

HealthLink SmartForms for Best Practice

Welcome to HealthLink SmartForms. The smartest way for health professionals to refer their patients to Head to Health.

Your practice must be running Best Practice Lava SP3 or above to access the HealthLink SmartForms.

HEAD T_o HEALTH

Intake



Submitting eReferrals from Best Practice

Using HealthLink SmartForms

SmartForms enable **Best Practice** users to easily refer and engage with all HealthLink SmartForm service providers including Hospitals, Private Specialist, Transport for NSW and My Aged Care.

SmartForms are designed to speed up the service you can provide for your patients. They give you confidence that your form has been securely delivered to the service provider, and a copy has been saved to your Practice Software. And what's more, they are free for you to use.

HealthLink Technical Support

Email: helpdesk@healthlink.net

Phone: 1800 125 036

Step 1:

Accessing HealthLink SmartForms (eReferrals)

Step 2:

Launching a new form

Step 3:

Completing the form

Step 4:

Previewing, Submitting and Parking

Step 5:

Accessing parked and auto-saved forms

Step 6:


Accessing submitted forms

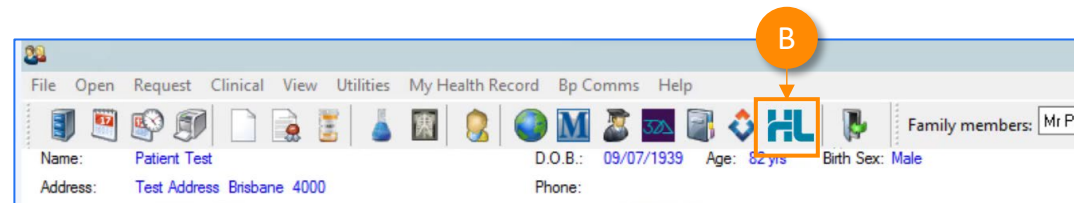
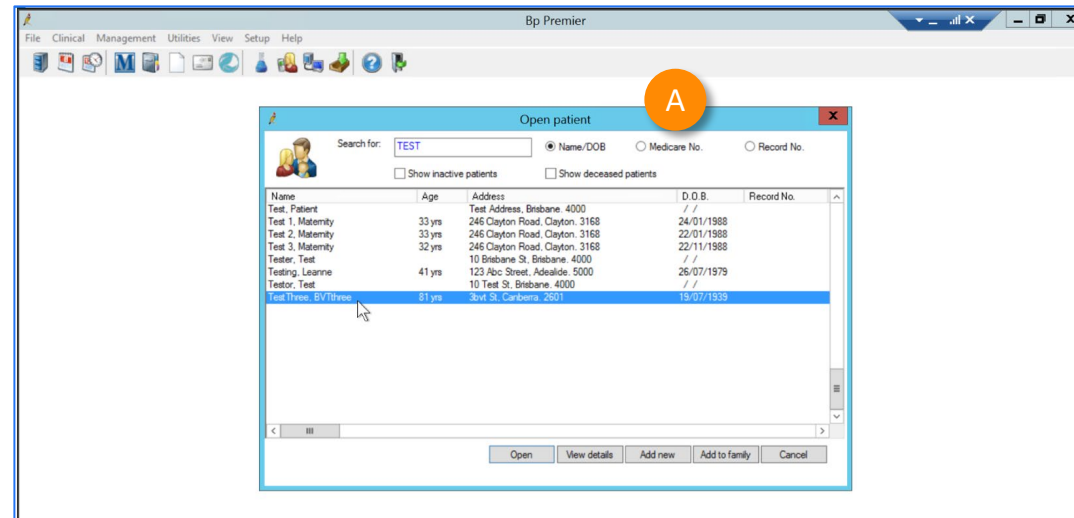
Step 7:

What happens after a referral has been made?

