

If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

To refer your patient to Specialist Outpatient rheumatology clinics

Please send your referral to Alfred Specialist Clinics via **ConsultMed eReferral**. To log in or create a free [Consultmed account click here.](#)

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to op.referrals@alfred.org.au whilst we transition our services to this secure platform.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please note a referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

Referral to Victorian public hospitals is not appropriate for:

- Asymptomatic hyperuricaemia
- A single attack of gout
- Previously diagnosed gout that is adequately managed
- Previously diagnosed gout without prophylactic treatment
- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- When the person's life expectancy is < 6 months

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

Please refer to the Department of Health [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Rheumatology specialist clinics in public hospitals.

Specialist Clinic Referral Guidelines

RHEUMATOLOGY

Please include in your referral:

<p>Demographic details:</p> <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number• Referring GP details• Interpreter requirements• Medicare number	<p>Clinical information:</p> <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports• Past medical history• Current medications
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Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Rheumatology Registrar on call on 9076 2000.

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Inflammatory arthritis

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed rheumatoid arthritis
- Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.

Criteria for referral to public hospital specialist clinic services

- Suspected or diagnosed inflammatory arthritis with active symptoms
- Previously diagnosed inflammatory arthritis for review of management monitoring or management of toxicity associated with treatment.

Information to be included in the referral

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Details of previous medical management including the course of treatment and outcome of treatment
- Full blood examination
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- If the patient is pregnant or planning a pregnancy

Provide if available:

- Rheumatoid factor (RhF) levels
- Anti-cyclic citrullinated peptide (anti-CCP) antibody levels
- Relevant x-rays
- Liver function tests
- Urea and electrolyte results
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Previous rheumatology assessments or opinions.

Additional comments

Please include the essential [demographic details and clinical information](#) in the referral.

As inflammatory arthritis is chronic or progressive condition that requires ongoing specialist advice the referral should request partnership care between patient, their GP and The Alfred.

The referral should note if the request is for a second or subsequent opinion as requests for a second opinion will usually not be accepted.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Ankylosing spondylitis

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

- New neurological features in a patient with previously diagnosed ankylosing spondylitis
- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed inflammatory back pain
- Unexplained illness or fever in a patient being treated with biologic or immunosuppressant medicines.
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Criteria for referral to public hospital specialist clinic services

- Inflammatory back pain with onset of symptoms before 45 years, with more than 3 months of symptoms, with one or more of the following:
 - Heel pain (enthesitis)
 - Peripheral arthritis
 - Dactylitis
 - Iritis or anterior uveitis
 - Psoriasis
 - Inflammatory bowel disease
 - Positive family history of axial spondyloarthritis, reactive arthritis, psoriasis, inflammatory bowel disease or anterior uveitis
 - Previous good response to non-steroidal anti-inflammatory medicines
 - Raised acute phase reactants (erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) or both)
 - HLA-B27 positive
 - Sacroiliitis shown on x-ray or MRI.

Information to be included in the referral

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Details of all sentinel findings
- Report on x-ray that includes the sacroiliac joint
- Details of previous medical management including the course of treatment and outcome of treatment
- Full blood examination results
- Erythrocyte sedimentation rate (ESR)
- C-reactive protein (CRP)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- If the patient is pregnant or planning a pregnancy.

Ankylosing spondylitis (continued).

Provide if available:

- Relevant x-rays
- Liver function tests
- Urea and electrolyte results
- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Previous rheumatology assessments or opinions.

Additional comments

Please include the essential [demographic details and clinical information](#) in the referral.

As inflammatory back pain is chronic or progressive condition that requires ongoing specialist advice the referral should request partnership care between the patient, their general practitioner and the health service.

The referral should note if the request is for a second or subsequent opinion as requests for a second opinion will usually not be accepted.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Osteoarthritis

Please contact the rheumatology registrar to arrange an urgent rheumatology assessment for patients with exceptional circumstances requiring assistance with self-management.

