

# QUICK START GUIDE

## MONASH HEALTH REFERRAL SMARTFORM

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

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HealthLink Technical Support

E: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)

P: 1800 125 036

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## 1. Open the patient record

Search for the patient and open their electronic medical record. Then click the **View Menu** and select **HealthLink Forms**. In the HealthLink Forms window, click the **New Form** button.

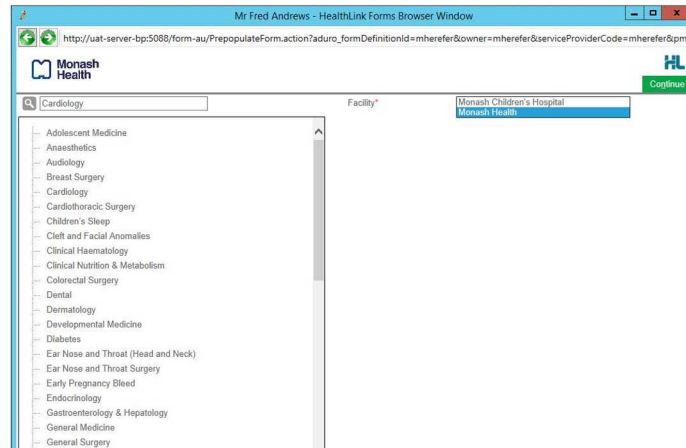
Name	Age	Address	D.O.B.	Record No.
Anderson, David	65 yrs	61 Wallace Street, Bundaberg, 4670	04/01/1955	
Anderson, Penny Anabel	26 yrs	61 Wallace Street, Newtown, 2050	04/07/1993	
Andrews, Anna	21 yrs	2 Kennedy Road, Bundaberg, 4670	04/08/1998	
Andrews, Fred	97 yrs	3 Takalvan Street, Bundaberg, 4670	23/02/1923	
Andrews, Graham	20 yrs	2 Kennedy Road, Bundaberg, 4670	14/03/2000	
Andrews, Heather	57 yrs	234 George Street, Bundaberg, 4670	12/05/1963	
Andrews, Jennifer	50 yrs	2 Kennedy Road, Bundaberg, 4670	20/04/1970	
Andrews, John	51 yrs	2 Kennedy Road, Bundaberg, 4670	17/06/1968	
Andrews, Julie	84 yrs	5 Jefferson St, Bundaberg, 4670	03/03/1936	
Andrews, Maureen	96 yrs	314 Hope Street, Bundaberg, 4670	23/06/1923	
Andrews, Maureen	96 yrs	314 Hope Street, Bundaberg, 4670	23/06/1923	
Andrews, Melissa	16 yrs	2 Kennedy Road, Bundaberg, 4670	04/11/2003	
Andrews, Sasha	12 yrs	2 Kennedy Road, Bundaberg, 4670	12/07/2007	

## 2. Launch the Form

Under the **Referred Services** section, click on Monash Health Specialist Consulting Clinics

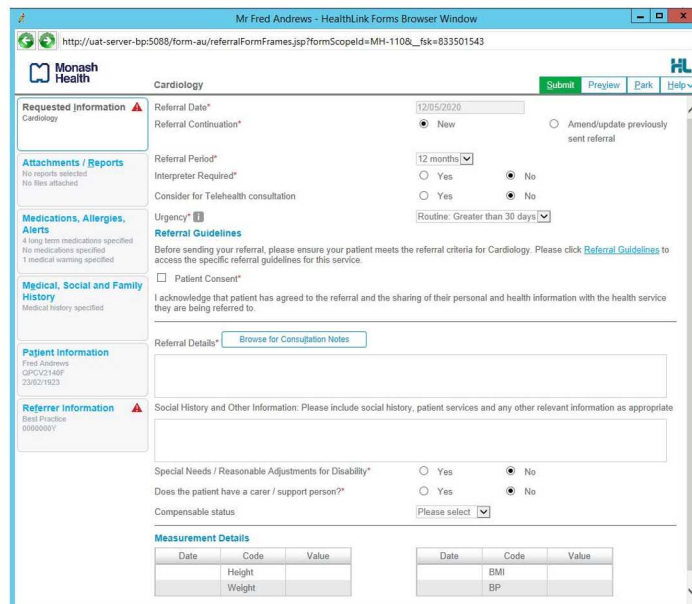
### 3. Select the Monash Health Service you wish to refer to

Select the service you wish to refer the patient to from the list. If the service is available at both Monash Health and Monash Children's Hospital, please select the appropriate facility you wish to refer the patient to. Click the **continue** button on the top right. Should you wish to narrow down the list, you can enter the service (or part of the service) 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 or are awaiting on lab results not yet available, you can **Park** the form to save what you've currently done so far, and come back to it later to complete it.



