



Digital Fitness to Drive Medical Assessment SmartForm Quick Start Guide

MyHealthLink Portal

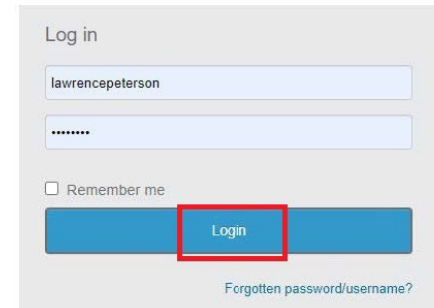
Digital Fitness to Drive Medical Assessment

Quick Start Guide: MyHealthLink Portal

1. Login to MyHealthLink Portal

In your web browser, go to <https://my.healthlinkportal.net> and log-in using your account username and password.

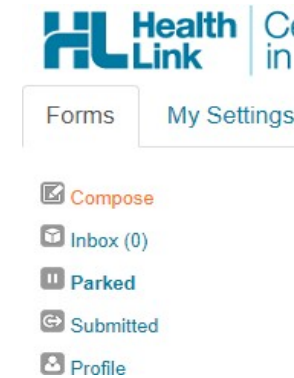
1



2. Launch Healthlink Homepage

Click on 'Compose' to open the HealthLink homepage.

2



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3. Launch the service landing page of Transport for NSW

3

Under 'Referred Services' you will see a list of the HealthLink SmartForms available to you. Select the Transport for NSW link, and the service landing page will open displaying the list of online medical forms available to you.

If you are unsure of which form to select, hover over each option for an explanation. Once you have selected a form, handy information for health professionals will display to the right. Click on the 'Continue' button to proceed. The relevant medical assessment form will be launched. Once displayed you will have access to all the information necessary to complete the form for submission.

Referred Services

Chris O'Brien Lifehouse Services
Hearing Australia Medical Certificate
Sydney Local Health District Services

For Private Specialist Referrals
Northern NSW Local Health District services
Transport for NSW

Compose
Inbox (0)
Parked
Submitted
Profile

NSW GOVERNMENT | Transport for NSW

Type here to search for a service

- NSW Fitness to Drive Medical Assessment**
- Medical Condition Notification
- Vision or Eye Disorder Medical Assessment
- Specialist Medical Assessment
- Occupational Therapy Driver Assessment

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4. Complete the Patient Details page

The Patient Details page will be presented requiring you to input patient information that is relevant to the form. Ensure you have entered the required fields. Click on 'Next'.

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The screenshot shows a web form titled "Enter Patient's Details". The form is divided into several sections. The "Personal Information" section includes fields for "Patient's ID", "Date of Birth" (22/05/1939), "First Name" (Maureen), and "Last Name" (Rekas). The "Postal Address" section includes "Address Line 1" (32 Heavy Vehical Drive), "Address Line 2", "Suburb", "State" (NSW), and "Postcode" (2000). The "Residential Address" section includes a "Residential Address: Same as Postal" dropdown menu set to "Yes". The "Contact Details" section includes fields for "Home", "Mobile", "Work", and "Email". A "Next" button and a "Cancel" button are located at the bottom right of the form. Red boxes highlight the "First Name", "Last Name", "Address Line 1", "State", "Postcode", "Date of Birth", and "Next" fields.

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5. Validate licence details

Enter the patient's NSW Licence Number in the Driver Licence Verification field displayed on the 'Medical Assessment' tab and confirm that you've obtained patient consent by ticking on the check box and click on the 'Validate/Retrieve' button. A validation of the Driver Licence Number will be initiated.

At this point, if the entered Driver Licence Number is invalid or cannot be found, the relevant error message will be displayed. Follow the instructions and try again.

Once validated, the patient demographic and medical assessment details will be presented in a read only format. In some circumstances the information will be presented in a slightly different format based on the form option selected in the service landing page.

You may change the 'Field of Practice' to your relevant profession, and change the 'Assessing Medical Standard' between private and commercial to meet the needs of your patient.

Click on the 'Continue with Medical Assessment' button to continue with completion of the medical assessment form.

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The screenshot shows the 'NSW Fitness to Drive Medical Assessment' form. On the left, there are tabs for 'Medical Assessment', 'Attachments / Reports', 'Patient Information', and 'Recipient / Referrer'. The 'Medical Assessment' tab is active, showing 'Licence class: C' and 'Medical standard: Private'. The 'Driver Licence Verification' section is expanded, showing fields for 'Driver licence number*' (3792KQ), 'Patient surname' (REKKAS), 'Date of birth' (23/02/1944), and a checked 'Patient consent obtained' checkbox. A 'Validate / Retrieve' button is highlighted. Below this, there are fields for 'Current medical assessment information' including Name, Date of birth, Licence number, Licence class, Field of practice* (General Practitioner), Medical standard* (Please Select), and Assessing medical standard* (Please Select). A 'Continue with Medical Assessment' button is at the bottom.



