

HealthLink SmartForms for Zedmed

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

Your practice must be running Zedmed v35 or above to access the HealthLink SmartForms.

HEAD T_o HEALTH

Intake



Submitting eReferrals from Zedmed

Using HealthLink SmartForms

SmartForms enable **Zedmed** 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:

**Managing SmartForms and eReferrals in
Zedmed**

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
Zedmed software...

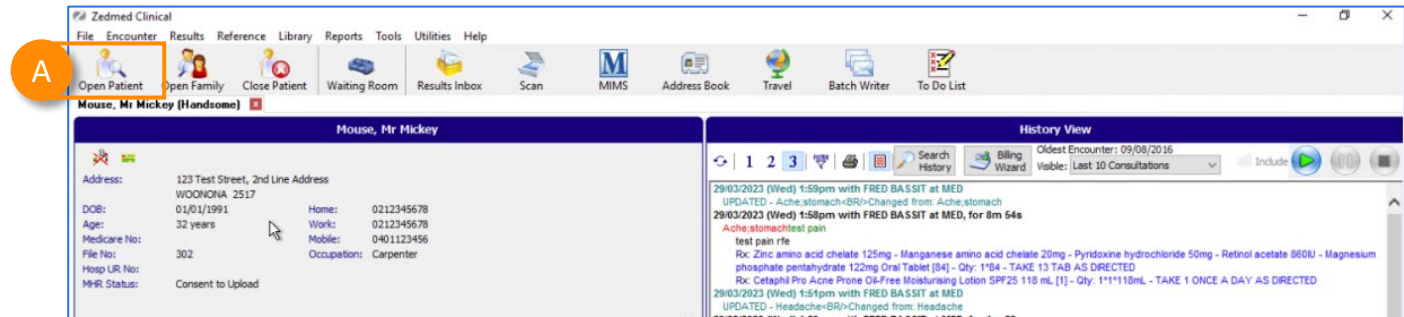
A First, search for the patient and open their
electronic medical record.
(Hotkey: F4)

Once the patient's file is open, there are
several ways to launch the HealthLink
forms page.

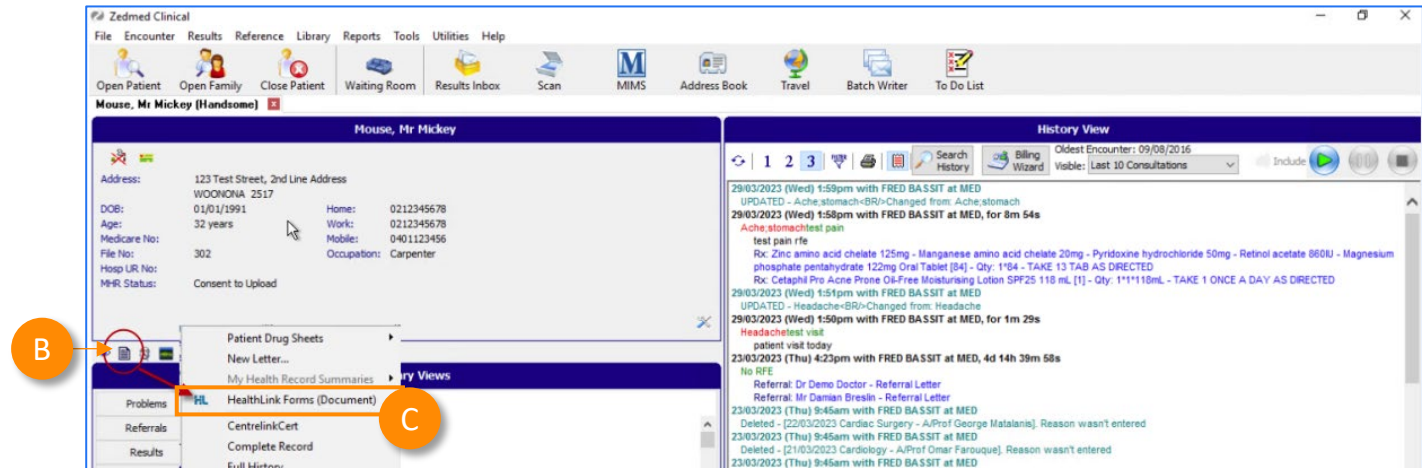
B One way is to click the **Quick Documents**
icon

C and select **HealthLink Forms (Document)**
from the pop-up menu.