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

The button **Browse for Consultation Notes** will give you access to today's and previous progress notes from the 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 reports, diagnostic tests, scanned documents or referrals from the last six months. You can browse for additional reports or documents stored earlier in the clinical record or on your computer which have not been stored in the patient clinical record.

<input type="checkbox"/>	Date	Name	Comments	Type	Size
<input checked="" type="checkbox"/>	12/05/2020	Monash Health Specialist Consulting Clinics HTML		html	6 KB
<input checked="" type="checkbox"/>	15/01/2020	Primary Health Tasmania Addendum Form HTML		html	7 KB
<input type="checkbox"/>	15/01/2020	Primary Health Tasmania Hospitals HTML		html	6 KB
<input type="checkbox"/>	03/12/2019	Primary Health Tasmania Hospitals HTML		html	6 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.

Date	Details	Dose	Units	Instructions
14/02/2013	Viagra 50mg Tablet			2 Tablets In the morning
14/02/2013	Ventolin CFC-Free 100mcg/dose Inhaler			2 puffs Inhalation Every 4 hours p.r.n
14/02/2013	Warfarin 3mg Tablet			
14/02/2013	Warfarin 1mg Tablet			

<input type="checkbox"/>	Date	Description	Comments
<input checked="" type="checkbox"/>	15/01/2019	Bee Sting	Requires Antihistamine To Reduce Swelling



Mr Fred Andrews - HealthLink Forms Browser Window

http://uat-server-bp:5088/form-au/referralFormFrames.jsp?formScopeId=MH-111&\_fsk=-1367380530

Monash Health

Cardiology Submit Preview Park

**Requested Information** ▲  
Cardiology

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

**Medications, Allergies, Alerts**  
4 long term medications specified  
No medications specified  
1 medical warning specified

**Medical, Social and Family History**  
Medical history specified

**Patient Information**  
Fred Andrews  
QPCV21408\*  
23/02/1923

**Referrer Information** ▲  
Best Practice  
0000000Y

**Current Medical Conditions**

<input type="checkbox"/>	Code	Description	Comments
<input type="checkbox"/>	445111008	Cryotherapy - Solar Keratosis(Es)	
<input type="checkbox"/>	38196001	X-Ray - Chest	
<input type="checkbox"/>	303238005	Wart(S) - Removal Of	
<input type="checkbox"/>	54398005	Urti	
<input type="checkbox"/>	405944004	Asthma	

**Relevant Past History**

<input type="checkbox"/>	Code	Description	Comments
<input type="checkbox"/>	17585008	Testicular atrophy	

**Family History**

<input type="checkbox"/>	Code	Description	Comments
<input type="checkbox"/>	73211009	Diabetes	

**Social History**  
Smoker

## 7. Ensure patient and referrer information is correct

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 missing you will see the validation symbol displayed on the tab. To complete it, just click on the tab and fill-in the required field.



Mr Fred Andrews - HealthLink Forms Browser Window

http://uat-server-bp:5088/form-au/referralFormFrames.jsp?formScopeId=MH-112&\_fsk=1635113650

Monash Health

Cardiology Submit Preview Park Help

**Requested Information** ▲  
Cardiology

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

**Medications, Allergies, Alerts**  
4 long term medications specified  
No medications specified  
1 medical warning specified

**Medical, Social and Family History**  
Medical history specified

**Patient Information**  
Fred Andrews  
QPCV21408\*  
23/02/1923

**Referrer Information** ▲  
Best Practice  
0000000Y

**Patient Information**

Date of birth\* 23/02/1923

Medicare/DVA Eligible  Yes  No

Medicare number 2294724171

DVA number QPCV21408\*

Private health fund name

Medicare expiry

Pension number

Patient membership number

Name\* Fred Andrews

Gender\* Male

Patient's Indigenous status\* Neither Aboriginal nor Torres Strait Islander origin

Residential Address 3 Takalvan Street, Bundaberg, QLD, 4670

Postal Address Same as residential  Yes  No

3 Takalvan Street, Bundaberg, QLD, 4670

Contact Details (Select preferred phone contact) Home 38281836

Next of Kin No patient next of kin specified

Mr Fred Andrews - HealthLink Forms Browser Window

http://uat-server-bp:5088/form-au/referralFormFrames.jsp?formScopeId=MH-112&\_fsk=1635113650

Monash Health

Cardiology Submit Preview Park Help

**Requested Information** ▲  
Cardiology

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

**Medications, Allergies, Alerts**  
4 long term medications specified  
No medications specified  
1 medical warning specified

**Medical, Social and Family History**  
Medical history specified

**Patient Information**  
Fred Andrews  
QPCV21408\*  
23/02/1923

**Referrer Information** ▲  
Best Practice  
0000000Y

**Recipient**  
Referral number\* MH-112  
Referral creation date\* 12/05/2020 16:11 NZST

Facility\* Monash Health

**Medical Practitioner Information**

Medicare Provider Number\* 0000000Y  
Medical Registration Number 0003626233399965