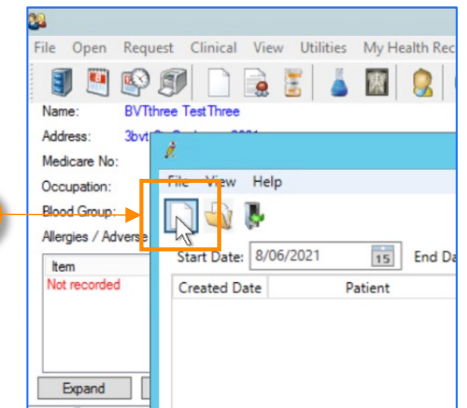
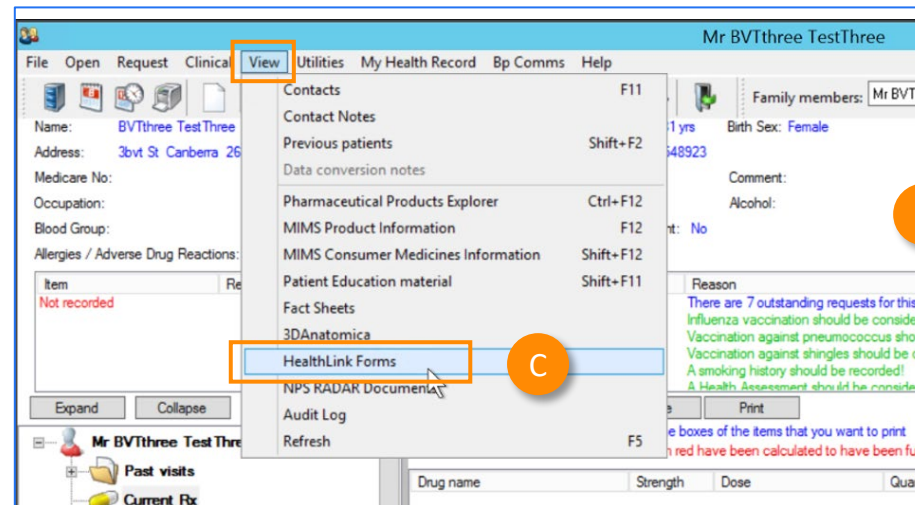
Step 1: Accessing HealthLink SmartForms (eReferrals)

To access the forms within your
Best Practice software...

- A First, search for the patient and open their electronic medical record.
- B Then click the **HealthLink icon**  from the quick launch bar to launch the **HealthLink home page**.
- or
- C Click **View** from the menu and select **HealthLink Forms**.
- D And then click the **New Form** button to launch the **HealthLink home page**.



or



Step 2:

Launching a new form

Now you're on the HealthLink home page...

- A Here you'll find a list of available services to refer patients.
- B Within the **Referred Services** section, Click on the link named **Head to Health Phone Service**.

To launch the smart form, Head to Health require you to then:

- C • **Select a specific state and PHN**
- D • **Facility: Head to Health Intake**
- E • Then click **Continue** to launch the form.

(e.g. *Head to Health Phone Services – VIC – North Western Melbourne PHN*)

HealthLink

Make a referral Update referrals

Specialists, Allied Health Providers and GPs

Referred Services

Head to Health Phone Service

HEAD TO HEALTH Intake 1800 595 212

Type here to search for a service

Facility* Head to Health Intake

Continue

NSW
Nepean Blue Mountains
QLD
Brisbane South PHN
VIC
North Western Melbourne PHN

Step 3: Completing the form

Now you've loaded the form to complete and submit.


A The SmartForm layout provides a consistent, easy-to-use tabular structure on the left, with the main action window on the right.

B Mandatory Fields must be completed prior to submitting the SmartForm and are each highlighted with a red asterisk.


You'll notice SmartForms are **responsive**: They will pre-populate all available patient and referrer data and contain logic to request more specific patient information based on your selections.

Note: Once you have ticked on the consent box – the form will open and start pre-populating the patients details

HEAD TO HEALTH
Intake 1800 595 212


Requested Information 
North Western Melbourne PHN

Attachments / Reports
No reports selected
No files attached


Medications, Allergies, Alerts 
2 long term medications specified
8 medications specified
No medical warnings specified

Patient Information
MICKEY HEATLEY
No patient ID available
17/12/1941

Referrer Information
Sam Entwistle
No Different Regular GP

Requested Information 
North Western Melbourne PHN

Attachments / Reports
No reports selected
No files attached

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8 medications specified
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Patient Information
MICKEY HEATLEY
No patient ID available
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- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an appointment

Privacy Collection Notice

The patient's personal and health information is protected in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. The patient's personal and health information in the following pages will be collected, used and disclosed for the primary purpose of facilitating the patient's care and the referral. As this is a referral, it is not appropriate to collect health and personal information directly from the patient. If this information is not collected, the referral cannot be progressed. For further information about how the patient's personal and health information will be managed, please click [here](#).

