



REFERRAL GUIDELINES

BREAST SURGERY CLINIC

Clinic Lead: Mr Tristan Leech

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: FAX **97881879**

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of her appointment.

Clinic Overview:

Assessment and diagnostic clinic for breast symptoms or signs.

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New diagnosis or suspicion of breast cancer. Please feel free to contact Mr Tristan Leech, Breast Surgeon, or Gen Surgery 3 Unit Registrar via switchboard on 9784 7777 to discuss urgent cases	1 – 2 weeks
Category 2 Routine	Imaging/clinical findings suggestive of benign disease, but specialist review desired	1-3 Months
Emergency		Immediately via Emergency Department

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

X-ray results/reports must be within the last 6 mths

CLINIC LEAD

Mr Tristan Leech

PROGRAM DIRECTOR

Mr Peter Evans

OUTPATIENT ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Review: July 2021



REFERRAL GUIDELINES

BREAST SURGERY CLINIC

Eligibility Criteria

- Symptomatic breast disease of all types including new lump, distortion, nipple discharge, skin changes, infections, pain
- Known familial breast cancer syndrome
- Patients referred from Breast screen with diagnosis of malignancy

Exclusions

- Asymptomatic patients for screening – refer to Breast screen Victoria
- Cosmetic/reconstructive surgery – refer to plastic and reconstructive surgeons rooms

Alternative referral options

- Patients may still be referred to breast surgeons' private rooms for treatment in public hospital

Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing)

- Please address breast surgery referrals to:
Mr Tristan Leech, Breast/Endocrine and General Surgeon,
Frankston Hospital
- Referring practitioner name, provider number and signature
- Date of referral
- Period for which referral is valid (if different to standard referral validity) – indefinite referrals preferred
- Patient's name, address, date of birth, Medicare number and phone number
- Clinical details and reason for referral
- Relevant medical history and medications
- Allergies
- All relevant pathology and radiology results

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

X-ray results/reports must be within the last 6 mths

CLINIC LEAD

Mr Tristan Leech

PROGRAM DIRECTOR

Mr Peter Evans

OUTPATIENT ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Review: July 2021



REFERRAL GUIDELINES

BREAST SURGERY CLINIC

- Patients must bring hard film copies of all breast imaging

Clinic information

Tuesdays 0900 - 1200
Outpatient Department, Frankston Hospital – Integrated Health Centre
Fax: 9788 1879
Phone: 9784 2600

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

X-ray results/reports must be within the last 6 mths

CLINIC LEAD

Mr Tristan Leech

PROGRAM DIRECTOR

Mr Peter Evans

OUTPATIENT ENQUIRIES

P: (03) 9784 2600

F: (03) 9788 1879

Review: July 2021