This screenshot shows the same form as above, but with more details filled in. The 'Name' field is 'MR Daniel Thomas REKKAS', 'Date of birth' is '23/02/1944', 'Licence number' is '3792KQ', and 'Licence class' is 'C'. The 'Field of practice*' is 'General Practitioner' and 'Medical standard*' is 'Private'. The 'Assessing medical standard*' is 'Private'. The 'Reason for medical' field is 'Older Driver Med/Dir Test'. The 'Continue with Medical Assessment' button is now highlighted.

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6. Continue with medical assessment

If the patient has any existing medical condition/s (displayed under 'Reason for medical'), the relevant assessment section will be selected as 'Yes' automatically. The other medical assessment sections within the form will be unselected and will require 'Yes' or 'No' answers to be selected.

As you progress through the form, additional questions may appear depending on the previous selections made. Note that a red asterisk means that an answer is required for that item.

Once you have selected your recommendations, ensure you confirm that the declaration section has been read and accepted.

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The screenshot displays a medical assessment form titled 'Driver Licence Verification'. It is divided into several sections, each with a set of questions and radio button options for 'Yes' or 'No'. A blue arrow points from the 'VISION' section to the 'DIABETES' section, and another blue arrow points from the 'DIABETES' section to the 'RECOMMENDATIONS' section.

VISION
Does the patient have a current vision or eye disorder? * Yes No
What is the patient's visual acuity? *
Right Left Together
Uncorrected 6/ 6/ 6/
Corrected 6/ 6/ 6/

CARDIOVASCULAR DISEASE
Does the patient have a cardiovascular condition(s)? * Yes No

DIABETES
Does the patient have diabetes? * Yes No

EPILEPSY
Does the patient have epilepsy? * Yes No

NEUROLOGICAL CONDITION
Does the patient have vestibular, neurological or other neurodevelopmental disorders? * Yes No

SLEEP DISORDER
Does the patient have sleep apnoea or narcolepsy? * Yes No

MENTAL HEALTH
Does the patient have mental health issues that may impact on safe driving? * Yes No

MUSCULOSKELETAL DISORDER
Does the patient have a musculoskeletal disorder that may impact on safe driving? * Yes No

DIABETES
Does the patient have diabetes? * Yes No
Please select the relevant condition(s): *
 Diabetes controlled by diet only
 Tablets and/or other non-insulin agents
 Diabetes controlled by Insulin
Is the patient compliant with medication? * Yes No
Is patient currently fit to continue driving pending compliance with medication? * Yes No
Does the patient have any end organ effects that may impact safe driving? * Yes No
Does the patient need to be referred to a specialist for further review? * Yes No

RECOMMENDATIONS*
 Meets the medical criteria for a conditional licence
 Does not meet the medical criteria for a driver licence - unfit to drive
Review recommendation (if applicable)
TNSW will use the default review period if review period recommendation is left unselected. Recommended review periods will be assessed by TNSW.
Review period recommendation* TNSW Default
Driving assessment recommendation/s (if applicable)
 Transport for NSW practical driving test
 Occupational Therapist Driver assessment
 None
Recommended licence condition/s (if applicable)
 Downgrade to a lower class of licence
 Daylight hours only
 May only drive automatic vehicles
 Radius restrictions
 Must wear glasses or contact lenses when driving
Recommend other licence condition/s
Specialist review recommendation/s (if applicable)
Recommend other specialist's review:
Click on the box below to show more specialist options
Any additional comments on conditions likely to affect driving?
DECLARATION
 Applicant declaration read and accepted*

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7. Attach supporting documents

The 'Attachments/Reports' tab will allow you to add any supporting documents that you may wish to attach to the form. Click the 'Browse for Local File' button to attach supporting documents from your computer. Please note that supporting documentation must not exceed 4Mb in total.

Click the 'Choose file' button and then browse to where the file is stored on your computer. Once you have chosen your file click the upload button to attach it to the assessment form.

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The screenshot shows the MyHealthLink portal interface. The top navigation bar includes the NSW logo, 'Transport for NSW', and 'Medical Condition Notification'. The main content area is titled 'Diagnostic Reports / Patient Documents' and contains a 'Browse for Local File' button. The left sidebar has a navigation menu with 'Attachments / Reports' highlighted in red. Other sidebar items include 'Medical Assessment', 'Patient Information', and 'Recipient / Referrer'.



