

REFERRAL GUIDELINES

Paediatric Developmental Clinic

Head of Unit: Dr. Karen O'Brien

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 her appointment.

Clinic overview:

These Clinics are for

- Developmental Delay in Preschool children.
- ADHD/Autism concerns. Specific Autism/ADOS referral needs to be supported by Paediatric assessment prior to referring.
- Primary School function/learning concerns. (Up to age of 12 years)
- Speech/ Fine Motor / Gross motor delay.

The child needs to be assessed for **Hearing/Vision test** impairment before being seen.

The referral needs to be clear so allocation to the appropriate specialist is enabled. The presenting problem needs to have details of the concern and the impact on the patient/ family/ education and duration of symptoms.

Speech Therapy, Occupational Therapy or Psychology reviews should be considered according to the Presenting Problem as a parallel referral while waiting for clinic appointment.

Categories for Appointment

	Clinical Description	Timeframe for Appt

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 Karen O'Brien

PROGRAM DIRECTOR

ENQUIRIES

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Category 1 Urgent	Not applicable. Urgent issues are likely to require Neurology or Mental Health Referrals.	
Category 2 Routine		Varies, up to 4 months
Emergency	Not applicable	Not applicable

Eligibility Criteria

Under 12 years and living within the Peninsula Health Mental Health Catchment area.

Hearing and vision assessments performed.
Paediatric Assessment performed.

Exclusions

Mental Health Issues as primary Diagnosis please refer to ELMHS. Clinics and are not suitable for suicidal or self-harming patients or severe behavioural problems. Clinics do not provide care by specialists in Anxiety and Depression (Psychologists).

Mental Health Referral for 16-25 year olds is through Mental Health Triage on 1300 792 977

There is no Child and Adolescent Service for those under 16 years within Peninsula Health Mental Health Service

- Services for children under 16 years is through Monash Health Mental Health Services Early in Life -1300 369 012
- If the patient lives between Carrum & Mordialloc Alfred CYMHS – (BH) 8552 0555 or (AH) 1300 363 746

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Alternative referral options

Speech Therapy, Occupational Therapy or Psychology reviews should be considered according to the Presenting Problem as a parallel referral while waiting for clinic appointment.

These services are available by referral to [ACCESS](#)

Hearing Assessments can also be made by referral to Audiology via ACCESS

Vision assessment are usually done through private optometry 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 including Hearing and Vision Assessments

Clinic information

- Monday pm and Thursday pm Frankston
- Thursday am and Friday pm Hastings

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