# SA Health eReferral

SmartForm Quick Guide

**Genie Edition** 

#### Acknowledgements

We would like to acknowledge the Kaurna peoples who are the Traditional Custodians of the Adelaide region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present

#### Step 1. Open the patient's file.

🥙 Genie - [Patient: 0 of 16 Records - Current User Charley Fletcher]		- 0
🔆 File Edit Open Records Billing Patients Special Help		
🔍 🕂 🧟 🌮 🛍 🍛 🍼 🗟 🌌 🖉 🍏	PC & Consults	
Surname First Name Middle DOB	Chart No Mobile Phone Usual Provider La	st Seen Last Seen By Acct ld Balance
	First Name	
	Chart Or NHS	
11	DOB	
<u>ا</u>		
	Cancel OK	
	@ can be used as a wildcard character. (Shift-2)	

### Step 2. From the Menu Select Tools > HealthLink Online.

🥙 Genie - [Mr Caleb Derrington (15/06/1933) 4 Old Tenterfield Rd Paddys Flat 2469 (M: 0455555555) - Current User Charley Fletcher]

🥙 File Edit Open	Tools Special Help	
00:33 🔬 🔬 🔊	Interested Parties New Consultation Ctrl+N	Add Cons Edit Cons Marked
Summary Notes Checkl	Modify Today's Consultation Ctrl+Z	
ALLERGIES	Consultation Summary	
Penicillins	Print Complete Record	
	Quick History	
	Open Current Bregnancy Ctrl+Shift+D	Print Page Setup Find Copy Paste Zoom
	open current reginancy curronner	$\sim$ 12 $\sim$ <b>B</b> I $\cup$ 100% $\sim$
U 🛛 🌑 pit 🌗 ni/	Add Task Ctrl+T	ATION RECORD: Mr Caleb Derrington
9 contacts	Add Procedure	
	Add Pathology Result	Inesday, 02/08/2023 12:58 PM
All 📓 🥖 🦉 🥙	Add Document	g Problem: Prescription
Date	Add Measurement	Dr Charley Fletcher
02/08/2023	Add Workcover Claim	//Plan: Isosorbide mononitrate 120mg Sustained release tablets 1 od (30, R5)
28/10/2022	Lesions	300mg - myarochiorotninaziae iz.3mg Coaled Tablet Tablets 1 od (30, RS) 1100mg/dose Ibaler 1 2 every 4 6 bours pri (200 dose1 PS)
01/09/2022	GP Management Plans	tin 20mg Tablets 1 od ( <b>30</b> E5)
10/08/2022	Add Care Plan - old method	200mg - Benserazide hydrochloride 50mg Oral Tablet Tablets 1 tds (100, R5)
10/08/2022 SH5	Add Health Assessment	b 60mg/mL Solution for injection 1 every 6 months 1 injection to be injected by the dr every 6 months (1 mL1, RNil)
03/04/2017 SHS	Centrelink Certificates	am 10mg Tablets 1 mane daily (28, R5)
		18mcg (capsules) Powder for inhalation 1 mane daily ( <b>30</b> , R5)
	Estimate PEFR	ung lablets 1 tablet dally with food (30, KNII) hydrocharde 500mg Tablets 1 bd with food (100 B5)
	INR Control	hydrochionae sooning rablets i bu with rood (100, 103)
	Thyroid Control	
	Percentile Charts	
	Alcohol AUDIT	
	Mini Mental State	
	Aged Depression	
	PASI Scores	
	Rheumatology	
	HealthLink Online	
	Register for My Health Record	

Step 3. Select the New button to launch the HealthLink homepage.

1	🧐 Genie									
File	File Edit Open Records Special Help									
*	😤 Mir 😕 HealthLink Online for Test Patient									
16 10	16:15     Show:     M       10 yr:     Show:     M									
Sur	nma	Date/Time	Description	Mode	View Type	Provider	Msg Control Id	Status		New
AL	LER	21/03/2022 12:45:31	Specialist Referral	R	text/html	Dr Test Referrals	SR-65292	Form Submitted	^	Resume
		22/02/2022 12:33:44	Specialist Referral	E		Dr Test Referrals	SR-61533	Unknown		View
		15/02/2022 10:24:37	Specialist Referral	R	text/html	Dr Test Referrals	SR-60331	Form Submitted		
										Delete

Step 4. Here you will find a list of your available services. Click on SA Health underneath Referred Services.

