



REFERRAL GUIDELINES

Rheumatology Clinic

Head of Unit: Dr Omidvar Bita

Referrals: Referral addressed to named head of unit is preferred.

- FAX Referrals to **9784 2387**

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 medical clinic aims to assess and manage

- Inflammatory arthritis e.g. Rheumatoid arthritis, Psoriatic arthritis
- Spondyloarthropathy e.g. Ankylosing Spondylitis, Reactive arthritis
- Crystal induced arthritis, such as Gout, CPPD induced arthritis
- Vasculitis and IgG4 related disease
- Connective tissue diseases such as Lupus, Scleroderma, Sjogren disease, inflammatory myositis

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent		
Category 2 Routine		
Emergency	<ul style="list-style-type: none">• New neurological features in a patient with previously diagnosed ankylosing spondylitis• Patients with acutely painful, hot, swollen	

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. Omidvar Bita

PROGRAM DIRECTOR
Dr. Gary Braun

ENQUIRIES
PH: 9784 1177

Reviewed: March 2021



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	<p>joint(s) especially if febrile</p> <ul style="list-style-type: none">• Suspected sepsis in a patient with previously diagnosed inflammatory back pain, psoriatic arthritis, rheumatoid arthritis• Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.	
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Eligibility Criteria

Statewide Referral Criteria

- [Ankylosing Spondylitis](#)
- [Crystal Arthritis - Gout](#)
- [Inflammatory Arthritis](#)
- [Psoriatic Arthritis](#)

Exclusions

Metabolic bone diseases-refer to endocrinology

Alternative referral options

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

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- Medications
- Allergies
- Results of all recent and relevant investigation

Clinic information

- Tuesday and Thursday mornings.
- PH: 9784 1177
- Heart Service/Cardiac Investigation Unit
Level 3
Frankston Hospital

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