

Specialist Clinic Referral Guidelines

DERMATOLOGY

To refer your patient to Specialist Outpatient dermatology 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](#).

Please include **CLINICAL IMAGES** with ALL REFERRALS. This will significantly improve assessment of urgency and acceptance of appropriate referral.

To refer your patient to Specialist Outpatient melanoma 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, you can also contact the Victorian Melanoma Service or send referrals:

Phone 0427 399 023 Fax (03) 9076 8500 or email melanomaservice@alfred.org.au

Referral to Victorian public hospitals is not appropriate for:

- Uncomplicated male pattern hair loss
- Acne that does not require systemic management
- Previously diagnosed dermatitis that is adequately managed
- Previously diagnosed psoriasis that is adequately managed
- Skin eruptions that have resolved or been adequately managed
- Skin and nail infections and infestations that are adequately managed or not related to immunosuppression
- Benign skin lesions

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The following conditions are not routinely seen at Alfred Health:

- Routine skin checks are only provided for high risk patients e.g. immunosuppression
- Children under 18 years of age are not seen at the Alfred (exception for Lung Transplant patients)
- Patients who are being treated for the same condition at another Victorian public hospital
- Venous ulceration - Refer to [Vascular Surgery](#)
- Sexually transmitted diseases - Refer to [Infectious Diseases](#)
- Cosmetic conditions
- Laser dermatology is not provided at The Alfred
- Warts (unless in immunocompromised patient)

Please include in the referral:

Demographic details: <ul style="list-style-type: none"> • Date of birth • Patient's contact details including mobile phone number • Referring GP details • Interpreter requirements • Medicare number 	Clinical information: <ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Photos of suspicious lesions or to demonstrate extent/severity of condition (preferably via e-referral or send photo and referral via email to dermatology@alfred.org.au) • Past medical history including duration and response to previous treatment • Current medications • CLINICAL IMAGES WITH ALL E-REFERRALS
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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.

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

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Confirmed Melanoma – Victorian Melanoma Service

If histologically proven melanoma, refer directly to the Victorian Melanoma Service for immediate assessment

Referrals to the Victorian Melanoma Service should be sent 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, for confirmed melanoma you can also Phone 9076 0365, or Fax 9076 8500 or melanomaservice@alfred.org.au.

The [Victorian Melanoma Service Referral Form](#) is also available.

Criteria for referral to Victorian Melanoma Service:

Primary narrow excision with histology may be appropriate if small.

Refer all patients after excision of lesion and histologic confirmation of melanoma for:

- Consideration of re-excision
- Complete skin examination and planning of appropriate follow up.
- Biopsy proven complex and/or large tumours likely to require flaps or grafts
- Metastatic melanoma

Refer to the [Victorian Melanoma Service](#) if:

- Histologically confirmed melanoma
- Nail lesions suspicious of melanoma

Information to be included in the referral:

- Use ABCD Criteria and Dermoscopy (if proficient)
- Type of lesion
- Speed of growth
- If immunosuppressed
- High quality images
- Histopathology

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.

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Suspected melanoma – Dermatology

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

Criteria for referral to public hospital service

Skin lesion highly suspicious for melanoma. Patients with proven melanoma or nail lesions suspicious of melanoma should be referred to the [Victorian Melanoma Service](#).

Information to be included in the referral

Information that **must** be provided

- Details of onset, duration, site, size and any recent changes in size of lesion(s)
- Biopsy results unless biopsy is unable to be performed in primary care due to the size of the lesion or anatomical site (head or genitals).

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service.

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Patients with proven melanoma or nail lesions suspicious for melanoma should be referred to the [Victorian Melanoma Service](#) for an immediate assessment, whether arranged through a telephone conversation or written referral.

Referrals for seborrheic keratosis, lentigo maligna or warts described as 'suspicion of melanoma' will not be accepted.

Note there are plastic surgery statewide referral criteria for Melanoma

Skin assessments of at-risk patients are best managed in primary care.