	ealthLink		1800 125 036 (AUS) helpdesk@healthlink.net
Make a referral	Update referral - Tasmania	Update referral - SA Health	
Specialis	ts, Allied Health Pro	viders and GPs	
S <mark>R</mark> S	Decialists & Referrals Refer	to Private Specialist	

### **General Services**

This is the AU UAT Environment	NSW Certificate of Capacity
NSW Certificate of Capacity External Demo	ReturnToWorkSA Work Capacity Certificate

### **Referred Services**

ACT Public Outpatient and Community Austin Health ccCHiP - Cardiometabolic Health in Psychosis DPV Community Health HealthLink Logging Service Mercy Hospital for Women My Aged Care Referral	Application for ACT Approval to Prescribe Controlled Medicines Banyule Community Health Chris O'Brien Lifehouse Services Eastern Health Hearing Australia Medical Certificate Monash Health Northern Health
Mercy Hospital for Women My Aged Care Referral	Monash Health Northern Health
Northern NSW LHD – eReferrals PRP Diagnostic Imaging	Northern Sydney Local Health District Services

Step 5. Click on the service and facility you wish to refer to and select **Continue** at the top right, this will launch the SmartForm.

Government of South Australia SA Health			Continue
Cardiology	Facility*	Queen Elizabeth Hospital Roval Adelaide Hospital	$\smile$
Allied Health			
+ Anesthesia			
Bariatric Assessment			
A Burne			
E COVID-19			
- Cardiology			
Cardiology			
Cardiology - Paediatrics			
Cardiothoracic			
Cardiothoracic - Surgery			
- Child Development Unit			
- Child Protection Services			
Child and Adolescent Mental Health Services (CAMHS)			
Chronic Pain			
+ Cleft and Craniofacial			
Colorectal			
Critical Pain			

## Step 6. An example of the form below will be displayed. Complete all fields that have an asterisk (\*). Patient data will be pre-populated from your clinical software where available.

*Please Note: HealthLink is aware the Medication Dose and Unit Value does not prepopulate. Please review and adjust where appropriate prior to submitting the eReferral SmartForm.* 

Government of South Australia	-					HL		
SA Health	ENT & Maxillary Facial - Paediatrics		<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> elp∨		
Requested Information A ENT & Maxillary Facial - Paediatrics	The Department of Health and Wellbeing supports the right Bulkbilled) or public (hospital funded) patient. Patients atten specialist who will have oversight of their treatment. If the pa Medicare for the services they provide. Patients attending th the clinic and will be a public patient, funded by the hospital.	of our patients to choose to be treate ding the clinic with a named referral stient chooses to be a private patient le clinic with an un-named referral wi There is no cost to the patient for ei	d as either a vill be booke the doctor v I be seen by her option. 1	private (Me d in with an vill be able to the attendin friage and ap	dicare appropri b bulk-bil g doctor opointme	ate II in ent		
Attachments / <u>Reports</u> No reports selected No files attached	scheduling is based on clinical need for all patients. Treated as public or private*	O Public O Private						
	Referral Date*	10/08/2023				- 1		
Medications, Allergies,	Referral Continuation*	O New				- 1		
No long term medications specified	O Amended referral/update previously se					- 1		
No medical warnings specified		O Renew expired referral				- 1		
Medical, Social and Family	Referral Period*	12 months 🗸				- 1		
History No medical history specified	Urgent Access Referral In the opinion of the referring clinician this patient may require review more expediently than can be managed with an Urgent							
	(category 1) triage category.		-	-		- 1		
Carmen Actphh No patient ID available 12/05/1963	Referral Details* Browse for Consultation Notes							
Referrer Information Best Practice 0000000Y						1		
No Different Regular GP	Interpreter Required*	🔿 Yes 🔍 No						
	Is this person available for telehealth (video conference) consultation?*	O Yes O No	Ur	known				
	Special Needs / Reasonable Adjustments for Disability*	🔿 Yes 🔍 No	O Ur	iknown				
	Is the patient under the Guardianship of the Minister?*	🔿 Yes 🔍 No	O Ur	known				

If you need to gather more information pertinent to the referral or need to complete the form later, you can Park the SmartForm by clicking the Park button at the top right.



## Step 8. You can review the form is completed correctly before submitting by clicking Preview. The form will prompt you of any missing information.

