

# REFERRAL GUIDELINES

## Insulin Pump 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:

This clinic is a Diabetes Education Clinic.

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Recent pump initiation	1-2 weeks
Category 2 Routine	All others	Next available appointment
Emergency	<ul style="list-style-type: none"> <li>Insulin Pump Faults</li> <li>Acutely unwell</li> <li>Diabetic Ketoacidosis</li> <li>Severe hypoglycaemia</li> </ul>	Insulin Pump Faults occurring Monday-Friday Business Hours PH: Diabetes Educator 9784 7625 for urgent appointment but otherwise via ED.  ED

### Eligibility Criteria

- 2 years or older
- Type 1 diabetes on insulin pump therapy or considering transfer to insulin pump therapy
- Patients attending PDC, YADS and Diabetes clinic with type 1 diabetes

### 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

# REFERRAL GUIDELINES

## Insulin Pump Clinic

<b>Exclusions &amp; Alternative referral options</b>
<ul style="list-style-type: none"> <li>• Acutely unwell</li> <li>• &lt; 2years of age - Monash Health or Royal Children's Hospital</li> <li>• Alternative for adults - private services</li> </ul>
<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> <li>• Results of all recent and relevant investigations</li> </ul>
<b>Clinic information</b>
<p>Wednesday 09:00 -12:00 Outpatient Area 1 Frankston Hospital</p>

### 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