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

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Skin lesions and other skin cancers - Dermatology

Please clearly mark as urgent and include all details as below if:

- Poorly differentiated SCC
- Diagnostic concern, or if difficult excision beyond GP skill level, e.g. rapid growth or presenting on lip/ear
- High risk patient e.g. immunosuppressed

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

Criteria for referral to public hospital service

- Biopsy proven basal cell carcinomas
- Biopsy proven Bowen's disease
- Giant (larger than 20 centimetres) or pigmented congenital naevi or congenital naevi that are noted to be changing
- Pigmented naevi if melanoma is suspected and where biopsy is unable to be performed in primary care due to the size of the lesion or anatomical site (head or genitals)
- Squamous cell carcinomas where biopsy or excision is contraindicated in general practice due to anatomical site (head or genitals)
- Where there is biopsy confirmed concern for malignancy.

Information to be included in the referral

Information that **must** be provided

- Details of onset, duration, site, size and any recent changes in size of lesion(s) and speed of growth
- Biopsy results unless biopsy is unable to be performed in primary care due to the size of the lesion or anatomical site (head or genitals)
- If the patient is immunosuppressed
- Current and complete medication history (including non-prescription medicines, herbs and supplements and immunosuppressants).

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- If the person identifies as an Aboriginal and/or Torres Strait Islander

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- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Note there are surgery statewide referral criteria for **Skin lesions and other skin cancers**.

Many low-risk basal cell carcinomas and squamous cell carcinomas can be managed in primary care and do not require referral to a public hospital specialist clinic.

Skin assessments of at-risk patients are best managed in primary care.

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

- Benign skin lesions.

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Inflammatory dermatoses

Assessment of acne management

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

Criteria for referral to public hospital service

- Severe acne (that is nodulocystic, widespread or with scarring) unresponsive to previous treatments (e.g. at least 4 months of oral antibiotics or combined oral contraceptive or both) that requires further advice on, or review of, the current management plan
- Advice on the management of acne when planning or commencing gender-affirming masculinising hormonal therapy.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- The functional or psychological impact on quality of life or activities of daily living including impact on work, study, social activities or carer role
- Findings on physical examination
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Patient's age
- If the patient is pregnant and if the skin condition is thought to be related to the pregnancy or if the patient is planning a pregnancy.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

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.

Cosmetic procedures (including laser procedures) without medical indications are currently restricted in Victorian public hospitals and cannot be performed unless specific medical indications exist.

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:

- acne that does not require systemic management.

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Assessment of dermatitis (eczema) management

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

Direct to the Emergency Department for:

- Any rash causing widespread erythema of the skin with signs of systemic illness
- Eczema herpeticum.

Criteria for referral to public hospital service

- Widespread, chronic dermatitis that has not responded to medical management (i.e. soap free washing, regular moisturiser, regular antihistamines and prescribed topical corticosteroid (with or without calcineurin inhibitors)) with functional or psychological impact on quality of life or activities of daily life
- Dermatitis exacerbated by secondary infection
- Allergic contact dermatitis that has not responded to medical management.

Information to be included in the referral

Information that must be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- The functional or psychological impact on quality of life or activities of daily living including impact on work, study, social activities or carer role
- Findings on physical examination
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Patient's age
- If the patient is pregnant and if the skin condition is thought to be related to the pregnancy.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Note. Patients will be discharged back to the care of their GP with a detailed management plan, unless they require ongoing treatment (e.g. systemic medication, narrow band ultraviolet B therapy).

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.

Cosmetic procedures (including laser procedures) without medical indications are currently restricted in Victorian public hospitals and cannot be performed unless specific medical indications exist.

The [medical indications and clinical thresholds for reconstructive surgery](#) includes venous conditions - chronic dermatitis/eczema.

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

- Previously diagnosed dermatitis that is adequately managed.

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Assessment of psoriasis management

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

Direct to the Emergency Department for:

- Any rash causing widespread erythema of the skin with signs of systemic illness.