Government of South Australia	a					HL
	ENT & I	Maxillary Facial - Paediatrics	<u>S</u> ubmit	Pre <u>v</u> iew	<u>P</u> ark	<u>H</u> elp∨
Requested Information A ENT & Maxillary Facial - Paediatrics	A	Please fix the following errors: <ul> <li>Patient Id Medicare Number must be no more than 10 characters long</li> </ul>				Î
Attachments / <u>Reports</u> No reports selected No files attached		<ul> <li>Medicare reference number is a required field</li> <li>Patient Consent is a required field</li> <li>Treated as public or private is a required field</li> <li>Referral Continuation is a required field</li> <li>Referral Details is a required field</li> </ul>				

Step 9. Once all the information has been entered and you have previewed the referral, click submit. This will safely and securely send the form electronically via HealthLink.

Preview, not submitted copy



### General Medicine - Paediatrics



Patient: Lauren Hughes, 18yrs, F, DOB 11/08/2005, PH: 0457816922 Residential address: 6 Alex Street, WYNN VALE, SA 5127 Postal address: same as residential address

Referred by: Demo Doctor, HealthLink Genie Test, Prov. No. 2426622L, PH 07 3720 2801, FAX 07 3720 2802

Clinical Referral Information				
Treated as unnamed or named:	Public			
Referral Date:	17/08/2023			
Referral Continuation:	New			
Referral Period:	12 months			

In the opinion of the referring clinician this patient may require review more expediently than can be managed with an Urgent (category 1) triage category.

#### Step 10. Once submitted, a date and time stamp and details of the referral will be listed on the form.

			Print	]
Form sent on 17/08/2023 10:54 AEST				
General Medicine - Paediatrics		Governm SA Health	ent of South A	ustralia
Patient: Lauren Hughes, 18yrs, F, DOB 11/08/2005, PH Residential address: 6 Alex Street, WYNN VALE, SA 5 Postal address: same as residential address Referred by: Demo Degter, Health ink Casie Test, Bree	H: 0457816922 127	AX 07 27	20.2002	
Referral date: 17/08/2023 10:54 AEST	. NO. 2420022L, PH 07 3720 2801, P	AX 07 37	20 2802	
Clinical Referral Information				
Treated as unnamed or named:	Public			_
Referral Date:	17/08/2023			
Referral Continuation:	New			
Referral Period:	12 months			
In the opinion of the referring clinician this patient may re an Urgent (category 1) triage category.	quire review more expediently than o	an be ma	naged with	

Step 11. A copy of the submitted form can be accessed by selecting Tools then HealthLink Online

To	ools	Special Help				
	In	Interested Parties				
	N	New Consultation Ctrl+N				
4	Μ	odify Today's Co	nsultation	Ctrl+Z		
	н					

1	\$				Hea	IthLink Online for Miss Jenny Penne		
	Show: All	¥						
	Date/Time	Description	Mode	View Type	Provider	Msg Control Id		Status
	3/08/2023 16:12:52	Endocrine & Diabetes - Paedi	Р		Dr Demo Doctor	SAH-2474	Unknown	
	3/08/2023 16:12:04	ENT & Maxillary Facial - Paedi	Р		Dr Demo Doctor	SAH-2473	Unknown	
I	3/08/2023 16:07:32	Gastroenterology and Hepat	R	text/html	Dr Demo Doctor	SAH-2472	Acknowledged	
	3/08/2023 16:06:48	Gastroenterology and Hepat	P		Dr Demo Doctor	ISAH-2471	Unknown	

# Accessing Parked SmartForm Referral Forms

#### Step 1. To access a parked form from the patient's record, select Tools then HealthLink Online.



Step 2. From the list you will see the status for each form. Open the Parked form by pressing Resume. You can also use this area to see previously submitted or parked/incomplete forms.

