

Search for the patient and open their medical record. Go to the 'HealthLink Online' section and click on 'New'. The HealthLink launch page will be displayed.



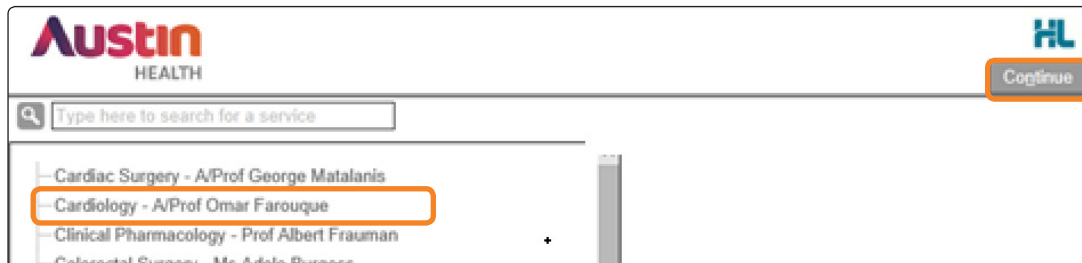
2. Select the provider

From the list of service providers, click on the provider you would like to refer the patient to. This will bring up the Services Selection page.



3. Select the service and launch the form

Select the required service from the list of services available for provider. You can also search for the service using the top Search bar. Click on 'Continue' button to launch the form.



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 your progress and complete at a later time.

Austin HEALTH Cardiac Surgery - A/Prof George Matalanis

Requested Information Cardiac Surgery - A/Prof George Matalanis

Attachments / Reports No reports selected
No files attached

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

Medical History

Referral Date* 29/11/2018

Referral Continuation* New Continuation

Referral Period* Please Select

Feedback Requested* Yes No

Interpreter Required* Yes No

Urgent

Reason for Patient Referral* [Browse for Consultation Notes](#)

The [Browse for Consultation Notes](#) button 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 and Reports' tab will give you access to all of the supporting documents that you may wish to attach to the form. You can either select it from within the table - this will pre-populate with data in the patient medical record from the last six months. Otherwise you can browse for other relevant files stored in Genie or in your local computer's file system.

Requested Information
<Service>

Diagnostic Reports / Patient Documents Browse for Patient Document Browse for Local File

Attach file from PMS supports: jpeg, msword, pdf, plain text, rtf, tiff
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tiff, txt
Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	14/04/2016	Diagnostic Report test		jpeg	1,315 KB	

Attachments / Reports
No reports selected
No files attached

Medications / Warnings
9 long term medications specified

6. Select relevant medications, warnings 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.

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

Medical History
Medical history specified

Patient History

<input type="checkbox"/>	Code	Description	Comments
<input type="checkbox"/>	102550009	Leg cramps	
<input type="checkbox"/>	397825006	Stomach ulcer	
<input type="checkbox"/>	81102000	Back injury	

7. Ensure patient and referrer information is correct

With the Patient Information and Referrer Details tabs, you simply need to ensure that information is correct. If a piece of required information is not completed or 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.

Patient Information
John Walton
No Medicare Number
24/11/1975

Recipient / Referrer
Test User
0000000Y

First name* **Middle name**

Last name*

Gender* **Indigenous Status***

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 form and choose 'Print'. Note, it is not necessary for the printed copy to be sent or taken to the hospital.

Submit Preview Park Help

Referral Sent and Acknowledged on 29/11/2018 10:46 NZDT

Cardiac Surgery - A/Prof George Matalanis

Patient: MICKEY MOUSE, 19yrs, M, DOB 22/02/1999, PH: 0401 201 201, Wrk [03 9 2342322](tel:0392342322), Hme [03 9 5353222](tel:0395353222)
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 [03 9 358 0116](tel:0393580116), FAX 03 9 4433456

For all queries, please call the
HealthLink Customer Support Line

Monday to Friday (except public holidays) 8am-6pm
Phone 1800 125 036 Email: helpdesk@healthlink.net



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HealthLink delivers certainty in care to over 50,000 healthcare practitioners by integrating their computer systems and enabling them to exchange data, quickly, reliably and securely.

1800 125 036 (AU office)