The screenshot shows the 'Add File Attachment' dialog box. It has a 'New file attachment' field containing the filename 'Quitline-Referral-FA-Form.pdf' and a 'Choose file' button. Below this is a 'Comments' text area. At the bottom right, there are 'Upload' and 'Cancel' buttons. The 'Choose file', 'Upload', and 'Cancel' buttons are highlighted with red boxes.

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8. Check Patient and Recipient/Referrer Information

With the 'Patient Information' and 'Recipient/Referrer' tabs, you simply need to ensure that the information displayed is up-to-date and correct. If a piece of required information is incorrect you will see the validation symbol displayed on the tab. To complete it, just click on the tab and fill-in the required field.

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The image shows a transition from a patient information form to a medical practitioner information form. A blue arrow points from the left form to the right form.

Left Form (Patient Information):

- Attachments / Reports:** No reports selected, No files attached.
- Patient Information:** Medicare number: 22947241715; Date of birth*: 23/02/1944; Pension number: 561-388-922-HL.
- Recipient / Referrer:** 3340332Y.
- Name:** Maureen Rekkas.
- Residential Address:** 314 Hope Street, Bundaberg, QLD, 4670.
- Postal Address:** Same as residential (Yes selected); 314 Hope Street, Bundaberg, QLD, 4670.
- Contact Details (Select preferred phone contact):** Mob 0417728660.

Right Form (Medical Practitioner Information):

- Attachments / Reports:** No reports selected, No files attached.
- Medical Practitioner Information:** Medicare Provider Number*: 3340332Y; Medical Registration Number: [Empty].
- Name:** Full name: Dr Medical Director; Medical Director (validation symbol).
- Practice name:** Healthlink (Marketplace Partner).
- Practice Address:** Healthlink Test Environment, North Ward, QLD, 4810.
- Practice telephone*:** 0744015650.
- Practice fax:** [Empty].
- Email*:** hlk.uat@test.com.
- EDI*:** hkmdnuat.

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9. Preview the form

Upon form completion, click 'Preview' to verify that the form has been completed correctly. This will highlight which tab and which fields are incomplete.

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NSW Transport for NSW
NSW Fitness to Drive Medical Assessment

Medical Assessment
Licence class: C
Medical standard: Private

Attachments / Reports
No reports selected
No files attached

Patient information

EPILEPSY

Does the patient have epilepsy?* Yes No

Has there been a seizure in the last 12 months?* Yes No

Has the epilepsy been treated with surgery?* Yes No

Is the patient compliant with medication?*

Yes No Not treated with epilepsy medication

Planned withdrawal of one or more anti-epileptic medications in a patient who satisfies the standard to hold a conditional licence?* Yes No

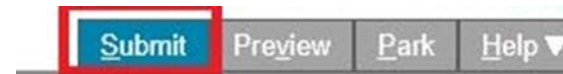
Recommended reduction in dosage of anti-epileptic medication in a patient who satisfies the standard to hold a conditional licence?* Yes No

Date medication ceased or reduced (if applicable)

10. Submit the form

When you are ready to send the form, click 'Submit'.

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Once submitted, you will receive a real time instant response that can be shared with your patient confirming the submission has been securely transmitted and received by Transport for NSW. A copy of the completed submission will be stored in your patient record for future reference and review. If required you can print a copy by clicking the 'Print' button.

Referral Sent and Acknowledged on 08/07/2020 11:30 AEST

Assessment Summary

Report has been forwarded to Transport for NSW for processing.
For any enquires please contact Service NSW on 132213

The responsibility for issuing, renewing (or refusing to issue or renew), suspending or cancelling a person's licence (including conditional licence) lies with Transport for NSW. Licensing decisions are based on a full consideration of relevant factors relating to health and driving performance. The medical assessment information captured below will be reviewed by Transport for NSW who will issue a letter if further medical information is required or based on the medical information captured below it is determined that you do not meet the medical standards to hold a driver licence or public passenger driver authority.

Privacy Statement

Your personal and health information collected in this form will be held by Transport for NSW at 20-44 Ennis Road, Milsons Point NSW 2061. You may request access to and / or correction of this information. Your personal and health information is being collected and will be retained and used for the purpose of verifying your fitness to drive and to hold a driver licence or public passenger driver authority. You are required to provide this information under Road Transport and Passenger Transport legislation. Failure to do so may result in your driver licence or public passenger driver authority being refused, suspended or cancelled, or conditions being placed on them. The health information which Transport for NSW collects may be used to determine your medical fitness to hold a driver licence (or type of driver licence, including any endorsements or conditions therein) or public passenger driver authority, and if you hold a Mobility Parking Scheme permit (MPS) permit to determine your eligibility to hold an MPS permit. Your personal and health information held by Transport for NSW may be disclosed in order to verify it to any medical practitioner in respect of ascertaining or reviewing your fitness to drive or to hold a driver licence, in respect of a motor accident or other litigation enquiries and to other transport regulators, driver licensing and vehicle registration agencies if your application relates to a public passenger driver authority we may also disclose your personal information or health information where relevant to accredited operators, networks, booking or ride-share service providers under the Passenger Transport Act 2014 (or other related legislation) and also to Transport for NSW in connection with the administration of any such legislation. Otherwise it will not be disclosed unless permitted by law.

