



# REFERRAL GUIDELINES

## Renal Failure Clinic

**Head of Unit: Dr Kim Wong**

**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:**

Medical clinic for assessment and management of moderate to severe chronic renal failure.

**Categories for Appointment**

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New referral to clinic following recent acute admission to hospital, requiring pathology or diagnostic test follow up.	1-2 weeks or next available
Category 2 Routine	<ul style="list-style-type: none"><li>• New referral from GP or following hospital admission with moderately stable CKD requiring review with 2 months.</li><li>• New referral from GP or ward with stable CKD stage 3-4 requiring opinion in management.</li></ul>	1-3 months
Emergency	Acute renal failure	Patient should be referred to Renal Advanced Trainee or

**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 Kim Wong

**PROGRAM DIRECTOR****ENQUIRIES**

**PH: 9784 2600**

Reviewed: June 2021



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## Renal Failure Clinic

	Renal Physician On Call/Emergency Department for urgent review and management.
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### Eligibility Criteria

Requires medical referral

### Exclusions

- Those requiring transport via stretcher as have nowhere to allocate patient to wait outside of clinic if awaiting patient transport.
- < 18 years Monash Medical Centre Paediatric Renal Unit

### Alternative referral options

- Haemodialysis Outpatients if appropriate -see referral guide
- Clients with stable CKD, can be managed appropriately by GP and for review when required
- Private renal physician

### 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
  - Renal ultrasound
  - Pathology including blood and urine tests < 1 month old at the time of referral

### Clinic information

Frankston Hospital  
Frankston Integrated Health Centre  
Outpatients Area 1

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