Head to Health eReferral Form - Terms of use

By using this Head to Health eReferral service, and pressing submit, you agree to the Head to Health eReferral form terms of use, which can be found [here](#).

Consent


- ☐ The patient, or guardian, has consented to the referral (including their personal and health information) being shared with the Head to Health team, their local Primary Health Network (who manages the service) and if the patient is referred onto a service - other relevant service providers and health professionals as required for the purpose of to facilitating their care. They understand that this information will be kept safe and private and will be used to determine what support they need.*

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The patient, or guardian, has consented to share their de-identified data with the Commonwealth Department of Health and Aged Care, state and territory health departments and evaluators. This de-identified data includes personal information like date of birth, gender, postcode and health outcomes. The patient, or guardian is aware that this de-identified data can also be linked to other available de-identified data about them to facilitate research. The service does not share the patient's name, address or other personally identifiable details that can be linked back to the patient.* 

☐ Yes ☐ No ☒ Not stated

Referral Details

Referral Date*

13/02/2025

Are you referring this patient due to concerns about suicide risk or their need for suicide prevention services? ☐ Yes ☐ No

Step 3:

Completing the form

C The additional details can be completed by using the drop-down menu and using the **Yes / No** radio buttons

D Assessment section of the form will ask if you would like to use the Initial Assessment and Referral Decision Support Tool (IAR-DST).

Select the developmental age group.

Additional Patient Details

The majority of patient demographic information is contained within the "Patient Information" tab, and populated from your medical software. Please review for accuracy prior to submission.

If unsure of an answer to a question below, please leave unanswered.

Gender identity	<div>Please select</div>
Patient pronouns	<div>Please select</div>
Patient sexual orientation ⓘ	<div>Please select</div>
Patient has Health Care Card	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Patient has Medicare card	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Patient has DVA Card	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Patient has Pensioner Concession Card	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Homelessness	<div>Not homeless</div>
NDIS participant	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Proficiency in spoken English	<div>Please select</div>
Main language spoken at home	<div>Please select</div>
Interpreter required?*	<div><input type="radio"/> Yes <input checked="" type="radio"/> No</div>
Do you identify as having a multicultural background?	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Patient's preferred consultation method	<div>Please select</div>
Preferred location for service	<div></div>
Preferred contact method	<div>Please select</div>
Are there any safety concerns with contact methods? ⓘ	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Next of Kin or Emergency Contact	
Relationship to patient	<div>Please select</div>
Is the Next of Kin the preferred contact?	<div><input type="radio"/> Yes <input type="radio"/> No</div>

Assessment

D Do you want to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) for this patient?*

☒ Yes ☐ No

Developmental age group*

GP Mental Health Treatment Plan

Has a GP Mental Health Treatment Plan been completed?*

If applicable, please attach the Mental Health Treatment Plan in the

Please Select

Please Select

Child (5-11)

Adolescent (12-17)

Adult (18-64)

Older Adult (65+)

Step 3:

Completing the form

IAR – DST Calculator

E In the form you can use the drop down to select the level.

TIP: The domain rating guide under each question will open another window and take you the official IAR-DST website.

F Click on Calculate to determine the IAR-DST recommended level of care.

Note: For more information on the IAR-DST please [click here](#).

Assessment

Do you want to use the Initial Assessment and Referral Decision Support Tool (IAR-DST) for this patient?*

☒ Yes

☐ No

Developmental age group*

Adult (18-64)

Initial Assessment and Referral - Decision Support Tool

Note: Please refer to the IAR-DST rating guidance for selections.

Primary Domains


Domain 1 - Symptom Severity and Distress*

1 = Mild or sub diagnostic

Domain rating guide 

Domain 2 - Risk of Harm*

1 = Low risk of harm

Domain rating guide 


Domain 3 - Functioning*

1 = Mild impact

Domain rating guide 

Domain 4 - Impact of Co-Existing Conditions*

3 = Severe impact

Domain rating guide 

Contextual Domains


Domain 5 - Treatment and Recovery History

1 = Positive

Domain rating guide 


Domain 6 - Social and Environmental Stressors*

2 = Moderately stressful environment

Domain rating guide 

Domain 7 - Family and Other Supports*

4 = No supports

Domain rating guide 

Domain 8 - Engagement and Motivation

2 = Limited

Domain rating guide 

Calculate

IAR-DST recommended level of care*

Level 3+ Moderate Intensity Services

Additional information supporting IAR-DST selection

Do you agree with the IAR-DST recommended level of care?

