

Quick Reference Guide

Online Occupational Therapist Driving Assessment Form Transport for NSW

1. 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?

2. HealthLink Portal Homepage

On the right hand side, select **compose** to get access to the online form.

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Forms	My Sett	ings
	7	Inbox
Inbox (5)	-	Refine by
Parked		Received Between
🕞 Submitted	ł	Form Status
Profile		Description

3. 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	

4. Patient Details

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

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

Enter Patient's	s Details			
Patient's ID		Date of Birth *	07/07/1985	
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	Cancel

5. Form Selection

From the list of forms, select 'Occupational Therapy Driver Assessment' then click the green continue button.



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6. 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.

		Patient curpame	SVSTEST
Patient consent	obtained* Validate / Retrieve	Date of birth	07/07/1985
Current medical as	sessment information	Address	
Name Date of birth	Seven Pvtsepten SYSTEST 07/07/1985	27-29 ARGYLE STREET PARRAMATTA NSW 2150	
Licence number Licence class Field of practice*	22370399 C Occupational Therapist	Reason for medical Diabetes Tablets/Non Insulin	
Medical standard* Assessing medical	Private		
standard*	the nature of the driving task when pe	rforming this assessment.	

7. Driver Licence Verification continued

- 'Field of practice' = Occupational Therapist.
- '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 Driver licence numb Patient consent 	number O Customer number er* 22370399 obtained* Validate / Retrieve	Patient surname Date of birth	SYSTEST 07/07/1985
Current medical as Name Date of birth Licence number Licence class	Seven Pvtsepten SYSTEST 07/07/1985 22370399 C	Address 27-29 ARGYLE STREET PARRAMATTA NSW 2150 Reason for medical	1,
Field of practice* Medical standard* Assessing medical standard*	Occupational Therapist Private Private	Diabetes Tablets/Non Insulin	1,
Consider Continue with N	the nature of the driving task when per Medical Assessment	forming this assessment.	

8. Completing the Form

There are 3 options to choose from:

- Full or Summary Report = this is where you provide Transport for NSW with your recommendations after conducting an on-road assessment.
- Additional Report for Information Only = can be used to provide a copy of your full written report, interim reports where no change is required or for any other information you would like to provide to Transport for NSW. Pease note no action will be taken on these reports they are for information only.
- Off road assessment completed proceed with On-Road Assessment = to inform Transport for NSW that a patient is ready to proceed to the On-Road Assessment. This will allow Transport for NSW to arrange for a Driver Licence to be issued for the purpose of the On-Road Assessment if required.

Driver Licence Verification

Occupational Therapy Driver Assessment

Please select what report you are submitting.*

- Full or Summary Report
- Additional Report for Information Only
- O Off road assessment completed proceed with On-Road Assessment

DECLARATION

Applicant declaration read and accepted*

9. Full or Summary Report

- Provide general details about the assessment then select the appropriate recommendation.
 - **Maintain Licence** = recommend the patient can keep there current class of driver licence.
 - **Upgrade/Downgrade Licence** = recommend a change to the patient's current licence class.
 - **Cancel Licence** = recommend that a patient is not safe to continue to hold a driver licence.

Occupational Therapy Driver Assessment

Please select what report you are submitting.*

- Full or Summary Report
- Additional Report for Information Only
- O Off road assessment completed proceed with On-Road Assessment

On Road Assessment Summary								
	When Assessed:*	07/07/2020						
	Duration (mins):*	120						
	Driving instructor name:*	John Smith						
Vehio	Vehicle Used							
	Registration Number Plate:*	ABC123						
Vehicle Class:*		C - Car 🗸						
	Transmission:	Automatic 🗸						
Licer	nce Class Recommended*							
0	Maintain Licence							
0	Upgrade/Downgrade Licence							
0	Cancel Licence							

Any additional comments that are essential for review that cannot be addressed above?

