



REFERRAL GUIDELINES

Pulmonary Embolism Clinic

Head of Unit: **Prof David Langton**

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 9788 1879**

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:

The pulmonary embolism (PE) clinic is for the follow-up of patients who have a diagnosis of PE and already on anticoagulation treatment. The predominant roles of this clinic are to:

- Determine duration or cessation of anticoagulation
- Assessment of any ongoing symptoms
- Assessment of any potential long-term complications of PE

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	NA	NA
Category 2 Routine	Follow-up of patients already established on treatment	3 months
Emergency	<ul style="list-style-type: none">- Acute PE- Adverse event on anticoagulation (e.g. bleeding)	Patient should be referred to the 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
Prof David Langton

PROGRAM DIRECTOR
Dr. Gary Braun

ENQUIRIES
03 9784 7058

Reviewed: 14/10/2022



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Pulmonary Embolism Clinic

Eligibility Criteria

Residents of Peninsula Health catchment area

Please attach to referral:

- Results of CTPA or VQ scan
- Results of any Doppler ultrasound if available

Exclusions

< 18 years of age

Alternative referral options

Private services

Haematology 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 investigation

Clinic information

Wednesday 13:00-15:30 (every 6 weeks)
Frankston Outpatients area 1

- Fax referral 03 9788 1879
- Phone 03 9784 7058

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