



# REFERRAL GUIDELINES

## General Medicine Clinic

**Head of Unit: Dr. Anmol Bassi**

**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:**

This clinic is designed for management and review of patients with general medical health conditions.

Some patients may be required to attend the General Medical Clinic for further assessment prior to or after non – emergency iron infusions or blood transfusions.

[Blood and Iron Transfusions - Peninsula Health](#)

**Categories for Appointment**

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Severe Symptoms or referring doctor requires urgent review	14 days
Category 2 Routine	All other conditions	30 days
Emergency	When signs and symptoms require emergency management	

**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 Anmol Bassi**

**PROGRAM DIRECTOR**  
**Dr Gary Braun****ENQUIRIES**

**PH: 9784 2600**

Reviewed: August 2021



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### Eligibility Criteria

All residents within Peninsula Health geographical area

### Exclusions

- Overseas Non Eligible patients must first contact patient liaison office on 9784 8056 to make payment arrangements before booking appointment can be made.
- Patients who live out of Peninsula Health's geographical boundaries.

### Alternative referral options

### 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 investigation

### Clinic information

- Tuesday 1300-1700
- Level 3 Consulting Suites Frankston Hospital

### Other information

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#### Clinical:

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**Dr Anmol Bassi**

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#### ENQUIRIES

**PH: 9784 2600**

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