☒ Yes

☐ No

Step 3: Completing the form

IAR-DST

G If you disagree with the IAR-DST calculation; use the drop-down menu and text box.

Then **click through the remaining Tabs** on the left to **ensure all the pre-populated patient information has been either selected, or de-selected, as appropriate to submit to the service provider.**

All these features ensure you're providing a quality, and compliant submission every time, on behalf of your patients.

G Do you agree with the IAR-DST recommended level of care? ☐ Yes ☒ No

Practitioner assessed level of care*

Please include the rationale for any deviation between the DST-derived level of care.*

GP Mental Health Treatment Plan

Has a GP Mental Health Treatment Plan been completed? ☐ Yes ☒ No

If applicable, please attach the Mental Health Treatment Plan in the Attachments/Reports tab of this referral.

HEAD TO HEALTH
Intake 1800 595 212

North Western Melbourne PHN - Head to Health Intake

[Submit](#)

[Preview](#)


[Park](#)

[Help](#)


Requested Information 
North Western Melbourne PHN

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts
No long term medications specified
No medications specified
No medical warnings specified

Patient Information 
John Smith
No patient ID available
13/02/1985

Referrer Information
Brett Mitchell
No Different Regular GP

 **Form has been auto-saved.**

Patient Information

Date of birth*

Name*

John Smith

First name*

John

Middle name(s)

Last name*

Smith

Preferred name

Gender*

Male

Patient's Indigenous status*

Not stated/inadequately described

Gender Identity

Country of Birth

Residential Address

Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

Step 3: Completing the form

Attachments

H The **Attachments / Reports** tab will give you access to all the supporting documents that you may wish to attach to the form.

I 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...**

J • stored in your Practice Management Software by clicking the **Browse for Patient Document** button .

K **Note:** Make sure to update the date parameters if you want to see files that are older than 6 months.

L • **Or** in your local computer's file system by clicking the **Browse for Local File** button.

The screenshot shows the 'HEAD TO HEALTH Intake' form for 'North Western Melbourne PHN - Head to Health Intake'. The 'Attachments / Reports' tab is selected, showing a table of patient documents. A callout box 'H' points to the tab. A callout box 'I' points to a row in the table. A callout box 'J' points to the 'Browse for Patient Document' button. A callout box 'L' points to the 'Browse for Local File' button. A callout box 'K' points to the 'Date from' field in the 'Attach File' dialog.

HEAD TO HEALTH Intake 1800 595 212 North Western Melbourne PHN - Head to Health Intake

Requested Information: General Surgery

Attachments / Reports

Medications, Allergies, Alerts

Medical, Social and Family History

Diagnostic Reports / Patient Documents

Browse for Patient Document Browse for Local File

Attach file from EMR supports: gif, html, jpeg, doc, docx, pdf, txt, rtf, tiff
Attach file from Computer supports files that end in types: doc, docx, gif, htm, html, jpeg, jpg, pdf, rtf, tif, tiff, txt
Caution: larger attachments may take significant time to preview

<input type="checkbox"/>	Date	Name	Comments	Type	Size	
<input type="checkbox"/>	01/09/2021	File_123		rtf	80 KB	
<input checked="" type="checkbox"/>	01/10/2021	File_456		rtf	8 KB	
<input checked="" type="checkbox"/>	01/11/2021	File_789		rtf	90 KB	

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 all staff.

Attach File

Name

Date from 08/01/2019 Date to 08/07/2021 Search

Attach Cancel

<input type="checkbox"/>	Date	Name	Comments	Type	Size
	08/07/2021	File One	Assessment	43 KB
	09/10/2019	File Two	Assessment	52 KB
	01/10/2019	File Three	Assessment	48 KB
	24/09/2019	File Four	Assessment	44 KB

Step 4: Previewing, Submitting and Parking

Previewing

A You can verify that the form has been completed correctly by clicking **Preview** allowing you to review the details before submitting.

