



# REFERRAL GUIDELINES

## Insulin Pump 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:**

This clinic is a Diabetes Education Clinic.

**Categories for Appointment**

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Recent pump initiation	1-2 weeks
Category 2 Routine	All others	Next available appointment
Emergency	<ul style="list-style-type: none"><li>• Insulin Pump Faults</li><li>• Acutely unwell</li><li>• Diabetic Ketoacidosis</li><li>• Severe hypoglycaemia</li></ul>	<p>Insulin Pump Faults occurring Monday-Friday Business Hours PH: Diabetes Educator 9784 7625 for urgent appointment but otherwise via ED.</p> <p>ED</p>

**Eligibility Criteria**

- 2 years or older
- Type 1 diabetes on insulin pump therapy or considering transfer to insulin pump therapy
- Patients attending PDC, YADS and Diabetes clinic with type 1 diabetes

**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



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## Insulin Pump Clinic

### Exclusions & Alternative referral options

- Acutely unwell
- <2 years of age - Monash Health or Royal Children's Hospital
- Alternative for adults - private services

### 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 09:00 -12:00

Outpatient Area 1

Frankston Hospital

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- Full name
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#### Clinical:

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#### HEAD OF UNIT

Dr Debra Renouf

#### PROGRAM DIRECTOR

#### ENQUIRIES

Reviewed: March 2021