



Digital Fitness to Drive Medical Assessment SmartForm Quick Start Guide

MyHealthLink Portal

Digital Fitness to Drive Medical Assessment

Quick Start Guide: MyHealthLink Portal

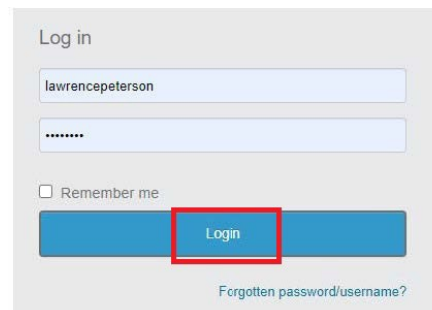
1. Login to MyHealthLink Portal

In your web browser, go to

<https://auportal.healthlink.net/hlkportal/login>

and log-in using your account username and password.

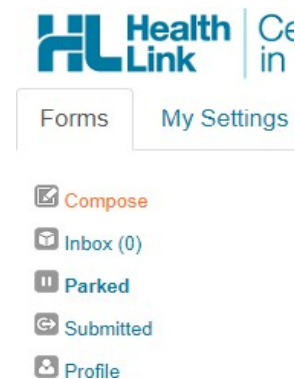
1



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

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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. Validate licence details

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Enter the patient's NSW Licence Number and Date of birth in the Driver Licence Verification field displayed on the 'Medical Assessment' tab 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.

Driver Licence Verification

Driver licence number Customer number

Driver licence number* 0532DJ Date of birth* 17/12/1941

Patient consent obtained* Patient surname HEATLEY

Current medical assessment information

Name _____ Address _____

Date of birth _____

Licence number _____

Licence class _____

Field of practice* General Practitioner Reason for medical _____

Medical standard* _____

Assessing medical standard* Please Select

i Consider the nature of the driving task when performing this assessment.

Driver Licence Verification

Driver licence number Customer number

Driver licence number* 0532DJ Date of birth* 17/12/1941

Patient consent obtained* Patient surname HEATLEY

Current medical assessment information

Name MR Rachel Barbara HEATLEY Address 151 SOKAR MALP ROAD
TUMBULGUM
NSW
2490

Date of birth 17/12/1941

Licence number 0532DJ

Licence class HC, R

Field of practice* General Practitioner Reason for medical Diabetes Tablets Control
Cardio Vascular Disease
Vision And Eye Disorders

Medical standard* Commercial

Assessing medical standard* Commercial

Is this medical for the purpose of driving public passenger vehicles?

Is this medical for the purpose of applying for a Multiple Combination (MC) licence?

i Consider the nature of the driving task when performing this assessment. **i**
Commercial includes driving heavy vehicles and/or driving public passenger vehicles for hire or reward regardless of licence class.

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5. 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:

- VISION:** Questions about current vision or eye disorders and visual acuity (Right, Left, Together) for uncorrected and corrected vision.
- CARDIOVASCULAR DISEASE:** Question about cardiovascular conditions.
- DIABETES:** Questions about diabetes, medication compliance, and fitness to drive pending medication.
- RECOMMENDATIONS:** A section where the user selects the appropriate recommendation based on the medical assessment.

Blue arrows indicate the flow from the VISION section to the DIABETES section, and then to the RECOMMENDATIONS section.

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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6. 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. On the left sidebar, the 'Attachments / Reports' tab is highlighted with a red box. The main content area shows the 'Medical Condition Notification' form with a 'Browse for Local File' button highlighted in red. The form also displays 'Patient Information' and 'Recipient / Referrer' details.



The 'Add File Attachment' dialog box is shown. It contains a text input field for the file name, which is 'Quitline-Referral-FA-Form.pdf'. Below this is a text area for 'Comments'. At the bottom right, there are three buttons: 'Choose file' (highlighted in red), 'Upload' (highlighted in green), and 'Cancel'.

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7. 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 view to a medical practitioner information view. A blue arrow points from the left view to the right view.

Left View (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; Name*: Maureen Rekkas; Residential Address: 314 Hope Street, Bundaberg, QLD, 4670; Postal Address: Same as residential (Yes); Contact Details: Mob 0417728660.
- Recipient / Referrer:** 3340332Y.

Right View (Medical Practitioner Information):

- Attachments / Reports:** No reports selected, No files attached.
- Patient Information:** Maureen Rekkas, 22947241715, 23/02/1944.
- Recipient / Referrer:** Medical Director, 3340332Y.
- Medical Practitioner Information:** Medicare Provider Number*: 3340332Y; Medical Registration Number: [Empty]; Name: Dr Medical Director; Full name: Medical Director; 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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8. 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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The screenshot shows the 'NSW Fitness to Drive Medical Assessment' form. The 'Preview' button is highlighted with a red box. The form includes sections for 'Medical Assessment', 'Attachments / Reports', and 'Patient Information'. The 'EPILEPSY' section contains the following questions and options:

- 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)

9. Submit the form

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

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The screenshot shows the form submission buttons: 'Submit', 'Preview', 'Park', and 'Help'. The 'Submit' button is highlighted with a red box.

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.

The screenshot shows the 'Assessment Summary' page. It includes the following information:

- 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
- Privacy Statement
- Medical Condition Notification
- Patient: Maureen Rekas, 81yrs, DOR 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



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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 125 836 (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 Patient's Name: enter first and/or last name

Form Type: all Ref ID: enter reference ID 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 Patient's Name: enter first and/or last name

Form Type: all Ref ID: enter reference ID Patient's ID: medical identifier

Description: enter description details

Click on the row to view the record Items per page: 10

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
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