B Whether you click **Preview** or **Submit**, if a piece of required information is incomplete or incorrect, the form will notify you to complete or correct it.

HEAD TO HEALTH Intake 1800 595 212 North Western Melbourne PHN - Head to Health Intake

Submit Preview Park Help

Requested Information
General Surgery

Medical Practitioner Information
Medicare Provider Number* 0000000A
HPI-I
Name
Full name
Dr Name

Medical Registration Number 123456
HPI-O 123456789098765

North Western Melbourne PHN - Head to Health Intake

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wrk 03 9 23423221, Hme 03 9 53532221

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, PH 03 9 358 0116, FAX 03 9 4433456

Referral date: 13/02/2025 12:14 NZDT

Clinical Referral Information

Important Information

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- Please do not use for critical emergencies; instead, follow your existing emergency healthcare pathways or call 000
- Once received, this referral will be assessed by the Head to Health team and allocated to an appropriate service. Head to Health may call the patient to discuss their referral.
- You will be informed of the referral status and the service will contact your patient directly to arrange an appointment

Privacy Collection Notice

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HEAD TO HEALTH Intake 1800 595 212 North Western Melbourne PHN - Head to Health Intake

Submit Preview

Requested Information
Gastroenterology & Liver Clinics

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

Referred To* Please Select

Referral date* 17/10/2023

Referral type* ☒ New ☐ Updated

• Patient consent is a required field
• Reason for referral is a required field
• Referred To is a required field
• Triage category is a required field

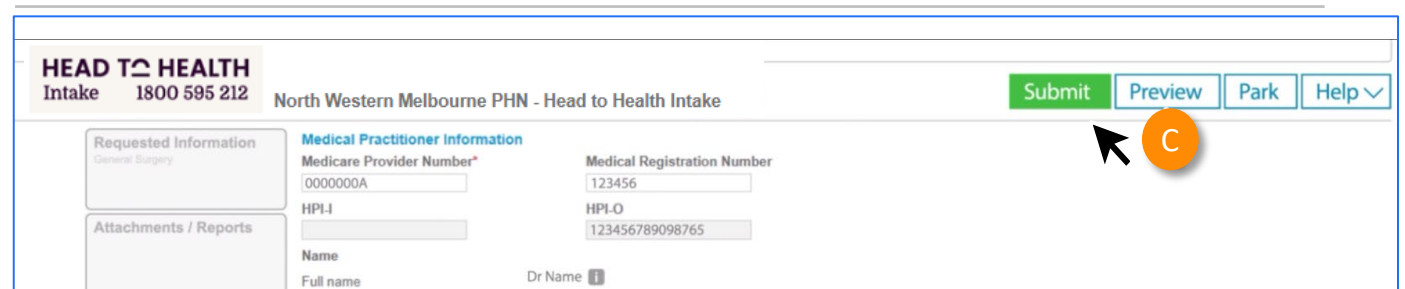
Step 4: Previewing, Submitting and Parking

Submitting

- C** When you are ready to send your form, click **Submit**.
- D** This will safely and securely send the form electronically via HealthLink, and you will see a copy of the completed form with a **date stamp**.

A copy of the submitted form is saved directly to the patient file.

- E** If you'd like to provide the patient with a copy, you can left-click the **Print** button or right-click anywhere on the submitted form and choose Print.



Step 4: Previewing, Submitting and Parking

Parking

F And if you need more information to complete the form, you can **Park** the form to save what you've done so far and come back to it later.

SubmitPreviewParkHelp

HEAD TO HEALTH
Intake 1800 595 212

North Western Melbourne PHN - Head to Health Intake

Requested Information
North Western Melbourne PHN

Attachments / Reports
No reports selected
No files attached

Medications, Allergies, Alerts
No long term medications specified
No medications specified
No medical warnings specified

Patient Information
John Smith
No patient ID available
13/02/1985

Referrer Information
Brett Mitchell
No Different Regular GP

Form has been auto-saved.

