

REFERRAL GUIDELINES

Endocrinology Clinic

Head of Unit: Dr Debra Renouf

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:

Adult Endocrinology Clinic

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent		1-2 weeks
Category 2 Routine	All others	Next available appointment
Emergency	<ul style="list-style-type: none"> • Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state) • Neutropenic sepsis in patient taking carbimazole or propylthiouracil • Hyperthyroidism with hypokalaemia or paralysis. • Suspected myxoedema coma (impaired conscious state, hypothermia, bradycardia) with high thyroid stimulating hormone level. • Thyroid mass with difficulty in breathing. 	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

Dr Debra Renouf

PROGRAM DIRECTOR

ENQUIRIES

Reviewed: March 2021

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Endocrinology Clinic

Eligibility Criteria

Click on links below for criteria for referral to public hospital specialist clinic services:

- [Hyperthyroidism](#)
- [Hypothyroidism](#)
- [Metabolic Bone Disease \(endocrinology\)](#)
- [Thyroid Mass \(endocrinology\)](#)

Exclusions & Alternative referral options

- Acutely unwell
- < 18 years of age - Monash Health or Royal Children's Hospital
- Private services
- Thyroid Mass may also be referred to General Surgery Outpatients

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 investigations

Clinic information

Wednesday AM, 09:00 -12:00
Outpatient Area 1
Frankston Hospital

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