



# Quick Start Guide

## Application for ACT Approval to Prescribe Controlled Medicines

### CONTACT

If you require further technical support please contact:

HealthLink  
helpdesk@healthlink.net  
1800 125 036

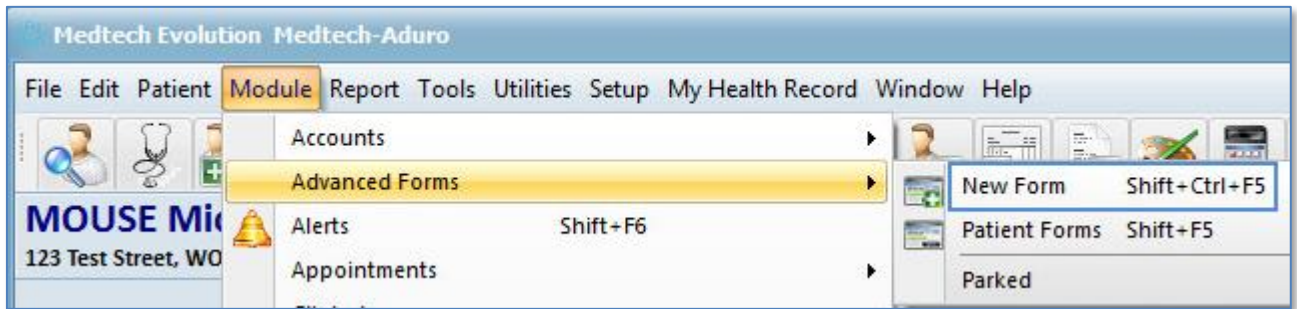
If you have questions relating to the Approval to Prescribe Controlled Medicines Application, please contact:

[HPS@act.gov.au](mailto:HPS@act.gov.au)  
02 6205 1700

*The electronic approval to prescribe controlled medicines application has been designed to make it easier for you to seek approval for your patients electronically. This quick start guide has been developed to help you navigate within the new digital form.*


## 1. Open the patient record

Search for the patient and open their electronic medical record. Once you are in patient records go to **Module>Advanced Forms>New Forms** menu.



## 2. Launch the Form

Under the Referred Services section within the HealthLink Homepage, click on the form that you want to open.



**Certainty  
in Care**

1800 125 036 (AUS)  
helpdesk@healthlink.net

Contact Us

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### Specialist and Allied Health Referrals

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**CareSelect**

near

Anywhere

clear

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### Referred Services

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Application for ACT Approval to Prescribe Controlled Medicines

Australian Hearing Medical Certificate  
Chris O'Brien Lifehouse 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. If you need to do something else, you can 'Park' the form to save what you've currently done so far.

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

**ACT Government Health**

**Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines**

**Requested Information**  
Application for ACT Approval to Prescribe Controlled Medicines

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

**Patient Information**  
MICKEY MOUSE  
8003602345688835  
22/02/1999

**Referrer Information**  
Sam Entwistle  
889843

**APPLICATION FOR ACT APPROVAL TO PRESCRIBE CONTROLLED MEDICINES**  
S560, Medicines Poisons and Therapeutic Goods Regulation 2008

What is your medical speciality? \*

Is the patient drug dependent? \*  Yes  No

What is the indication for use of the controlled medicines? \*

Do you want to prescribe by category or by drug? \*  Category  Drug

### 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 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.

**ACT Government Health**

**Referral to the ACT Chief Health Officer for Approval to Prescribe Controlled Medicines**

**Requested Information**  
Application for ACT Approval to Prescribe Controlled Medicines

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

**Patient Information**  
MICKEY MOUSE  
8003602345688835  
22/02/1999

**Diagnostic Reports / Patient Documents**

Attach file from EMR supports: jpeg, msword, pdf, plain text, rtf, tiff  
Attach file from Computer supports files that end in types: doc, docx, jpeg, jpg, pdf, rtf, tif, tiff, bxt  
Access Key: ctrl+alt+o

Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	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	
<input type="checkbox"/>	04/10/2015	MOUSE_M_results.rtf			1 KB	
<input type="checkbox"/>	18/04/2013	4.tif		tiff	0 KB	

## 5. 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**

## 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 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 15/02/2018 11:23 NZDT

Referral to ACT Chief Health Officer (CHO) for approval 

Patient: MICKEY MOUSE, 18yrs, 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



### Accessing Parked Forms

To access a parked form from the patient's record, go to **Module>Advanced Forms> Patient Forms** or **Parked** to access parked forms. Double click on the desired Parked form to complete.

[Screenshots to be added]

### Accessing Submitted Forms

A copy of the submitted form can be found by going to go to **Module>Advanced Forms> Patient Forms** and double click on submitted form.

[Screenshots to be added]

For all queries, please call the  
HealthLink Customer Support Line:

Monday to Friday (except public holidays) 8am- 6pm  
Phone 1800 125 036 Support email: [helpdesk@healthlink.net](mailto:helpdesk@healthlink.net)



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Level 3, 13-15 Teed Street  
Newmarket, Auckland 1023  
New Zealand

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

HealthLink helps over 30,000 healthcare practitioners deliver certainty in care by enabling them to exchange patient information quickly, reliably and securely.

1800 125 036 (AU)  
0800 288 887 (NZ)