Alternatives methods on the following page...



Method 1:



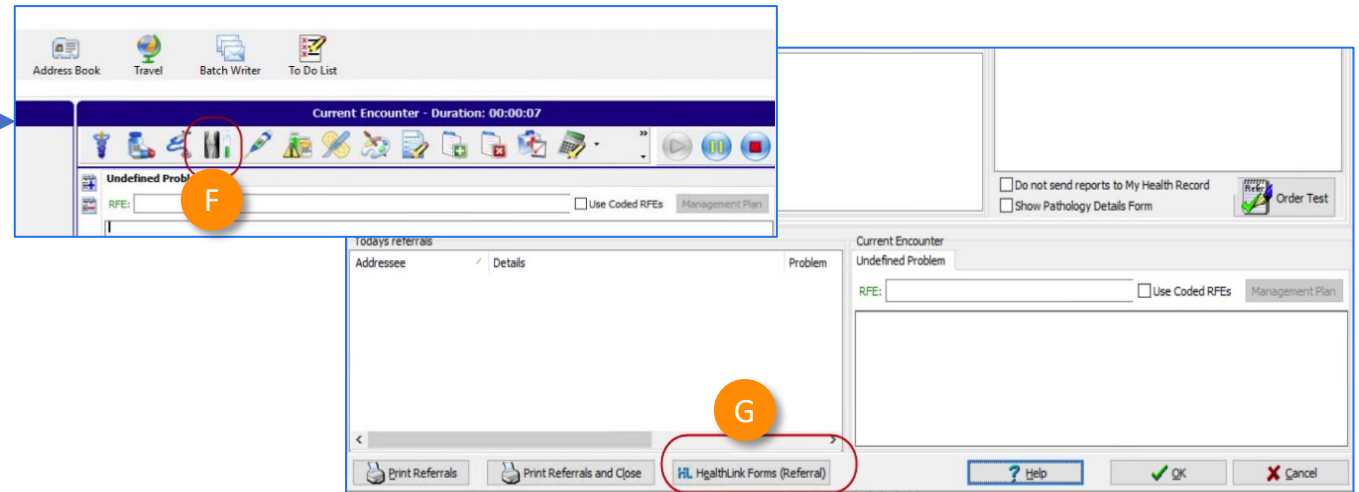
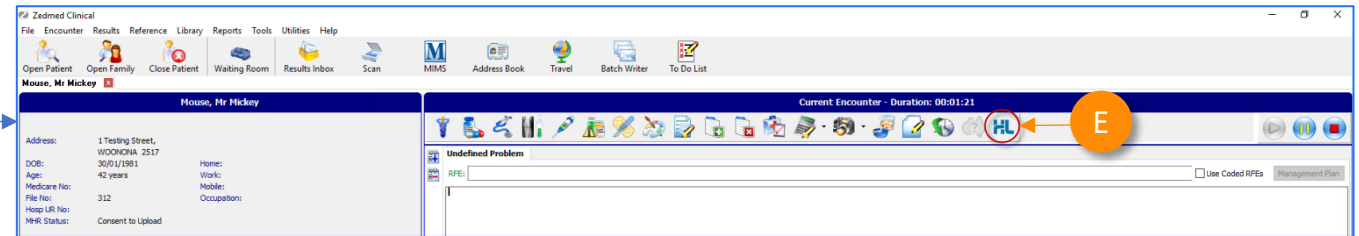
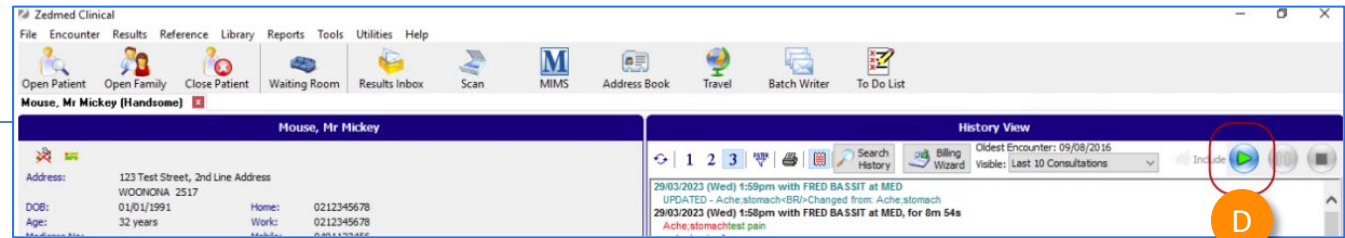
Step 1:

Accessing HealthLink SmartForms (eReferrals)

Alternatively, when you've opened the patient's medical record...