Criteria for referral to Rheumatology Specialist Clinic

If diagnosis is established, refer if:

- Progressive worsening of disability
- Acute on chronic symptoms
- Threat to independence
- Difficulty with employment

Information to be included in the referral

- History:
 - Functional impairment
- Investigations:
 - XR affected joints.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Acute monoarthritis

Direct to the Emergency Department and/or contact the Rheumatology consultant or registrar on call for aspiration and diagnosis if sepsis is suspected or cannot be excluded in patients with this condition.

Information to be included in the referral

- History:
 - Hot, red, swollen joint
 - Presence of **pyrexia**.
- Investigations:
 - FBE, ESR
 - U&Es
 - LFTs
 - Uric acid

Additional information:

Please include the essential [demographic details and clinical information](#) in your referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Reactive arthritis

Criteria for referral to Rheumatology Specialist Clinic

Refer for assessment - most cases should be assessed by a Rheumatologist.

Information to be included in the referral

- History
 - Trauma
 - Multiple joint involvement
 - Genitourinary/GI infection
 - Family history
 - Back pain/stiffness

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Crystal arthritis (Gout)

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Direct to the Emergency Department for:

- Patients with acutely painful, hot, swollen joint(s) especially if febrile
- Suspected sepsis in a patient with previously diagnosed gout.

Criteria for referral to public hospital specialist clinic services:

- Suspected gout in premenopausal women or men < 40 years
- Tophaceous gout with progressive joint damage, active symptoms or growing tophi despite medical management
- Gout that has previously been diagnosed with any of the following:
 - Allopurinol intolerance (e.g. rash, hepatitis)
 - Symptoms despite maximum tolerated allopurinol dosage
 - Progressive joint damage despite medical management
 - Compromised renal function: glomerular filtration rate (GFR) < 30 mL/min/1.73m²
 - Solid organ transplant
 - Complex comorbidities.

Information to be included in the referral.

Information that **must** be provided:

- Description of joints affected and onset, characteristics and duration of symptoms
- Frequency of episodes and number of attacks that have occurred within the last 12 months
- Inter-episode blood uric acid levels
- Details of previous medical management including the course of treatment and outcome of treatment
- Relevant medical history
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Glomerular filtration rate (GFR)

Crystal arthritis (Gout) continued

Provide if available:

- How symptoms are impacting on daily activities (e.g. work, study, or carer role)
- Full blood examination results
- Relevant x-rays
- Results of previous joint aspirations.

Additional comments:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Asymptomatic hyperuricaemia
- A single attack of gout
- Previously diagnosed gout that is adequately managed
- Previously diagnosed gout without prophylactic treatment.

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Haemarthrosis

Criteria for referral to Rheumatology Specialist Clinic

Routine referral to specialist appropriate for aspiration and/or injection for difficult anatomical sites or problems requiring particular expertise.

Information to be included in the referral

- History:
 - Trauma
 - Exclude infection (hot, red, swollen joint, pyrexia)
- Investigations:
 - XR affected joint

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Soft tissue rheumatism

Including rotator cuff, tennis elbow, trochanteric bursitis, carpal tunnel syndrome, plantar fasciitis.

Criteria for referral to Rheumatology Specialist Clinic

Routine referral appropriate for:

- Uncertain diagnosis
- Local injection
- Failure to settle.

Information to be provided in the referral

- History:
 - Trauma
 - Occupation
 - Pain pattern
- Examination:
 - Normal passive ROM
 - Clinical diagnosis
- Investigations:
 - FBE, ESR
 - X-ray if fails to settle.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Chronic pain syndromes (including fibromyalgia)

Criteria for referral to Rheumatology Specialist Clinic

- Routine referral appropriate for:
 - Uncertain diagnosis
 - Multi/interdisciplinary rehabilitation
- NOTE: Fibromyalgia can exist with other conditions.

Information to be provided in the referral

- History:
 - Trauma
 - Sleep disturbance
 - Morning stiffness/fatigue
 - Widespread myalgias
 - Psychosocial evaluation important
- Examination:
 - Tender joints
 - Pain behaviours
 - No clinical weakness.
- Investigations:
 - FBE, ESR
 - U&Es
 - LFTs
 - Ca, PO42
 - CK.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Connective tissue disease

Including systemic lupus erythematosus (SLE), scleroderma, polymyositis, dermatomyositis, Sjogren's syndrome.

