

REFERRAL GUIDELINES

Respiratory Infectious Diseases Clinic

Head of Unit: Prof David Langton

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 **9788 1879**

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:

This clinic is for the assessment, management and follow-up of recent hospital admissions with infective respiratory conditions.

Note-This is not the service for management of symptoms related to Long-COVID syndrome

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	Persistent acute symptoms that require specialist management, without evidence of respiratory distress, hypoxia or haemodynamic compromise	4-6 weeks
Category 2 Routine	Follow-up of patients post discharge	6 -12 weeks
Emergency	Acutely unwell patients with hypoxia, respiratory distress or possible sepsis	Patient should be referred to the

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

Prof David Langton

PROGRAM DIRECTOR

Dr. Gary Braun

ENQUIRIES

03 9784 2600

Reviewed: 13/02/2024

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Respiratory Infectious Diseases Clinic

		Emergency Department
Eligibility Criteria		
Residents of Peninsula Health catchment area		
Please attach to referral: <ul style="list-style-type: none"> - Recent results from blood tests, sputum testing, chest imaging 		
Exclusions		
1. < 18 years of age 2. Long COVID, this is not the service for management of symptoms related to Long-COVID syndrome		
Alternative referral options		
Private 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		
Clinic information		
Wednesday 13:00-15:30 (every 6 weeks)		

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Frankston Outpatients area 1

- Fax referral 03 9788 1879
- Phone 03 9784 2600

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