- D** Choose **Start Encounter**
- E** Then click the **HealthLink (HL)** icon
- Or
- F** Choose **Referral Icon** and
- G** Then click on the **Healthlink Forms (Referral)** Referral Module

Start Encounter



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

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

Important Information

The following information **MUST** be understood by the referring clinician and the patient:

- Head to Health Phone Service provides a free, confidential referral service for anyone seeking mental health support.
- Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am - 5.00pm (excluding public holidays).
- 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.*

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.*

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.*

Please select

- Level 1 - Self Management
- Level 2 - Low intensity services
- Level 3 - Moderate intensity services
- Level 4 - High intensity services
- Level 5 - Acute and specialist community health services

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*

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

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.

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 users with access to the patient's record.

Attach File

Name

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

Attach Cancel

<input type="checkbox"/>	Date	Name	Comments	Type	Size
<input type="checkbox"/>	08/07/2021	File One	Assessment	43 KB
<input type="checkbox"/>	09/10/2019	File Two	Assessment	52 KB
<input type="checkbox"/>	01/10/2019	File Three	Assessment	48 KB
<input type="checkbox"/>	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
Medical Registration Number 123456
HPI-I
HPI-O 123456789098765
Name
Full name Dr Name

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

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- 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

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

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.

Form sent on 17/02/2025 09:34 AEDT

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, 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

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: Managing SmartForms and eReferrals in Zedmed

A Any HealthLink SmartForm referral created for a patient can be viewed and interacted with in Zedmed's **Summary Views** section of the patient's record .

Locating a patient's referral/document...

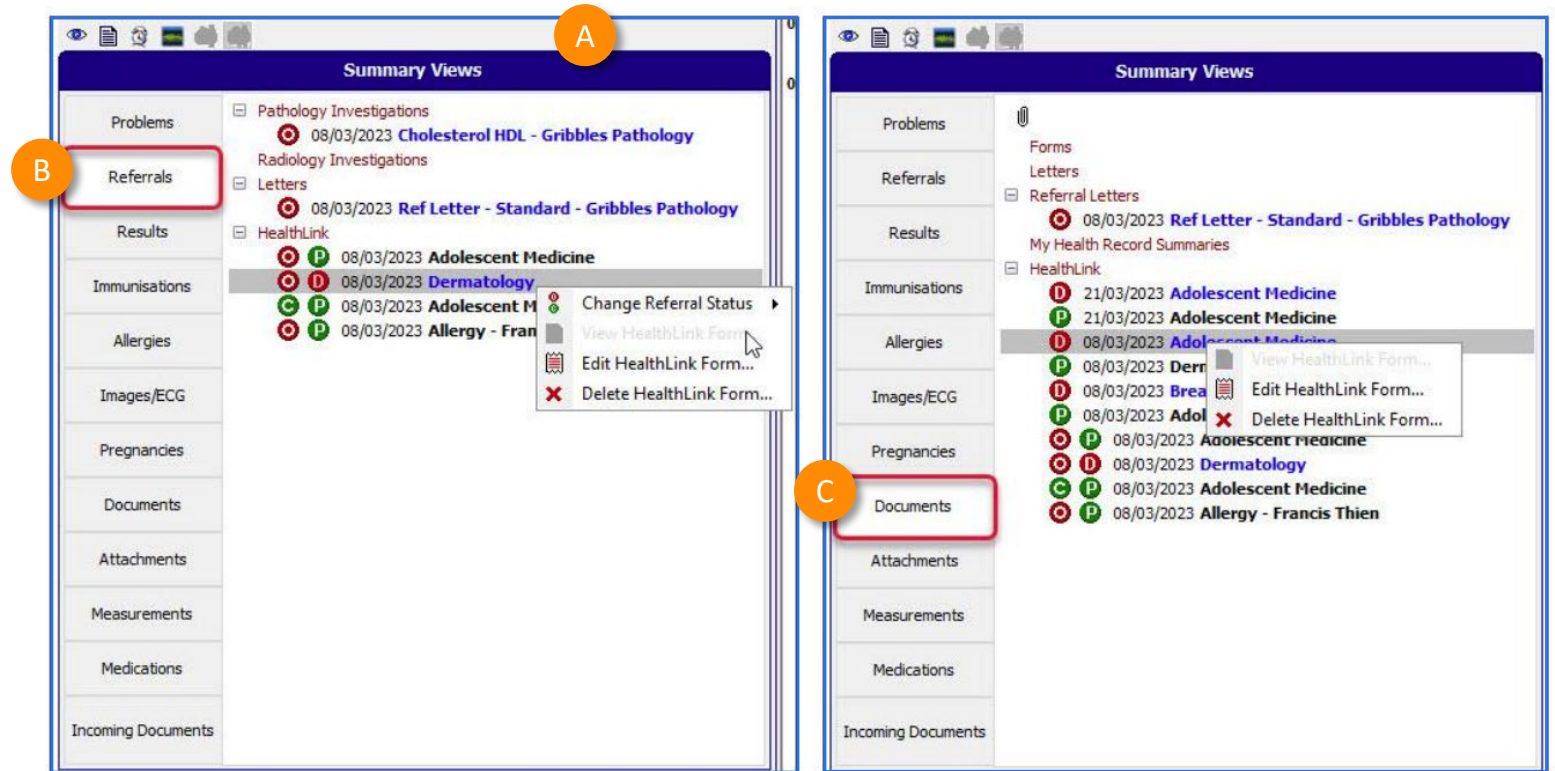
B If a referral is done through an Encounter, then it will go into the **Referrals** tab.