10. Full or Summary Report – Licence Conditions

When selecting 'Maintain Licence' or 'Upgrade/Downgrade' you will be given the option to recommend the adding or removing of licence conditions. Key points:

- Any conditions existing on the patient's Transport for NSW record will automatically appear in the box.
- To remove a condition just click the 'x' next to the relevant condition.
- To add a licence condition click in the box and either:
 - Type key words or the code if known.

OR

- Scroll through the list until you locate the relevant condition.

Licence Conditions Click on the box below to show more licence conditions

× A033 - May only drive automatic vehicles × S001 - Must wear glasses or contact lenses when driving
× V076 - Vehicle must not have power steering fitted
× X405 - May only drive within a 5 km radius of home
steering
V002 - Vehicle to be fitted with handbrake to left of steering column V003 - Vehicle to be fitted with handbrake to right of steering column
V076 - Vehicle must not have power steering fitted V077 - Vehicle must have a steering wheel aid
V079 - Vehicle must have power steering V094 - Vehicle must have an indicator switch to the left of steering column V111 - Vehicle must have steering wheel aid with electronic indicators V117 - Vehicle must have electronic mobility control for steering

11. Full or Summary Report – Remediation & Ongoing Review

Additionally when 'Maintain Licence' or 'Upgrade/Downgrade' selected, questions will display in regards to remediation and ongoing review.



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12. Full or Summary Report – Additional information

If you need to provide Transport for NSW with any additional information that can not be addressed in the provided questions, there is a free text box which can be accessed by ticking the below indicated box.

Any additional comments that are essential for review that cannot be addressed above?

Additional comments

Input any additional comments in this field

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

TREATMENT HISTORY

First visit

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?*

DECLARATION

Applicant declaration read and accepted*

Jul	\sim	/	2020		
Jul	\sim	/	2020		
\bigcirc	Yes			0	No

13. Additional Report for Information Only &Off road Assessment completed – proceed with On-Road Assessment

If either of these two options are selected you will be asked to attached a report.

Tick 'Report attached'
 Occupational Therapy Driver Assessment

Please select what report you are submitting.*

- Full or Summary Report
- Additional Report for Information Only
- O Off road assessment completed proceed with On-Road Assessment

Report attached

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This report is for record keeping purposes only. If you want to change your recommendation please submit another Full or Summary Report.

Occupational Therapy Driver Assessment

Please select what report you are submitting.*

- Full or Summary Report
- Additional Report for Information Only
- Off road assessment completed proceed with On-Road Assessment

Report attached



By selecting this option you are confirming that the patient does not hold a current driver licence and may be issued with a driver licence to proceed with an On-Road assessment.

14. Attaching a report

If choose 'Additional Report for Information Only' or 'Off road assessment completed - proceed with On-Road Assessment' you will need to make sure you attach a report otherwise you will not be able to submit the form.

To attach a report:

- Select the 'Attachments/Reports' tab on the right hand side.
- Click 'Browse for Local File'.



15. Attaching a report - Continued

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

Add File Attachment			
New file attachment	No file chosen	Choose file	
Comments			
		Upload	Cancel

Local File Attachments

	Date	Name	Comments	Size
 Image: A start of the start of	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.



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



17. 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.



• 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	ttings							Welcome Lawrence
Compos	e	Submitted For	ms List						
inbox (5	5)	Refine by							
Parked		Submitted Between	enter date	and and	enter date		Patient's Name	enter first	and/or last name
G Submitte	ed	Form Type	all	✓ Ref ID	enter reference I	D	Patient's ID	medical id	lentifier
🖄 Profile		Description	enter description	details					Search
		Click on the row to view th	ne record		Items per page 10	~			Page 1 of 2 - 14 records
		Reference ID	То	Patient's Name	Patient's ID	Description		Туре	Ack Status
		RMS-293303	nswrmsma	Seven Systest		Occupational T	herapy Driver As	nswrmsma	Acknowledged 27/07/2020