Ä	•••••			HealthLink	Online for Miss	Lauren Hughes		
	Show: Parked							Edit Preferences
	Date/Time	Description	Mode	View Type	Provider	Msg Control Io	d Status	New
	8/08/2023 14:18:14	General Medicine - Paediatrics	Р	·	Dr Demo Doctor	SAH-2443	Unknown	
	8/08/2023 12:59:51	Endocrine & Diabetes - Paedi	E		Dr Demo Doctor	SAH-2506	Unknown	Kesume
	1/08/2023 15:35:20	Gastroenterology and Hepat	Ρ		Dr Demo Doctor	SAH-2442	Unknown	View
1/08/2023 15:34:12 Neurology - Paediatrics P					Dr Demo Doctor	SAH-2350	Unknown	Delete
9     2	Created on: Last Updated on: Description: Save Mode:	1/08/2023 at 15:35:58 8/08/2023 at 14:18:14 General Medicine - Paediatrics Parked						· · · · · · · · · · · · · · · · · · ·
	Form Instance Id:	SAH-2443						
	View Data Type:							
	Resume Path: //form-au/PrepopulateForm.action?aduro_formDefinitionId=sahealth							
	Provider:	Dr Demo Doctor						
	Status:	Unknown						
	Launch URI:	/forms-directory/?aduro_formDefi	nitionId=	forms-directory&adu	uro_aduroVersion=1.1	&aduroVersion=aduro_v1		h

# Viewing Acknowledgements for Submitted SmartForm Referrals

Step 1. To view the 'Ack Status' of a referral, select Open then Correspondence Log.

File Edit	Oper	n Tools	Special	Help		
140		Patients			Ctrl+O	
00:02		Appointments			Ctrl+J	
18 yrs		Address Book			Ctrl+B	
Main Othe		Configure Healthlink				
ALLERGIE		Outgoing	Letters		,	
Penicillin		Incoming	Letters			
Fencinin		Correspor	ndence Lo	9		
		Import Transcribed Letters				
		Scans For	Review			

#### Step 2. The tick under the ACK column indicates the Acknowledgement for the referral.

File Edit Ope	en Record	s Spe	cial Help				
*				Correspondence	Log		×
iew all	Configure Healthlink						
Sent Received	Error Log						
Date	Time	ACK	Patient	Туре	То	Carrier	
17/08/2023	12:54	$\checkmark$	Hughes, Lauren	REF	General Medicine - Paediatrics	Healthlink	^
8/08/2023	17:05	$\checkmark$	Penne, Jenny	REF	ENT & Maxillary Facial - Paediat	Healthlink	=
8/08/2023	17:02	$\checkmark$	Pollen, Chad	REF	General Medicine - Paediatrics	Healthlink	
8/08/2023	16:55	$\checkmark$	Nguyen, Peter	REF	Gastroenterology and Hepat	Healthlink	
8/08/2023	16:50	$\checkmark$	Jayne, Kelsey	REF	ENT & Maxillary Facial - Paediat	Healthlink	
8/08/2023	16:37	$\checkmark$	Hughes, Lauren	REF	General Medicine - Paediatrics	Healthlink	
8/08/2023	10:27	$\checkmark$	Hughes, Lauren	REF	General Medicine - Paediatrics	Healthlink	

# Viewing Notifications received for Submitted SmartForm Referrals

Step 1. To view notifications associated to a submitted referral, select Open then Correspondence Log.



Step 2. From the Correspondence Log, double click on the patient notification you wish to view. Select Open Patient.



Step 3. A box will flash on the top right of the patients record. Select 1 Unlinked Letter.



Step 4. Double click the Patients Name and Link to patient record and Close.





New Task	New Recall	Delete	Close
			4 .

#### Step 5. Notification will then remain under the patient record.

All	80	8 🚊 🛓	1					
Date         Info           08/08/2023         text/html           08/08/2023         text/html		)	Title	Provide	r			
			ENT & Maxillary Facial - Paediatrics [R]	Dr Demo Doctor				
			General Medicine - Paediatrics [R]	Dr Demo Doctor				
E	07/08/2023	Sa Health Sa He	alth Sa H	Notification	Demo Doctor			
E	07/08/2023	Sa Health Sa He	alth Sa H	Notification	Demo Doctor			
E	07/08/2023	Sa Health Sa He	alth Sa H	Notification	Demo Doctor			
Document Type: Not Patient: Hug DOB: 11/ Reference: SAM Date: 7/0		Noti Hugh 11/0 SAHU 7/08	fication es, Lauren 8/2005 -37 /2023					
Se	nt From:		Sa H	ealth Sa Health Sa Hea	lth			
Sent To: Dem			Dem	Demo Doctor				
Decision: Decline Decision Reason: Does not Decision Details: This is			es not Nis is	meet referral criteria a test and has been de	a and/or CPC eclined			

#### For more information and tutorials on SmartForms visit the HealthLink website

https://au.healthlink.net/products/smart-forms/