C If a referral is done through Quick Documents, it will show in the **Documents** tab.



Note: You can locate 'parked' and 'auto-saved' forms here too.

Note: Users need to right click on the item they want to edit / update.




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



Zedmed status options manually selected by doctor:

-  Open - referral not been actioned or discussed with the patient.
-  Closed - referral has been discussed with the patient or no action is required.

HealthLink status options:

-  Draft - the referral/document has not been submitted.
-  Processed - the referral/document has been submitted.
-  Awaiting Acknowledgement – the referral has been submitted, waiting for an Acknowledgement from the Referred To service.

Step 6: Accessing submitted forms

A A copy of the submitted form can be found in the **Summary View > Referrals** section

B Or the **Summary View > Documents** section

The screenshot displays the Zedmed Clinical software interface for a patient named 'Mouse, Mr Mickey'. The interface is divided into several sections:

- Top Menu:** File, Encounter, Results, Reference, Library, Reports, Tools, Utilities, Help.
- Navigation Bar:** Open Patient, Open Family, Close Patient, Waiting Room, Results Inbox, Scan, MIMS, Address Book, Travel, Batch Writer, To Do List.
- Patient Information:** Address: 123 Test Street, WOONONA 2517; DOB: 01/01/1991; Age: 32 years; Medicare No: 302; File No: 302; Hosp UR No: ; MHR Status: Consent to Upload.
- Summary Views:** A list of referrals is shown, including 'Referral Letter - Dr Rahul Sonar (HL)' and 'Referral Letter - Standard - Dr Rahul Sonar (HL)'. The 'Documents' section is highlighted with a red box and a red 'B' label.
- Referrals List:** A list of referrals is shown, including 'Referral Letter - Dr Rahul Sonar (HL)', 'Referral Letter - Standard - Dr Rahul Sonar (HL)', 'Referral Letter - Mr Colin Wilce', 'Referral Letter - Rajab Nabi', 'Referral Letter - Dr Test Specialist', 'Referral Letter - Central Referral Service', 'Referral Letter - Mr Damian Breslin', and 'Referral Letter - Kyle Macdonald (HL)'. The 'Documents' section is highlighted with a red box and a red 'B' label.
- Referral Details:** A detailed view of a referral is shown on the right, including the date, time, and location of the referral, as well as the reason for the referral.

Step 7:

What happens after a referral has been made?

