

# REFERRAL GUIDELINES

## EEG Clinic (Electroencephalogram clinic)

**Head of Unit:** Dr Ernie Butler

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

Fax Referrals to 9784 2349

Forms available on website or phone EEG/EMG clinic to request.

Phone EEG/EMG Clinic on 9784 2663

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 aim of the clinic is for Diagnosis and Characterisation of Epilepsy all referrals will be triaged by the Neurologist.

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Inpatient referrals For patients having clinical seizures For patients where medications/management is not effective	Determined by Neurologist triage and booked into the first available appointment
Category 2 Routine	All other referrals	Next available appointment
Emergency	Not applicable	Not applicable

### Eligibility Criteria

- Patients must be referred by a doctor
- Age 2 years and older
- Patients in the Peninsula Health Catchment

### Exclusions and Alternative referral options

- Children < 2 years

### 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 Ernie Butler

#### PROGRAM DIRECTOR

#### ENQUIRIES

Reviewed: April 2023

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- Services provided at Monash Medical Centre and The Royal Children's Hospital where paediatric epileptology's report EEG studies

### 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

Tuesday, Wednesday & Thursday  
Neurophysiology Lab Level 3 Frankston Hospital

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