

# REFERRAL GUIDELINES

## General Rehabilitation Medicine Clinic

**Head of Unit:** Dr Nathan Johns

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

### Clinic overview:

This clinic is primarily to follow-up patients with ongoing pain or rehabilitation issues following discharge from our inpatient units.

New referrals are also accepted for patients needing to see a rehabilitation medicine physician with:

- pain < 6 months duration
- for chronic disease management (age < 65)
- for musculoskeletal management
- falls and balance (non-neurological)
- cancer rehabilitation
- developmental disability

Clinic Rehabilitation Physicians:

Dr Brinda Thirugnanam

Dr Gayathri Aravinthan

Dr Daniela Pasagic

Dr Kapil Gupta

Clinics are located at Golf Links Road and Rosebud Hospital.

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Severe subacute pain	2 weeks

### 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

#### ACCESS

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Category 2 Routine		4 weeks
Emergency		
<b>Eligibility Criteria</b>		
<p>Patients must live with Peninsula Health catchment area            Patients must have a valid medical referral            Adults</p>		
<b>Exclusions</b>		
<p><b>Age &gt; 65 years (refer to GEM clinics at TMC)</b>   <b>Chronic pain (Duration &gt; 6 months)</b>  <b>Age &lt;16</b></p>		
<b>Alternative referral options</b>		
<p>Chronic pain clinic at TMC            GEM Clinics at TMC            Palliative care clinic at Frankston Hospital</p>		
<b>Minimum Referral Information Required</b>		
<p>Please note, referral cannot be processed if minimum information is missing)</p> <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> </ul>		

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- Results of all recent and relevant investigation  
**MANDATORY TEST INFORMATION HERE...**

### Clinic information

- Times
- Location
- 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 her appointment*

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