Medical Condition Notification

Patient: Maureen Rekas, 81yrs, DOB 22/06/1939
Residential address: 32 Heavy Vehical Drive, NSW 2000
Postal address: same as residential address
Referred by: Lawrence Peterson, HealthLink Group Limited - Townsville, Prov. No. 0401732B, PH 007 44015650, FAX +61 7 44015652
Referral date: 08/07/2020 11:30 AEST

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Hints and tips

Additional Help: Help for specific questions on the form can be found by clicking on the icon next to relevant question. For details about the purpose of the form and other Fitness to Drive related information, go to the 'Help' menu and click on the link provided.

Park the form: If you're in the middle of completing the form and you need to do something else, you can 'Park' the form to save your progress. Just click on the 'Park' button and close the form.

VISION

Does the patient have a vision or eye disorder? Yes No

An Optometrist or Ophthalmologist will need to complete this section.

Please select the relevant condition(s): *

- Cataracts
- Diabetic retinopathy
- Diplopia/Double vision **i**
- Glaucoma
- Other - please provide details
- Macular degeneration

What is the patient's visual acuity?

Information

Does the patient experience any diplopia (other than physiological diplopia) when fixating objects within the central 20 degrees of the primary direction of gaze?

Ok

Submit Preview Park Help ▾

Fitness to Drive Guidelines Ctrl+Alt+1
Assessing Fitness to Drive Ctrl+Alt+2

NSW Fitness to Drive Medical Assessment

Submit Preview **Park** Help ▾

VISION

Does the patient have a vision or eye disorder? Yes No

An Optometrist or Ophthalmologist will need to complete this section.

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Hints and tips

Access parked NSW Fitness to Drive Medical Assessment: To access a previously parked form click on the parked section of the portal menu on the left. From the available listing, click on the form you would like to open.

Access submitted NSW Fitness to Drive Medical Assessment: A copy of submitted NSW Fitness to Drive Medical Assessment forms can be found by selecting the 'Submitted' section. Click on the required form to open it.

HealthLink Certainty in Care
1800 125 936 (AUS) helpdesk@healthlink.net
Contact Us Log out
Welcome Lawrence

Forms My Settings

Compose
Inbox (0)
Parked
Submitted
Profile

Parked Forms List

Refine by

Parked Between: enter date and enter date
Form Type: all
Ref ID: enter reference ID
Patient's Name: enter first and/or last name
Patient's ID: medical identifier
Description: enter description details
Search reset

Click on the row to view the record. Items per page: 10 Page 1 of 8 - 74 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Date Updated
RMS-9705	nswmsma	Maureen Rakas		Medical Condition Notification	nswmsma	05/07/2028

Compose
Inbox (0)
Submitted
Profile

Submitted Forms List

Refine by

Submitted Between: enter date and enter date
Form Type: all
Ref ID: enter reference ID
Patient's Name: enter first and/or last name
Patient's ID: medical identifier
Description: enter description details

Click on the row to view the record. Items per page: 10 Page 1 of 8 - 74 records

Reference ID	To	Patient's Name	Patient's ID	Description	Type	Tick Status
RMS-9705	nswmsma	Maureen Rakas		Medical Condition Notification	nswmsma	Acknowledged

Transport for NSW is using HealthLink SmartForm technology to help you get on with your passion for providing quality healthcare that makes a difference.

Now, more than 400,000 patients within NSW will no longer need to visit a Service NSW centre to hand in a paper medical form. For your patient, a real time instant response confirming their medical assessment has been securely transmitted to Transport will provide peace of mind. For you, this means faster case reviews, less delay, and more time to get on with what you do best.

**For all queries, please call the HealthLink Customer Support
Monday to Friday (except public holidays) 8am- 6pm
Email - helpdesk@healthlink.net Phone - 1800 125 036**



Customer Feedback
Transport NSW
Locked Bag 928
North Sydney 2059
www.transport.nsw.gov.au



Customer Support HealthLink
au.healthlink.net
helpdesk@healthlink.net