Patient Information

Date of birth*
13/02/1985

Name*
John Smith

First name*
John

Middle name(s)

Last name*
Smith

Preferred name

Gender*
Male

Patient's Indigenous status*
Not stated/inadequately described

Gender Identity

Country of Birth

Residential Address
Please add only the following State or Territory codes, ACT, NSW, NT, QLD, SA, TAS, VIC, WA only in the State field

©HealthLink

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Step 5:

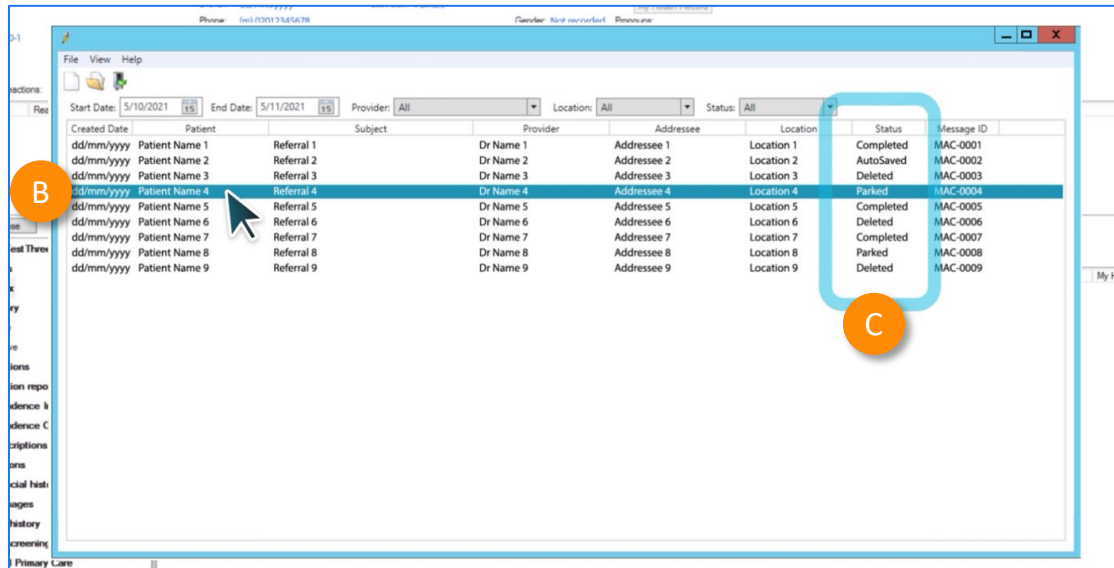
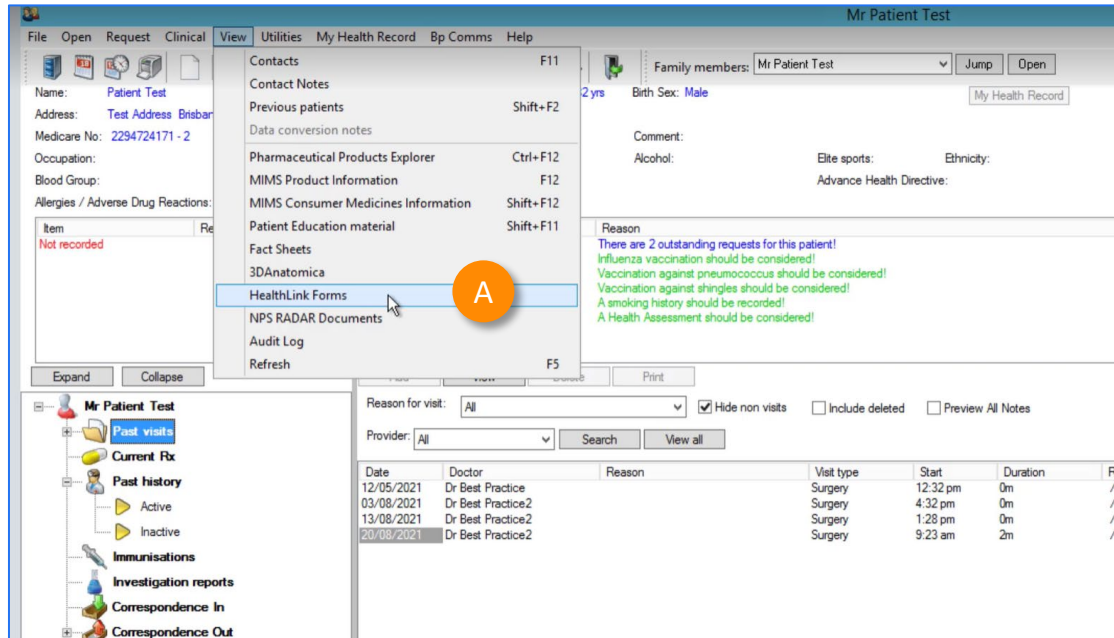
Accessing parked and auto-saved forms

A To access parked or auto-saved forms, from the patient's record, select **HealthLink Forms** under the **View** menu.