Criteria for referral to public hospital service

- Widespread, psoriasis that has not responded to medical management (i.e. prescribed topical corticosteroid (with or without calcineurin inhibitors) applied daily for 8 weeks or combination of a keratolytic, coal tar and dithranol for thickened plaques) with functional or psychological impact on quality of life or activities of daily life that requires further advice on, or review of, the current management plan.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- The functional or psychological impact on quality of life or activities of daily living including impact on work, study, social activities or carer role
- Findings on physical examination
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Patient's age
- If the patient is pregnant and if the skin condition is thought to be related to the pregnancy.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- If the person identifies as an Aboriginal and/or Torres Strait Islander

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- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

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.

Referral to a public hospital is not appropriate for

- Previously diagnosed psoriasis that is adequately managed.

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Hidradenitis suppurativa

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

Direct to the Emergency Department for:

- Severe and tender lumps with fluctuant nodules or signs of systemic illness.

Criteria for referral to public hospital service

- Hidradenitis suppurativa that has not responded to medical management (at least 3 to 6 months of continuous oral antibiotics) with functional impact on quality of life or activities of daily life.

Information to be included in the referral

Information that **must** be provided

- Findings on physical examination
- Details of onset, duration, site, size of nodules and the presence of any scarring or sinus
- Details of previous management including the course of treatments and outcome of treatments
- Patient's age.

Provide if available

- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Note. Patients will be discharged back to the care of their GP with a detailed management plan, unless they require ongoing treatment.

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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
Not applicable.

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Blistering eruptions, rash of unknown cause and adverse drug reactions

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

Direct to the Emergency Department for:

- Anaphylaxis
- Any rash causing widespread erythema of the skin with signs of systemic illness
- High fever, lymphadenopathy, eosinophilia and systemic illness that may indicate a drug hypersensitivity syndrome
- Mucosal erosions, skin pain, blisters, pustules and/or fever that may indicate the development of toxic epidermal necrolysis
- Suspected Stevens-Johnson syndrome or toxic epidermal necrolysis (TEN).

Criteria for referral to public hospital service

- Blistering or erosive skin eruptions
- Rapidly evolving severe or widespread skin eruption with uncertain diagnosis or possibly linked to an adverse drug reaction
- Persistent rash of unknown cause that has not responded to medical management.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Findings on physical examination
- Details of onset, duration, site (e.g. oral and affecting food intake, genital location), size and any recent changes in size of blisters or lesions
- Details of previous management including the course of treatments and outcome of treatments
- Relevant medical history and comorbidities
- Current and complete medication history (including non-prescription medicines, herbs and supplements and recreational or injectable drugs) and any medicines associated with the patient's symptoms
- Patient's age
- If the patient is pregnant and if the skin condition is thought to be related to the pregnancy
- If rash of unknown cause, biopsy results.

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Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- Urea and electrolytes
- Full blood examination
- Liver function tests
- Histology results
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

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.

Referral to a public hospital is not appropriate for

- Skin eruptions that have resolved or been adequately managed.

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Rash of unknown cause

Direct to the Emergency Department for:

Rash associated with significant systemic illness, including general malaise, fevery, headaches, loss of temperature control (shivers)

Urgent referral if widespread, rapidly progressing, diagnosis uncertain and patient wellbeing affected.

- In the absence of systemic illness moisturise, cool compress, moderate to potent topical steroid
- Consider blood tests (FBE, UE, LFTs, CRP)
- Consider skin biopsy
- Consider referral to Dermatology

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral. **Please include clinical images with referral where possible.**

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

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Adverse drug reactions

Direct to the Emergency Department for:

- Severe skin reactions, including Stevens Johnson Syndrome, Toxic Epidermal Necrolysis, erythema multiforme

Please call the Admitting Officer on 1800 ALFRED (1800 253 733)

- Evaluation by history of drug usage
- Stop responsible agents and report case to ADRAC

Tests for drug allergy are not available in the Dermatology clinic. Refer to [Allergy, Asthma and Clinical Immunology](#) for drug allergy testing.

Additional information:

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.

