

## **Quick Reference Guide**

### Online Specialist Assessment 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 an 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://my.healthlinkportal.net</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
<b>Inbox (5)</b>		Refine by
Parked		Received Between
Generation 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	dical Certificate
Transport for NSW	

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

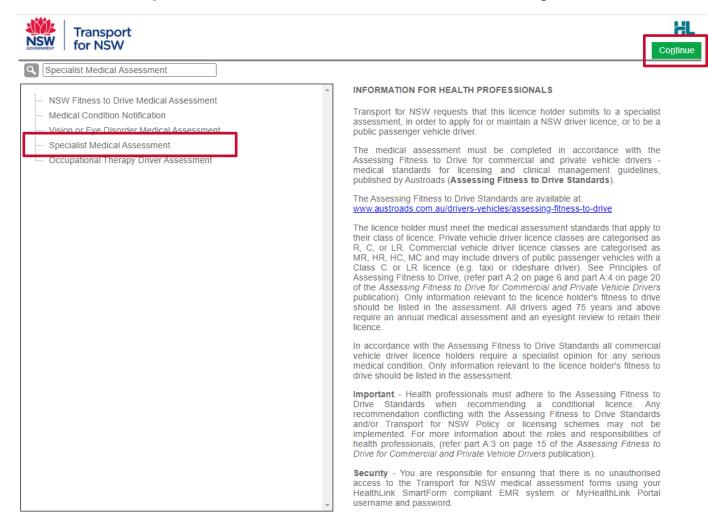
Enter all of the patient's details in the fields provided and select '<u>Next</u>'. Anything that is marked with a \* is a mandatory field.

**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	s Details				
Patient's ID		Date of Birth *	07/07/198	5	
First Name *	Seven	Last Name *	Systest		
Postal Address:		<b>Residential Address:</b> 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	ancel

### 6. Form Selection

From the list of forms, select 'Specialist Medical Assessment' then click the green continue button.



### 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 patient's details with Transport for NSW

<ul> <li>Driver licence</li> <li>Driver licence numb</li> </ul>		Patient surname	HUDSON
Patient consent	obtained* Validate / Retrieve	Date of birth	21/01/1965
Current medical as	ssessment information	Address	
Name	MR Mavis Joan HUDSON	9 MALP STREET WARILLA	
Date of birth	21/01/1965	NSW 2528	
Licence number	4756CI	Reason for medical	<i>li</i>
Licence class	LR	Reason for medical	
Field of practice*	Please Select 🔹		
Medical standard*	Private		
Assessing medical	Private 🗸		//
standard*			
<b>i</b> Consider			
Consider	the nature of the driving task when pe	erforming this assessment.	

### 8. Driver Licence Verification continued

- **Field of practice** = Please select your specialist type.
  - This will determine the questions that will be presented. E.g: Field of practice = Cardiologist, the form will show questions relevant to Cardiovascular conditions.

Current medical assessment information		Address	
Name	MR Mavis Joan HUDSON		9 MALP STREET WARILLA
Date of birth	21/01/1965		NSW 2528
Licence number	4756CI		Reason for medical
Licence class	LR		
Field of practice*	Please Select		
Medical standard*	Please Select Addiction Medicine Specialist		
Assessing medical standard*	Audiologist Cardiologist Consultant Neurologist		//
<b>i</b> Consider	Ears Nose Throat Specialist Endocrinologist Geriatrician Neurologist	9	norming this assessment.
Continue with I	Neuropsychologist Psychiatrist Rehabilitation Specialist	•	

#### 9. Driver Licence Verification continued

- '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 Verifi	ication		
Oriver licence	number 🔿 Customer number		
Driver licence numb	4756CI	Patient surname	HUDSON
Patient consent	obtained* Validate / Retrieve	Date of birth	21/01/1965
Current medical as	ssessment information	Address	
Name	MR Mavis Joan HUDSON	9 MALP STREET WARILLA	
Date of birth	21/01/1965	NSW 2528	
Licence number	4756CI		<i>li</i>
Licence class	LR	Reason for medical	
Field of practice*	Cardiologist 🔹		
Medical standard*	Private	_	
Assessing medical	Private ~		11
standard*			
<b>i</b> Consider	the nature of the driving task when pe	rforming this assessment.	
Continue with M	Medical Assessment		

### **10. Completing the Form**

- Once you have generated the form, you will be presented with the questions relevant to your field of practice.
- 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.

#### SLEEP DISORDER

Does the patient have sleep apnoea or narcolepsy? 🚺	Yes	O No
Please select the relevant condition(s): *		
✓ Narcolepsy		
Is the patient compliant with treatment?*	⊖ Yes	O No
Has the response to treatment been satisfactory?*	⊖ Yes	O No
Sleep Apnoea		
Is the condition well controlled?*	⊖ Yes	O No
Do you wish to comment on any other medical conditions?*	⊖ Yes	O 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 individual conditions.

Information	×
Please refer to Assessing Fitness to Drive Standards.	
	Ok

### **11. Completing the Form – continued**

You can comment on other medical conditions that are outside the 'Field of Practice' you initially selected. To do this just:

- Answer Yes to 'Do you wish to comment on any other medical conditions'?
- Select the relevant Medical Condition category and answer the displayed questions.

