

REFERRAL GUIDELINES

INFECTIOUS DISEASES

Referral Form: The GP Referral Template located within the Mastercare Referralnet system is the preferred referral tool

Clinic overview:

- General Infectious Disease Clinic
- Weekly – Wednesday 1300 – 1700
- Frankston Integrated Health Centre
- Fax referrals to Outpatients or send electronically
- Ph. 9784 2600
- Fax. 9788 1879

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 – Urgent	Active untreated infection or recently commenced treatment requiring urgent review (eg. <i>Newly diagnosed HIV infection, Tuberculosis, Mycobacterium ulcerans</i>)	14 - 28 days
Category 2 – Routine	All other cases related to an infectious disease	28-56 days
Emergency	For urgent triage cases it is best to contact the Infectious Disease Registrar via the switchboard and the case can be discussed with the on-call ID consultant	Immediately via Emergency Department

Eligibility Criteria

- Referred by doctor
- Any infectious disease requiring review: General infectious diseases, hospital acquired infections, orthopaedic infections, travel-related infectious, HIV, viral hepatitis

IMPORTANT:

The following information is mandatory:

Referral:

- Date of referral
- Duration of referral
- Speciality
- Named practitioner
- Referring practitioner name
- Referrers signature

Patient Demographic:

- Full name
- Date of birth
- Next of kin
- Postal address
- Contact numbers
- Medicare number

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Diagnostics as per referral guidelines

X-ray results/reports must be within the last 6 mths

HEAD OF UNIT

Mr Peter Kelley

PROGRAM DIRECTOR

Dr Gary Braun

OUTPATIENT ENQUIRIES

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Reviewed: February 2019

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<p>Exclusions</p> <ul style="list-style-type: none"> • Paediatric patients • Sexual health issues (eg: HPV infection) • BCG vaccination
<p>Clinic information</p> <ul style="list-style-type: none"> • Weekly ID Clinic – Wednesday 1300 – 1700 • Frankston Integrated Health Centre
<p>Specific Clinic referral information</p> <ul style="list-style-type: none"> • Referral must be addressed to named practitioner – Dr Peter Kelley, Dr Catherine Marshall, Dr Kasha Singh • Referring practitioner name, provider number and signature • Referral must indicate the period for which the referral is valid
<p>Alternative referral options</p> <ul style="list-style-type: none"> • Monash Medical Centre Infectious Diseases Unit • Viral hepatitis – gastroenterology outpatients or private clinic • Private specialists • Urgent cases please page Infectious Disease registrar via Switchboard

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