

# REFERRAL GUIDELINES

## Paediatric Medical 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:

General Medical Clinic for children 16 years and under for the following services

- General Paediatric
- Dermatology
- Neurology
- Respiratory
- Gynaecology

GP referrals are screened and triaged by a Consultant Paediatrician.

### Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent		Contact paediatric registrar on call via Switchboard PH 9784 7777
Category 2 Routine		Approximately 2 months, waiting times vary
Emergency		Emergency Department Frankston Consultant Phone 9784 7196, Rosebud Consultant Phone 5986 0623

### 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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Reviewed June 2021

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<b>Eligibility Criteria</b>		
16 years and under Peninsula Health Catchment preferred		
<b>Exclusions and Alternative referral options</b>		
<ul style="list-style-type: none"> <li>• Developmental and Behavioural Disorders excluded</li> <li>• For Diabetes please refer to YADS (Young Adults with Diabetes Clinic) -referral information at <a href="#">Child and Young Adult Clinics</a></li> <li>• For Endocrine and Gastroenterology services please refer to Monash Health.</li> <li>• For Cardiology services please refer to Monash Heart</li> </ul>		
<b>REMINDER: Limited Emergency Paediatric Surgical Services at Peninsula Health</b>		
<b>GPs are reminded that emergency Paediatric General and Urological surgery is not usually performed at Frankston Hospital.</b>		
If you are managing a child less than 16 years of age who is unwell and who is likely to deteriorate clinically or require surgery ( for example probable appendicitis or testicular torsion) please strongly consider referring them to Monash Health directly. If the patient comes to Peninsula Health first, delay to definitive treatment will occur.		
Emergency paediatric Plastic Surgery and Orthopaedic services are available for patients with acute injuries who are referred to Fracture Clinic or Plastic Surgery Clinic or who present to the Frankston Hospital Emergency Department. The Orthopaedic unit looks after paediatric trauma patients and shares care with the paediatricians for paediatric patients with bone or joint infections.		

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### 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

The clinics are held at Frankston and Hastings locations.

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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
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