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Alopecia

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

Criteria for referral to public hospital service

- Alopecia areata with extensive (more than 4 bald areas) or rapid hair loss
- Alopecia areata that has not responded to medical management (i.e. moderate or potent topical corticosteroid for at least 4 months)
- Scarring alopecia.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- The functional or psychological impact on quality of life or activities of daily living including impact on work, study, social activities or carer role
- Findings on physical examination
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Patient's age.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Androgenetic alopecia is best managed in primary care.

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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.

Referral to a public hospital is not appropriate for

- Uncomplicated male pattern hair loss.

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Assessment of Vitiligo

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

Criteria for referral to public hospital service

- Vitiligo that has not responded to medical management (i.e. prescribed topical corticosteroid (with or without calcineurin inhibitors)) impacting on quality of life or activities of daily living.

Information to be included in the referral

Information that **must** be provided

- Details of onset, duration, site, and distribution of pigmentary changes
- How depigmentation is impacting on quality of life or activities of daily living including impact on work, study, social activities.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service.
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Note. Patients will be discharged back to the care of their GP with a detailed management plan, unless they require ongoing treatment (e.g. systemic medication, narrow band ultraviolet B therapy).

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

- Not applicable

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Chronic skin ulcers

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

Direct to the Emergency Department for:

- Critical lower limb ischaemia with necrosis, pain or ulceration
- Rapidly deteriorating ulceration or necrosis
- Sepsis or acutely unwell due to infection
- Suspected acute limb ischaemia.

Criteria for referral to public hospital service

- Non-healing skin ulcers that are not related to venous or arterial disease, present for longer than 1 month with no reduction in size despite medical management
- Excessively painful skin ulcers.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- The functional or psychological impact on quality of life or activities of daily living including impact on work, study, exercise or carer role
- Findings on physical examination, wound history and location
- Current wound management including the dressings being used
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Comprehensive past medical history
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Microscopy, culture and sensitivity (MCS) swab
- Ultrasound results to exclude venous or arterial disease.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- Biopsy results

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- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Note: there are vascular statewide referral criteria for **Non-healing or chronic lower leg ulcers** and **High-risk foot ulcers** and endocrinology statewide referral criteria for **Diabetes-related foot complication**.

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

- Not applicable

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Skin and nail infections and infestations

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

Criteria for referral to public hospital service

- Skin and nail infections and infestations unresponsive to maximum medical management (e.g. regular liquid nitrogen treatment for at least 6 months for warts, antifungal treatment for at least 3 months for fungal nail diseases) and unable to be managed and treated in primary care (e.g. patient is immunocompromised)
 - bacterial folliculitis
 - nail dystrophy
 - molluscum contagiosum
 - pityriasis versicolor
 - scabies
 - tinea
 - warts.

Information to be included in the referral

Information that **must** be provided

- Reason for referral and expectation or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- The impact on activities of daily living including impact on work, study, social activities or carer role
- Findings on physical examination
- If the patient is immunosuppressed
- Details of previous management including the course of treatment(s), assessment of adherence to current management plan and outcome of treatment(s)
- Current and complete medication history (including non-prescription medicines, herbs and supplements and immunosuppressants)
- Patient's age
- If nail infection, microscopy and culture (mycology) results from skin scraping or nail clipping.

Provide if available

- Colour photograph(s) – with patient's consent where secure image transfer, identification and storage is possible. These images often assist with identifying clinical urgency and the most appropriate specialist clinic or service
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is neurodiverse, gender diverse or has a disability
- If the person has a preferred language other than English and if they rely on cultural or linguistic support (e.g. Aboriginal cultural support, an interpreter).

Specialist Clinic Referral Guidelines

DERMATOLOGY

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.

The [Minimum information for referrals to non-admitted specialist services](#) lists the information that should be included in a referral request.

Most patients with these conditions should be managed in primary care and do not require referral to a public hospital specialist clinic.

Note. Patients will be discharged back to the care of their GP with a detailed management plan, unless they require ongoing treatment.

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

- Skin and nail Infections and infestations that are adequately managed or not related to immunosuppression.

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