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for most cases. Early discussion with a Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.

Information to be provided in the referral

- History:
 - Trauma
 - Rash
 - Colitis/iritis
 - Genitourinary/GI infection
- Examination:
 - Rashes
 - Anatomical swelling (c.f. oedema)
 - Blood pressure.
- Investigations:
 - FBE, ESR
 - RhF or anti-CCP
 - ANA/DNA binding
 - U&Es
 - LFTs
 - CRP
 - CK (raised by Polymyositis)
 - Urinalysis, MSU
 - NOTE: False positive tests are common – none of these conditions can be diagnosed by a single test.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Vasculitis

Including temporal arteritis, polymyalgia rheumatica, polyarteritis nodosa, Wegener's granulomatosis.

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for:

- Temporal arteritis
- Polymyalgia Rheumatica
- Polyarteritis nodosa
- Wegener's Granulomatosis.

Early discussion with Rheumatologist will aid prioritisation, especially if the patient is unwell and may need to be seen urgently.

Information to be provided in the referral

- History:
 - Muscle pain
 - Marked morning stiffness
 - Headaches
 - Amaurosis fugax
- Examination:
 - No true weakness.
- Investigations:
 - FBE, ESR (raised), CRP
 - U&Es
 - LFTs
 - CK
 - Urinalysis for protein and dysmorphic red cells.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Metabolic bone disorders

Department of Health [Statewide Referral Criteria](#) apply for this condition.

Criteria for referral to public hospital specialist clinic services:

- Suspected metabolic bone disease that is not osteoporosis (for example: Paget's disease, fibrous dysplasia, osteomalacia, osteogenesis imperfecta)
- Persistent osteoporosis despite maximum treatment
- Osteoporosis in women < 50 years or men < 60 years
- Intolerance to, or contraindication for, maximum treatment
- Metabolic bone disease associated with:
 - Treatment with glucocorticoid medicines
 - Inflammatory disorders
 - Chronic kidney disease
 - Post-transplant
- Metabolic bone disease associated with complications associated with treatment:
 - Atypical femoral fracture
 - Osteonecrosis of the jaw
- Advice on, or review of, management plan in patients with stable metabolic bone disease after 5 years treatment.

Information to be included in referral

Information that **must** be included:

- Details of all fractures, including location
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Recent (in last 3 months):
 - Serum calcium results
 - Serum 25-hydroxy vitamin D (25(OH)D)
 - Phosphate blood test result
 - Creatinine and electrolyte results
 - Albumin blood test result
 - Alkaline phosphate (ALP) blood test result
- Relevant comorbidities.

Metabolic bone disorders (continued)

Provide if available:

- Current or previous bone densitometry results
- Current or previous radiological reports of any fractures
- Parathyroid (PTH) blood test result.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Referrals to a rheumatology service are most appropriate for:

- Metabolic bone disease associated with:
 - Treatment with glucocorticoid medicines
 - Inflammatory disorders
- Metabolic bone disease associated with complications of treatment:
 - Atypical femoral fracture
 - Osteonecrosis of the jaw.

Other referrals are likely to be directed to an alternative specialist clinic or service.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Referral to a public hospital is not appropriate for:

- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- When the person's life expectancy is < 6 months.

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Reflex sympathetic dystrophy

Criteria for referral to Rheumatology Specialist Clinic

Refer if:

- Uncertain diagnoses
- Multi/interdisciplinary rehabilitation.

Information to be provided in the referral

Consider medical causes of fatigue, myalgia e.g. hypothyroidism, depression.

- History:
 - Trauma
 - Sleep disturbance
 - Morning stiffness/fatigue
 - Widespread myalgias
 - Psychosocial evaluation important
- Examination:
 - Tender points
 - Pain behaviours
 - No clinical weakness.
- Investigations:
 - FBE, ESR
 - U&Es
 - LFTs
 - Ca, PO42
 - CK.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Avascular necrosis

Please contact the rheumatology registrar to arrange urgent rheumatology assessment for further management of this condition.

Information to be included in the referral

- Acutely painful joint
- Significant pain.
- Investigations:
 - XR affected joint
 - Bone scan or MRI if diagnosis suspected.

Additional information

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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