

## **Quick Reference Guide**

Online General Practitioner Form Transport for NSW

## 1. Accessing the Online Form

Transport for NSW online form can be accessed through your **EMR** system or through an **online portal**.

#### **EMR Systems**

- If you are using and EMR system to complete the form, please proceed to page 5.
  - EMR systems that support the online form:
    - Genie Solutions
    - Best Practice
    - Medical Director
    - Medtech

For more details on where to find the online form within the EMR system, please refer to the applicable Quick Start guide for your EMR system which can be found at <u>https://au.healthlink.net/knowledge-base/</u>.

#### **Online Portal**

• If you are using the Online Portal to complete the form please continue to page 3.

## 2. Log in to MyHealthLink Portal

In your preferred Web Browser go to <u>https://auportal.healthlink.net/hlkportal/login</u>.

Log-in using your account username and password.

Log in	
acitizen	
••••••	
Remember me	
	Login
	Forgotten password/username?

#### 3. HealthLink Portal Homepage

On the right hand side, select **<u>compose</u>** to get access to the online form.

	ealth nk	Certainty in Care
Forms	My Sett	ings
Compose		Inbox
Inbox (5)	J	Refine by
Parked		Received Between
Submitted		Form Status
Profile		Description

### 4. Services Landing Page

Select Transport for NSW

**Referred Services** 

Chris O'Brien Lifehouse Services My Aged Care Referral

Hearing Australia Me	edical Certificate
Transport for NSW	

#### **5. Patient Details**

Enter all of the patient's details in the fields provided and select '<u>Next</u>'. Anything that is marked with a \* is a mandatory field.

**Important Note:** these details need to match what is on the patients NSW Driver licence/record to enable Transport for NSW to validate the customer.

Enter Patient'	s Details		
Patient's ID		Date of Birth *	07/07/1985
First Name *	Seven	Last Name *	Systest
Postal Address:		Residential Address: Same as Postal *	Yes 🗸
Address Line 1*	1 Smith Street		
Address Line 2			
Suburb	Test Town		
State *	NSW		
Postcode	1111		
Contact Details:			
Home		Work	
Mobile		Email	
			Next

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#### 6. Form Selection

From the list of forms, select '**NSW Fitness to Drive Medical Assessment**' then click the green continue button.

• If you hover over each form type you will be provide a brief description about the forms primary use.



#### 7. Driver Licence Verification

- Select and enter either a valid NSW 'Driver Licence' or 'Customer' number
- Tick 'Patient Consent obtained'
- Click 'Validate/Retrieve' to confirm the patients details with Transport for NSW

Driver Licence Verification						
<ul> <li>Driver licence</li> <li>Driver licence numb</li> <li>Patient consent</li> </ul>	number O Customer number her* 4756Cl obtained* Validate / Retrieve	Patient surname Date of birth	HUDSON 21/01/1965			
Current medical as	ssessment information	Address				
Name Date of birth Licence number Licence class Field of practice* Medical standard* Assessing medical	MR Mavis Joan HUDSON 21/01/1965 4756CI LR General Practitioner Private Private	9 MALP STREET WARILLA NSW 2528 Reason for medical	1.			
Consider Continue with I	the nature of the driving task when pe Medical Assessment	forming this assessment.				

#### 8. Driver Licence Verification continued

- 'Field of practice' pre-populates with General Practitioner but can be changed to Other.
- 'Assessing medical standard' can be changed. However, this will be pre-populated with the medical standard currently recorded by Transport for NSW.
- Select 'Continue with Medical Assessment' to proceed.

Driver Licence Verification							
<ul> <li>Driver licence</li> <li>Driver licence numb</li> <li>Patient consent</li> <li>Current medical as</li> <li>Name</li> <li>Date of birth</li> </ul>	number O Customer number ber* 4756Cl t obtained* Validate / Retrieve ssessment information MR Mavis Joan HUDSON 21/01/1965	Patient surname Date of birth Address 9 MALP STREET WARILLA NSW 2528	HUDSON 21/01/1965				
Licence number	4756CI	Reason for medical	11				
Licence class	LR						
Field of practice*	General Practitioner 🔹						
Medical standard*	Private						
Assessing medical standard*	Private 🗸		11				
Consider the nature of the driving task when performing this assessment. Continue with Medical Assessment							

#### 9. Completing the Form

• Once you have generated the form, any pre-existing medical conditions that are recorded on the patient's Transport for NSW record will be **pre-selected** within the form for easy processing.