B From the available list, **double-click on the Parked or AutoSaved** form you would like to open.

Note: when returning to a parked or auto-saved form, due to security policy, any previously added attachments will need to be re-added.

C You can also use this area to see **completed** and **deleted** forms.



Step 6: Accessing submitted forms

- A** A copy of the submitted form can be found in the **Correspondence Out** section of the clinical record for the patient. You can use the **F5** key to refresh this section.
- B** To view a submitted or saved/parked messages in the Correspondence Out section, highlight the message,
- C** Then click **View** and it will display the form.

The screenshot displays the HealthLink software interface for a patient named Patty Smith. The interface includes a menu bar at the top with options like File, Open, Request, Clinical, View, Utilities, My Health Record, Bp Comms, and Help. Below the menu bar, patient details are listed, including Name, Address, Medicare No., Record No., Pension No., Birth Date, Sex, Email, Comment, Alcohol, Pregnancy status, and Ethnicity. A table of notifications is also present, listing various health checks and their due dates. On the left side, a tree view shows the patient's clinical record, with sections like Today's notes, Past visits, Current Rx, Past history, Immunisations, Investigation reports, Correspondence In, Correspondence Out, Past prescriptions, Observations, Family/Social history, Clinical images, Obstetric history, Cervical screening, and Enhanced Primary Care. The 'Correspondence Out' section is highlighted with an orange box and labeled 'A'. Within this section, a specific message dated 21/08/2023 is highlighted with an orange box and labeled 'B'. To the right of the message list, a 'View' button is highlighted with an orange box and labeled 'C'. The main content area on the right displays the details of the selected message, including the patient's name, address, and clinical referral information.

Form sent on 21/08/2023 10:29 AEST

Sensitive: Personal

North Western Melbourne PHN - Head to Health Intake

HEAD TO HEALTH Intake 1800 595 212

Patient: MICKEY HEATLEY, 83yrs, M, DOB 17/12/1941, PH: 0401 201 2011, Wtk 03 9 23423221, Hme 03 9 53532221

Residential address: 95 Pitt Street, Apartment, Sydney, NSW 2000

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What happens after a referral has been made?

- ## Viewing incoming reports (Using the shortcut)

B This will take the **logged-on provider** to **their inbox** and show their incoming correspondence.

