

REFERRAL GUIDELINES

Dupuytren`s Clinic

Head of Unit: **David Hunter-Smith**

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. Fax Referrals to :**9788 1879**

Clinic overview:

Dupuytren`s Contracture is a hand deformity that is a progressive hand condition that affects the palm and the fingers.

Treatment options include:

- Percutaneous needle fasciotomy
- Surgical fasciectomy +/- skin grating
- Radiotherapy

Unfortunately **Collagenase injections (Xiaflex)** are no longer available in Australia because it has been taken off the market due to cost increases beyond our control.

Minimum Referral Information Required:

- 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
- Include details of functional impairment
- Relevant medical & family history
- Medications
- Allergies

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
- Interpreter if required

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)
- Email address
- Next of kin

HEAD OF UNIT

David Hunter-Smith

PROGRAM DIRECTOR

Peter Evans

ENQUIRIES

Ph:9784 2600

Fax: 9788 1879

Reviewed: October 2022



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Categories for Appointment

	Clinical Description	Timeframe
Category 3- Routine	The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month.	Assessment Waiting list (next available) If patient symptoms deteriorate, please re-refer and note patient already on appointment wait list, request for a triage review.

Eligibility Criteria

Patients must live with Peninsula Health catchment area

Exclusions

N/A

Alternative referral options

Private Rooms

Clinic information

- **Wednesday :13:00- 17:00**
- **Location :Outpatients Area 1**
- **Fax 97881879**
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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.

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