



# REFERRAL GUIDELINES

## Endocrinology Clinic

**Head of Unit:** Dr Debra Renouf

**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 their appointment.

**Clinic overview:**

Adult Endocrinology Clinic

**Categories for Appointment**

	Clinical Description	Timeframe for Appt	
Category 1 Urgent		1-2 weeks	<b>Clinical:</b> <ul style="list-style-type: none"><li>▪ Reason for referral</li><li>▪ Duration of symptoms</li><li>▪ Management to date</li><li>▪ Past medical history</li><li>▪ Current medications</li><li>▪ Allergies</li><li>▪ Diagnostics as per referral guidelines</li></ul>
Category 2 Routine	All others	Next available appointment	<b>Preferred:</b> <ul style="list-style-type: none"><li>▪ Addressed to named practitioner</li><li>▪ Duration of referral (if different to standard referral validity)</li><li>▪ Next of kin</li></ul>
Emergency	<ul style="list-style-type: none"><li>• Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state)<ul style="list-style-type: none"><li>• Neutropenic sepsis in patient taking carbimazole or propylthiouracil</li><li>• Hyperthyroidism with hypokalaemia or paralysis.</li><li>• Suspected myxoedema coma (impaired conscious state, hypothermia, bradycardia) with high thyroid stimulating hormone level.</li><li>• Thyroid mass with difficulty in breathing.</li></ul></li></ul>	Emergency Department	<b>HEAD OF UNIT</b> Dr Debra Renouf <b>PROGRAM DIRECTOR</b>  <b>ENQUIRIES</b>  Reviewed: March 2021



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## Endocrinology Clinic

### Eligibility Criteria

Click on links below for criteria for referral to public hospital specialist clinic services:

- [Hyperthyroidism](#)
- [Hypothyroidism](#)
- [Metabolic Bone Disease \(endocrinology\)](#)
- [Thyroid Mass \(endocrinology\)](#)

### Exclusions & Alternative referral options

- Acutely unwell
- < 18 years of age - Monash Health or Royal Children's Hospital
- Private services
- Thyroid Mass may also be referred to General Surgery Outpatients

### Minimum Referral Information Required

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

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant investigations

### Clinic information

Wednesday AM, 09:00 -12:00  
Outpatient Area 1  
Frankston Hospital

### 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

#### HEAD OF UNIT

Dr Debra Renouf

#### PROGRAM DIRECTOR

#### ENQUIRIES

Reviewed: March 2021