DIABETES				
Does the patient have diabetes?* 1	$\bigcirc$	Yes	0	No
Please select the relevant condition(s): *				
Diabetes controlled by diet only				
Tablets and/or other non-insulin agents				
Diabetes controlled by Insulin				
Does the patient have any end organ effects that may impact safe driving?* 👔	0	Yes	0	No
EPILEPSY				
Does the patient have epilepsy?* 👔	0	Yes	0	No
NEUROLOGICAL CONDITION				
Does the patient have vestibular, neurological or other neurodevelopmental disorders?* 📋	0	Yes	0	No
SLEEP DISORDER				
Does the patient have sleep apnoea or narcolepsy?* 🚹	$\odot$	Yes	0	No
Please select the relevant condition(s): *				
Narcolepsy				
Sleep Apnoea				
Is the condition well controlled?*	0	Yes	0	No
Does the patient need to be referred to a specialist for further review?*	0	Yes	0	No

• If you click on the 🗊 icons, you will be provided with a link to the 'Assessing Fitness to Drive' standards or helpful information about induvial conditions.



## **10. Treatment History**

There are fields to provide Transport for NSW with information about how long you have been treating the patient.

#### TREATMENT HISTORY



When did you first treat the patient?\*

When did the patient first attend this practice?\*

Did you have any knowledge of the patient's medical history before undertaking this assessment?\*

#### **RECOMMENDATIONS\***

- O Meets the medical criteria for unconditional licence no further review required
- Meets the medical criteria for a conditional licence
- O Does not meet the medical criteria for a driver licence unfit to drive
- Any additional comments on conditions likely to affect driving? [i]

#### DECLARATION

Applicant declaration read and accepted\*

Aug 🗸 / 2020		]
Aug 🗸 / 2020		]
Yes	0	No

### **11. Recommendations**

The Recommendations section provides 3 options for you to provide your opinion about the patients medical fitness to drive.

• Meets the medical criteria for an unconditional licence – no further review required. *This option is only available if your patient has no relevant medical conditions.* 

#### **RECOMMENDATIONS\***

- Meets the medical criteria for unconditional licence no further review required
- Meets the medical criteria for a conditional licence
- Does not meet the medical criteria for a driver licence unfit to drive
- Does not meet the medical criteria for a driver licence unfit to drive. To be used when your patient is temporarily unfit or permanently unfit to continue driving.

#### **RECOMMENDATIONS\***

- O Meets the medical criteria for unconditional licence no further review required
- Meets the medical criteria for a conditional licence
- Does not meet the medical criteria for a driver licence unfit to drive

Permanently Unfit means TfNSW will cancel the driver licence. Temporarily Unfit means TfNSW will suspend the driver licence until further medical clearance is obtained. Please select the duration\*

O Permanently Unfit

O Temporarily Unfit

#### 12. Recommendations continued

• Meets the medical criteria for a conditional licence. To be used for a customer with medical conditions that will require ongoing review and/or additional assessments/licence conditions.

#### **RECOMMENDATIONS\***



Important Note: Please only select **applicable** additional information in this section. Only fields marked with a \* are mandatory.

## 13. Attaching a report

If you have an additional report/information that you would like to provide Transport for NSW you can add an attachment.

To attach a report:

- Select the 'Attachments/Reports' tab on the right hand side.
- Click 'Browse for Local File' or 'Browse for Patient Document' (EMR systems only).



- Select the relevant document you wish to attach the select 'Upload'.
- Once uploaded you will see the document listed under the 'Local File Attachments'.

#### Local File Attachments

	Date	Name	Comments	Size
<b>&gt;</b>	27/07/2020	Quick Wins.docx		178 KB

### 14. Submitting a completed form

• Once you have completed a form all that is left to do is submit. In the top left hand click the 'Submit' button.



• If there are any mandatory fields that have not been completed you will received a message asking you to fix them before submitting the form

<ul> <li>Please fix the following errors:</li> <li>Is the condition well controlled? is a required field</li> <li>Has the response to treatment been satisfactory? is a required field</li> </ul>							
Driver Licence Verification							
The medical standards for licensing are available in 'Assessing Fitness to Drive' on www.austroa	ids.com.au.						
SLEEP DISORDER							
Does the patient have sleep apnoea or narcolepsy? i	Ye	es O	No				
Please select the relevant condition(s): *							
✓ Narcolepsy							
Is the patient compliant with treatment?*	0 Ye	es 💿	No				
Has the response to treatment been satisfactory?*	O Ye	es 🖸	No				
Sleep Apnoea							
Is the condition well controlled?*							
Do you wish to comment on any other medical conditions?* O Yes O No							

## **15. Submitting a completed form**

• You will receive confirmation that the report has been received by Transport for NSW.

