

# REFERRAL GUIDELINES

## Amputee and Prosthetic Clinic

**Head of Unit:** Dr Nathan Johns

**Referrals:** For faxed referrals, use the ACCESS referral form to 9784 2309

### Clinic overview:

A multidisciplinary clinic for clients who have had a limb amputation and may require prosthetic management.

The clinic team includes a rehabilitation medicine physician, prosthetist, physiotherapist and rehabilitation nurse. The team will manage post amputation issues, including fitting and monitoring of prosthesis, pain management, wound issues and ongoing rehabilitation needs.

The clinic will also see clients for pre-amputation counselling.

Clinic Rehabilitation Physician:  
Dr Juleen Lim

Clinic location – Golf Links road

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New amputees and interims	2/52
Category 2 Routine	Regular reviews	3-4/52
Emergency	Urgent repairs of prosthesis	Next available or clients can contact OAPL directly

### Eligibility Criteria

Patients must live within Peninsula Health catchment area

### 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

#### PROGRAM DIRECTOR

Dr Nathan Johns

#### ENQUIRIES

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Fax: 9784 2309

Phone: 1300 665 781

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Clients <65 years of age require NDIS approval
<b>Exclusions</b>
Age < 16
<b>Alternative referral options</b>
<b>Minimum Referral Information Required</b> Please note, referral cannot be processed if minimum information is missing) <ul style="list-style-type: none"> <li>Referring practitioner name, provider number and signature.</li> <li>Date of referral</li> <li>Patient's name, address, date of birth, Medicare number and phone number.</li> <li>Clinical details and reason for referral</li> <li>Relevant medical history</li> <li>Medications</li> <li>Allergies</li> <li>Results of all recent and relevant investigation</li> </ul> <p><b>MANDATORY TEST INFORMATION HERE...</b></p>
<b>Clinic information</b>
<ul style="list-style-type: none"> <li>Times: Tuesday AM (Multidisciplinary clinic) and Friday (Prosthetist only)</li> <li>Location: Building 3, 125 Golf Links Road, Frankston VIC 3199</li> <li>Phone: 97848645</li> <li>Fax 97881879</li> </ul> <p><i>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 her appointment</i></p>

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