



REFERRAL GUIDELINES

General Rehabilitation Medicine Clinic

Head of Unit: Dr Nathan Johns

Referrals: For faxed referrals, use the ACCESS referral form to 9784 2309

Clinic overview:

This clinic is primarily to follow-up patients with ongoing pain or rehabilitation issues following discharge from our inpatient units.

New referrals are also accepted for patients needing to see a rehabilitation medicine physician with:

- pain < 6 months duration
- for chronic disease management (age < 65)
- for musculoskeletal management
- falls and balance (non-neurological)
- cancer rehabilitation
- developmental disability

Clinic Rehabilitation Physicians:

Dr Brinda Thirugnanam

Dr Gayathri Aravinthan

Dr Daniela Pasagic

Dr Kapil Gupta

Clinics are located at Golf Links Road and Rosebud Hospital.

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Severe subacute pain	2 weeks

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

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ENQUIRIES

ACCESS

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Phone: 1300 665 781



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Category 2 Routine		4 weeks
Emergency		
Eligibility Criteria		
Patients must live with Peninsula Health catchment area Patients must have a valid medical referral Adults		
Exclusions		
Age > 65 years (refer to GEM clinics at TMC) Chronic pain (Duration > 6 months) Age <16		
Alternative referral options		
Chronic pain clinic at TMC GEM Clinics at TMC Palliative care clinic at Frankston Hospital		
Minimum Referral Information Required Please note, referral cannot be processed if minimum information is missing)		
<ul style="list-style-type: none"> • 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 		

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- Results of all recent and relevant investigation
MANDATORY TEST INFORMATION HERE...

Clinic information

- Times
- Location
- 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

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