



REFERRAL GUIDELINES

Paediatric Diabetes Clinic

Head of Unit: Dr Thomas Campbell

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:

A multidisciplinary clinic with Paediatric Endocrinologists, Paediatricians, Diabetes Educators, Dietitians, Clinical Psychologists and Social Workers

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Highly unstable diabetes	1-2 weeks
Category 2 Routine		2-3 months
Emergency	<ul style="list-style-type: none">• New Type 1 diabetes diagnosis• New Type 2 diabetes diagnosis• Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones)• Acute, severe hyperglycaemia• Acute, severe hypoglycaemia.• Hyperosmolar non ketotic coma/ Hyperosmolar hyperglycemic state• Diabetes and severe vomiting	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

HEAD OF UNIT

Dr Thomas Campbell

PROGRAM DIRECTOR**ENQUIRIES**

PH: 9784 2600

Reviewed: May 2022



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Eligibility Criteria

[Statewide Referral Criteria Diabetes](#)

Patients 2-16 years Patient to reside in Frankston Hospital Catchment area

Exclusions & Alternative referral options

< 2 years to Monash Health or Royal Children's Hospital

>16 years- YADS Clinic Frankston Hospital

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
- Bring **Green Book** if aged 6 years and under

Clinic information

Thursday 0830-1230
Frankston Hospital Building D
Outpatients Area 1

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