Do you wish to comment on any other medical conditions?\*

Yes 🔿 No

Any additional information provided for the sections below is for TfNSW information only and should not impact on your recommendation of fitness for your field of practice.

CARDIOVASCULAR DISEASE
COGNITIVE IMPAIRMENT
DIABETES
EPILEPSY
HEARING LOSS
MENTAL HEALTH
MUSCULOSKELETAL DISORDER
NEUROLOGICAL CONDITION
SUBSTANCE MISUSE
VISION

#### OFFICIAL

### **12. 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
- 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 🗸 / 20	20
Aug 🗸 / 20	20
Yes	O No

#### 13. Recommendations

The Recommendations section provides 3 options for you to provide your opinion about the patient's 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
- O 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

#### 14. Recommendations continued

Meets the medical criteria for unconditional licence - no further review required

• 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\***

0	Meets the medical criteria for a conditional licence
0	Does not meet the medical criteria for a driver licence - unfit to drive
Rev	iew recommendation (if applicable)
	SW will use the default review period if review period recommendation is left unselected. Recommended review periods will be essed by TfNSW.
Rev	iew period recommendation* TfNSW Default V
Driv	ring assessment recommendation/s (if applicable)
$\bigcirc$	Transport for NSW practical driving test
$\bigcirc$	Occupational Therapist Driver assessment
0	None
Rec	commended licence condition/s (if applicable)
	Downgrade to a lower class of licence
	Daylight hours only
	May only drive automatic vehicles
	Radius restrictions
Rec	ommend other licence condition/s
Snee	cialist review recommendation/s (if applicable)
÷.,	
	ommend other specialist/s review: on the box below to show more specialist options

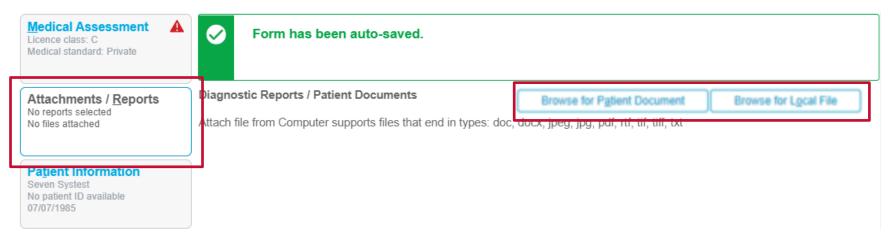
Important Note: Please only select **applicable** additional information in this section. Only fields marked with a \* are mandatory.

### 15. 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
27/07/2020	Quick Wins.docx		178 KB

#### 16. 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.



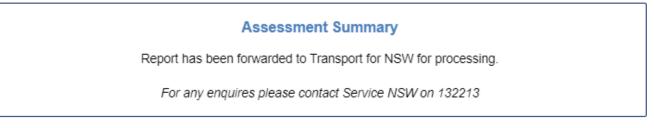
• If there are any mandatory fields that have not been completed you will received a message asking you to fix them before submitting the form

<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>	۶ld						
Driver Licence Verification							
The medical standards for licensing are available in 'Assessing Fitness to Drive' on www.aust	roads.com.a	<u>IU</u> .					
SLEEP DISORDER							
Does the patient have sleep apnoea or narcolepsy? 🚺	۲	Yes	$\bigcirc$	No			
Please select the relevant condition(s): *							
✓ Narcolepsy							
Is the patient compliant with treatment?*	$\bigcirc$	Yes	$\bigcirc$	No			
Has the response to treatment been satisfactory?*	$\bigcirc$	Yes	$\bigcirc$	No			
Sleep Apnoea							
Is the condition well controlled?*	$\bigcirc$	Yes	$\bigcirc$	No			
Do you wish to comment on any other medical conditions?* O Yes O No							

### 17. 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

### 18. 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							We	elcome <mark>Lawrence</mark>
Compos	se	Submitted For	ms List							
Inbox (5		Refine by	Refine by							
Parked		Submitted Between	enter date	and and	enter date		Patient's Name	enter first	and/or last name	
🕒 Submitte	ed	Form Type	all	✓ Ref ID	enter reference II	D	Patient's ID	medical ide	entifier	
Profile 🗠		Description	enter description d	letails						Search reset
		Click on the row to view th	e record		Items per page 10	~			Pa	ge 1 of 2 - <b>14</b> records
		Reference ID	То	Patient's Name	Patient's ID	Description		Туре	Ack Status	Tote Submitted
		RMS-293303	nswrmsma	Seven Systest		Occupational T	herapy Driver As	nswrmsma	Acknowledged	27/07/2020

### **19. 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 Se	ttings							Welcome Lawrence
Compos	5)	Submitted Form Refine by Submitted Between	ms List	and	enter date	Ē	Patient's Name	enter first	and/or last name
Parked  Submitte  Profile		Form Type Description	all enter description d	✓ Ref ID	enter reference I	_	Patient's ID	medical id	Jentifier
		Click on the row to view the	e record	Patient's Name	Items per page 10	► Description		Турс	Page 1 of 2 - 14 records
			nswrmsma	Seven Systest		Occupational The	erapy Driver As	nswrmsma	Acknowledged 27/07/2020

#### 20. 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

### 21. 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.