

REFERRAL GUIDELINES

Young Adults with Diabetes Clinic (YADS)

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:

A multidisciplinary clinic with Endocrinologists, Diabetes Educators, Podiatrists and Dietitians

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Highly unstable diabetes	1-2 weeks or sooner in Rapid Review Clinic or Insulin Stabilisation Clinic or other
Category 2 Routine		2-3 months
Emergency	<ul style="list-style-type: none"> • New Type 1 diabetes diagnosis • Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones) • Acute, severe hyperglycaemia • Acute, severe hypoglycaemia. • Hyperosmolar non ketotic coma/ Hyperosmolar hyperglycaemic state • Diabetes and severe vomiting 	<p>Emergency Department.</p> <p>For some new Type 1 diagnoses Monday-Friday Business Hours Phone Diabetes Educator 9784 7625 to arrange urgent appointment to avoid ED but otherwise via ED.</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

PH: 9784 2600

Reviewed: March 2021

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<p>Eligibility Criteria</p> <p><u>Statewide Referral Criteria Diabetes</u></p> <p>Type 1 or type 2 diabetes aged 16-25 years</p>
<p>Exclusions & Alternative referral options</p> <p>< 16 years of age Paediatric Diabetes Clinic >25 years of age Adult Diabetes Clinic</p>
<p>Minimum Referral Information Required</p> <p>Please note, referral cannot be processed if minimum information is missing</p> <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 investigations
<p>Clinic information</p> <p>Tuesdays 1700 to 2100 Clinic runs 1st Tuesday of the month except November when it is the second Tuesday of the month.</p> <p>Frankston Hospital Building D Outpatients Area 1</p>

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