

REFERRAL GUIDELINES

Gestational Diabetes 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 **9788 1879**
See Referral Form

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:

- Multidisciplinary clinic for the management of the pregnant woman with gestational diabetes (GDM), Type 1 or Type 2 diabetes. Includes an Endocrinologist, Diabetes Educator and Dietitian.
- Women diagnosed with GDM will have routine fortnightly visits to this clinic.

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New diagnosis of GDM, pregnant with type 1 or type 2 diabetes	1-2 weeks
Category 2 Routine	Ongoing review of GDM	2-3 weeks
Emergency	<ul style="list-style-type: none"> • Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones) • Acute, severe hyperglycaemia • Acute, severe hypoglycaemia • Hyperosmolar non ketotic coma/ Hyperosmolar hyperglycemic state • Diabetes and severe vomiting 	Via 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

Phone: 9784 2660

Reviewed: June 2021

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Gestational Diabetes Clinic

<p>Eligibility Criteria</p> <p>All pregnant women booked at Frankston hospital with Gestational Diabetes, Type 1 or Type 2 Diabetes</p>
<p>Exclusions & Alternative referral options</p> <p>Statewide Referral Criteria Type 1 diabetes (Obstetrics)</p>
<p>Minimum Referral Information Required Please note, referral cannot be processed if minimum information is missing)</p> <ul style="list-style-type: none"> 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 <p>OGTT result required if new diagnosis of Gestational Diabetes</p>
<p>Clinic information</p> <p>Time Thursday 13:30 Location Integrated health Building Outpatients Area 1 Frankston Hospital Outpatients Department</p>

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