HPI-I

Name Dr Best Practice

Full name Dr Best Practice

Practice name HealthLink Townsville

Practice Address 4 69 Eyre Street, Suite, North Ward, QLD, 4810

Practice telephone\* 0744015550  
Practice fax

Email register@healthlink.net  
EDI\* hbgnuat

## 8. Submit the Referral

To preview the referral, click **Preview** to verify that the form has been completed correctly. The form will highlight which tab and which fields are incomplete if you have missed some mandatory information for the referral. When you are ready, click on **Submit** to send your referral. This will safely and securely send the form directly to Monash Health and you will see a copy of the completed form containing an acknowledgment of receipt. If required you can print a copy by clicking the **Print** button. Note that it is not necessary for the printed copy to be sent or taken to the hospital.

**Monash Health** Referral to Cardiology Submit Preview Park Help

Mr Fred Andrews - HealthLink Forms Browser Window  
[http://uat-server-bp:5088/form-au/referralFormFrames.jsp?formScopeId=MH-107&\\_fsk=-2135603543](http://uat-server-bp:5088/form-au/referralFormFrames.jsp?formScopeId=MH-107&_fsk=-2135603543) Print

**Referral Sent and Acknowledged on 12/05/2020 16:02**

**Cardiology**

Patient: Fred Andrews, 97yrs, M, DOB 23/02/1923, Phone: Hme 38281836  
 Residential address: 3 Takalvan Street, Bundaberg, QLD 4670  
 Postal address: same as residential address  
 Referred by: Best Practice, HealthLink Townsville, Prov. No. 0000000Y, HPI-O 8003628233359965, PH 0744015655  
 Referral date: 12/05/2020 16:02 NZST

**Clinical Referral Information**

Referral Date: 12/05/2020  
 Referral Continuation: New  
 Referral Period: 12 months  
 Interpreter Required: No  
 Consider for Telehealth consultation: No  
 Urgency: Routine: Greater than 30 days

**Referral Details**

Date: 09/04/2020 00:00:00 Actions: Imaging request printed to Synergy Radiology: Mammography - Mammogram +/- Ultrasound  
 Special Needs / Reasonable Adjustments for Disability: No  
 Does the patient have a carer / support person? No

**Medications, Allergies, Alerts**

**Current Medications**

Date	Details	Dose	Units	Instructions
14/02/2013	Warfarin 3mg Tablet			
14/02/2013	Ventolin CFC-Free 100mcg/dose Inhaler			2 puffs Inhalation Every 4 hours p.r.n

**Allergies and Alerts**

Date	Description	Comments
15/01/2019	Bee Sting	Requires Antihistamine To Reduce Swelling

## Access Parked Referrals

To access a parked referral from the patient's record, click on the **View Menu** and Select **HealthLink Forms**. From the available listing, double-click on the parked form you would like to open. Complete the form and then click submit to submit the referral.

Created Date	Patient	Subject	Provider	Addressee	Location	Status	Message ID
12/05/2020	Fred Andrews	Monash Health Specialist Consulting Clinics	Dr Best Practice	mhrefer	HealthLink Townsville	AutoSaved	MH-111
12/05/2020	Fred Andrews	Monash Health Specialist Consulting Clinics	Dr Best Practice	mhrefer	HealthLink Townsville	AutoSaved	MH-110
12/05/2020	Fred Andrews	Monash Health Specialist Consulting Clinics	Dr Best Practice	mhrefer	HealthLink Townsville	Parked	MH-106
12/05/2020	Fred Andrews	Monash Health Specialist Consulting Clinics	Dr Best Practice	mhrefer	HealthLink Townsville	Waiting for Act	MH-107

## Viewing or Printing Submitted Referrals

A copy of the submitted form can be found in the Correspondence Out section of the patient clinical record. Select the referral from the list and it will display in the right hand viewing window. Note that to see or print a copy of the referral just after submitting it, click on correspondence out and press the F5 button on your keyboard to refresh the correspondence out list.

**HealthLink Forms - Mr Fred Andrews**

Start Date: 12/04/2020 End Date: 12/05/2020 Provider: All Location: All Status: All

**Correspondence Out**

Referral Sent and Acknowledged on 12/05/2020 16:02 NZST

**Cardiology**

Patient: Fred Andrews, 97yrs, M, DOB 23/02/1923, Phone: Hme 38281836  
 Residential address: 3 Takalvan Street, Bundaberg, QLD 4670  
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**Referral Details**

Date: 09/04/2020 00:00:00 Actions: Imaging request printed to Synergy Radiology: Mammography - Mammogram +/- Ultrasound  
 Special Needs / Reasonable Adjustments for Disability: No  
 Does the patient have a carer / support person? No

HealthLink helps over 60,000  
healthcare practitioners deliver  
certainty in care by enabling them  
to exchange patient information  
quickly, reliably and securely.

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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

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