Referral Sent and Acknowledged on 27/07/2020 21:50 AEST



• Base on how the form has been completed additional information may also be provided advising the patient of additional assessment/licence conditions they will require.

Referral Sent and Acknowledged on 04/08/2020 22:30 AEST

#### **Assessment Summary**

Report received by Transport for NSW and the following assessments/conditions are now required. The assessments/conditions listed below are additional to any other assessments that may have been requested already. You will receive a letter with additional information in the post.

Licence Conditions:

· May only drive auto vehicles (Added)

Specialist Assessments:

· Ophthalmologist Assessment

For any enquires please contact Service NSW on 132213

## 16. Printing or saving a copy

Once the form has been submitted you can print or save a copy of the PDF, just select the 'Print' button.

	Print
Referral Sent and Acknowledged on 27/07/2020 21:50 AEST	
Assessment Summary	
Report has been forwarded to Transport for NSW for processing.	
For any enquires please contact Service NSW on 132213	

Or on the homepage under the 'Submitted' tab you will see all your previously submitted forms. You can select and review these reports at anytime.

Forms	My Se	ettings							Welcome Lawrence
	e	Submitted For	ms List						
Inhox (5	a	Refine by							
Parked	,	Submitted Between	enter date	and	enter date		Patient's Name	enter first	and/or last name
G Submitte	ed	Form Type	all	✓ Ref ID	enter reference II	D	Patient's ID	medical ic	dentifier
Profile 🖸		Description	enter description d	letails					Search
		Click on the row to view th	e record		Items per page 10	~			Page 1 of 2 - 14 records
		Reference ID	Το	Patient's Name	Patient's ID	Description		Type	Ack Status  The Submitted
		RMS-293303	nswrmsma	Seven Systest		Occupational	Therapy Driver As	nswrmsma	Acknowledged 27/07/2020

## **17. Accessing submitted forms**

#### **EMR System**

Any forms you have previously submitted for a patient can be found on the patient's record. Each EMR system is different so please refer to the applicable Quick Start guide for your EMR system which can be found at <a href="https://au.healthlink.net/knowledge-base/">https://au.healthlink.net/knowledge-base/</a>.

#### **Online Portal**

On the homepage under the 'Submitted' tab you will see all your previously submitted forms. You can select and review these reports at anytime.

Forms	My Set	My Settings Welcome Lawrence								
Compos	e	Submitted Forms List								
Inbox (5	5)	Submitted Between	enter date	and	enter date		Patient's Name	enter first	and/or last name	
🕒 Submitte	ed	Form Type	all	✓ Ref ID	enter reference I	D	Patient's ID	medical id	entifier	
🖄 Profile		Description	enter description d	etails					Search reset	
Click on the row to view			the record		Items per page 10	ems per page 10 🗸		Page 1 of 2 - 14 records		
		Reference ID	To	Patient's Name	Patient's ID	Description		Турс	Ack Otatus Tate Outmitted	
		RMS-293303	nswrmsma	Seven Systest		Occupational The	rapy Driver As	nswrmsma	Acknowledged 27/07/2020	

#### 18. Park a Form

If you're in the middle of completing the form and you need to do something else, you can 'Park' the form. This saves what you've currently done, allowing you to access it at a later time and pick up where you left off. To Park a form just click on the 'Park' button and close the form.

Specialist Medical Assessment

# SubmitPreviewParkHelp

## **19. Retrieving and Submitting a Parked form**

#### **EMR System**

Parked forms can be found on a patient's record.

- The form should appear with a status of 'Parked'.
- Double click on the form you wish to continue completing/submit and it will load ready for your action.

For additional information please refer to the applicable Quick Start guide for your EMR system which can be found at <u>https://au.healthlink.net/knowledge-base/</u>.

#### **Online Portal**

On the homepage under the 'Parked' tab you will see all the forms you have 'Parked'.

• Double click on the form you wish to continue completing/submit and it will load ready for your action.