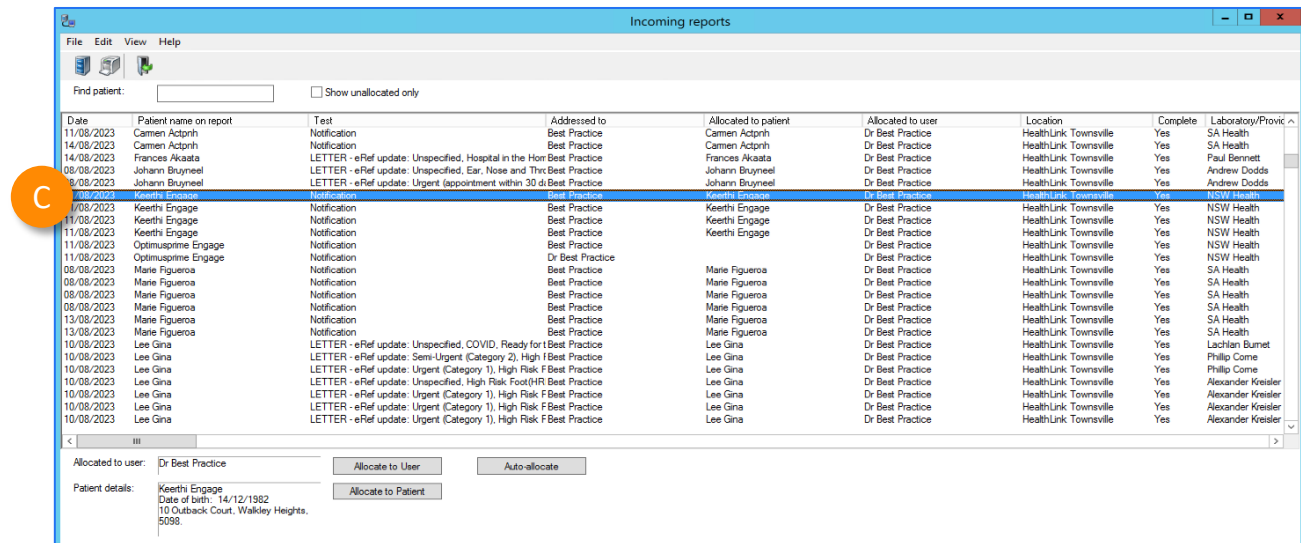
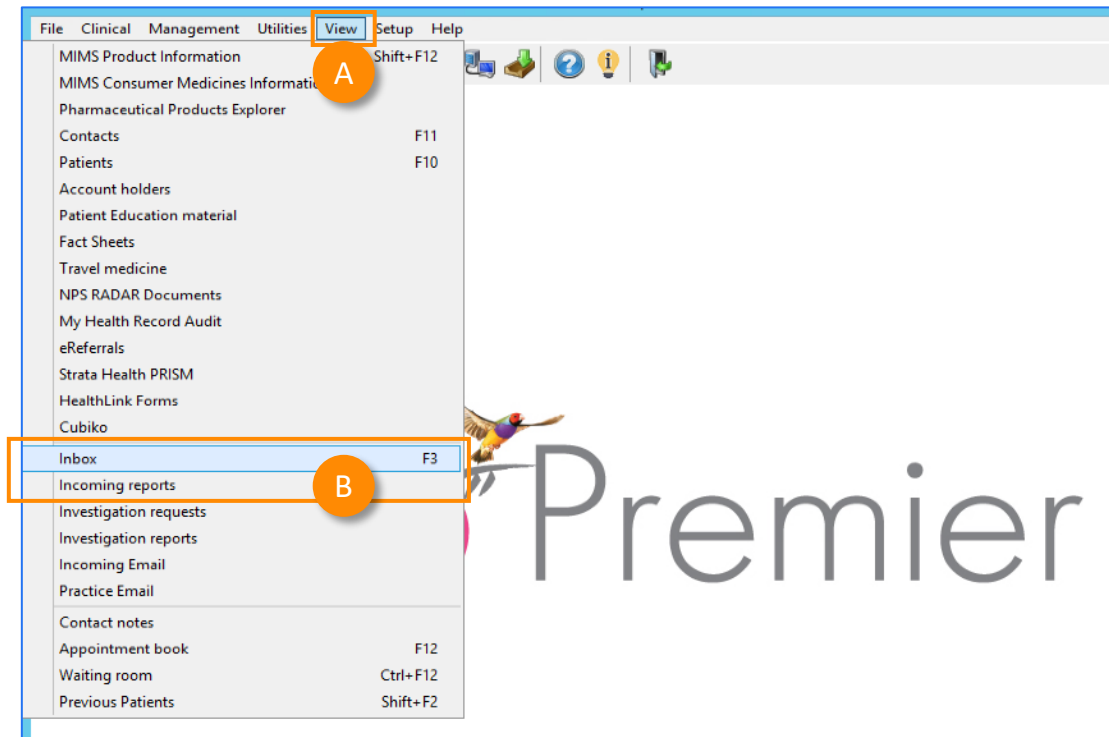


Step 7: What happens after a referral has been made?

Viewing incoming reports (via the View menu)

To view **all** incoming reports that have been received **into your practice...**

- A** Click **View** from the menu
- B** Select **Inbox** or **Incoming reports**
- C** Here you can open and view incoming reports and allocate them to other users or to the patient.



Customer Care

Phone: 1800 125 036

Email: helpdesk@healthlink.net

Monday to Friday (Except Public Holidays)

8:00am – 6:00pm

www.healthlink.com.au

HealthLink* — Part of
Clanwilliam

HealthLink is part of Clanwilliam, a vast network of healthcare enterprises spanning across the United Kingdom, Ireland, New Zealand, Australia, and India. Together, we're working to create safer, more efficient and better healthcare for everyone.