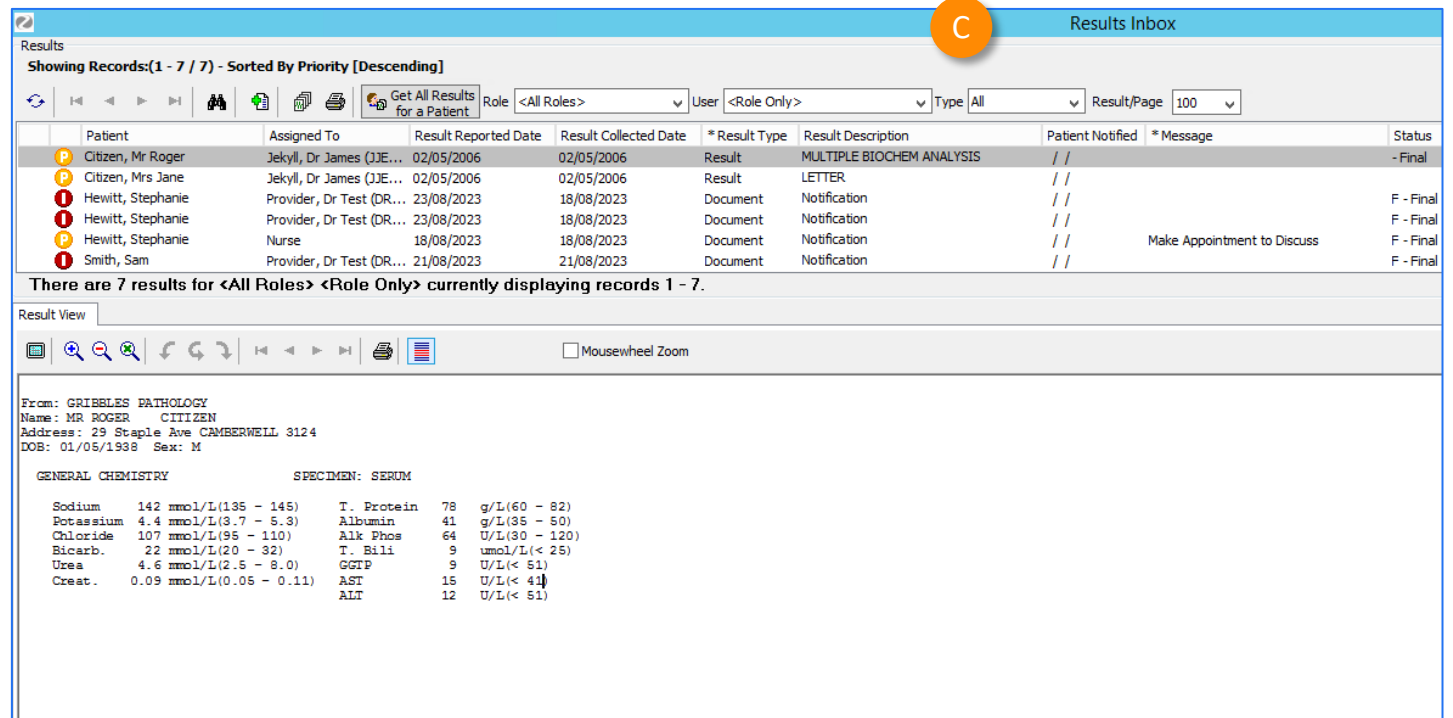
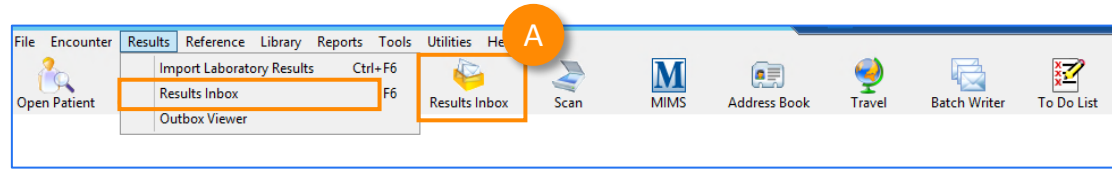
- Head to Health will respond with a **Status Message** regarding the **Referral Acceptance** or **Referral Rejection** with reasons.
- These Status Messages will be received back into your Practice Software using the same workflows when receiving Incoming Reports and Results, and Other correspondence like Discharge Summaries.

Viewing incoming reports

A Click on 'Results Inbox' or go Results > Results Inbox.

B Use the selection tool bar to filter results such as choosing 'Role' and 'User'.

C This will bring up a list of results for the selected filters.



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 collectively to create safer, more efficient and better healthcare for everyone.