

REFERRAL GUIDELINES

Interstitial Lung Disease Clinic

Head of Unit: Prof David Langton

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**

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:

The interstitial lung disease (ILD) clinic is for patients with a suspected or confirmed ILD, including but not exclusive to the following:

- Idiopathic pulmonary fibrosis
- Non-specific interstitial pneumonitis
- Connective tissue disease related ILD
- Hypersensitivity pneumonitis
- Sarcoidosis
- Cryptogenic organising pneumonia
- Smoking related ILD
- Pulmonary alveolar proteinosis

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Severe symptoms requiring specialist management	Six weeks
Category 2 Routine	Suspected new diagnosis for work-up	Next available
Emergency	Respiratory distress, new hypoxia	Patient should be referred to the 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
Prof David Langton

PROGRAM DIRECTOR
Dr. Gary Braun

ENQUIRIES
03 9784 7058

Reviewed: 22/08/2022

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Interstitial Lung Disease Clinic

Eligibility Criteria

Residents of Peninsula Health catchment area

Please attach to referral:

- Results of lung function test and HRCT chest within six months

Exclusions

< 18 years of age

Alternative referral options

Private services

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 investigation
- Occupational/exposures history
- Results of lung function test and HRCT chest within six months

Clinic information

Wednesday 13:00-15:30 (every 6 weeks)
Frankston Outpatients area 1

- Fax referral 03 9788 1879
- Phone 03 9784 7058

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