

REFERRAL GUIDELINES

Renal Failure Clinic

Head of Unit: Dr Kim Wong

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:

Medical clinic for assessment and management of moderate to severe chronic renal failure.

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	New referral to clinic following recent acute admission to hospital, requiring pathology or diagnostic test follow up.	1-2 weeks or next available
Category 2 Routine	<ul style="list-style-type: none"> New referral from GP or following hospital admission with moderately stable CKD requiring review with 2 months. New referral from GP or ward with stable CKD stage 3-4 requiring opinion in management. 	1-3 months
Emergency	Acute renal failure	Patient should be referred to Renal Advanced Trainee or

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 Kim Wong

PROGRAM DIRECTOR

ENQUIRIES

PH: 9784 2600

Reviewed: June 2021

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Renal Failure Clinic

		Renal Physician On Call/Emergency Department for urgent review and management.
Eligibility Criteria		
Requires medical referral		
Exclusions		
<ul style="list-style-type: none"> Those requiring transport via stretcher as have nowhere to allocate patient to wait outside of clinic if awaiting patient transport. < 18 years Monash Medical Centre Paediatric Renal Unit 		
Alternative referral options		
<ul style="list-style-type: none"> Haemodialysis Outpatients if appropriate -see referral guide Clients with stable CKD, can be managed appropriately by GP and for review when required Private renal physician 		
Minimum Referral Information Required		
Please note, referral cannot be processed if minimum information is missing)		
<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Renal ultrasound Pathology including blood and urine tests < 1 month old at the time of referral 		
Clinic information		
Frankston Hospital Frankston Integrated Health Centre Outpatients Area 1		

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