

Specialist Clinic Referral Guidelines

ENDOCRINOLOGY AND DIABETES

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.

For endocrinology and diabetes management advice and guidance

Additional clinical support from a specialist is available via '**Advice and Guidance.**' You can securely message one of our Alfred endocrinologists via Consultmed eReferral to ask questions to support management without necessarily requesting an outpatient appointment. A response will be received within 3 working days. To log in or create a free [Consultmed account click here.](#)

To refer your patient to Specialist Outpatients endocrinology and diabetes 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.](#)

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Referral to Victorian public hospitals is not appropriate for:

- Clinically stable hypothyroidism
- Primary hypothyroidism (except in patients with cardiac disease, pregnancy or if thyroxine treatment is contraindicated) that has not been treated with replacement therapy
- Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without any complications or comorbidities
- Patients with type 2 diabetes being managed with dietary measures alone
- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- Metabolic bone disease 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 Endocrinology specialist clinics in public hospitals

Please direct your referral to the appropriate Endocrinology and Diabetes Clinic.

Referrals for subspecialty conditions (e.g. diabetes, thyroid nodules and thyroid cancer, metabolic bone disease and osteoporosis, or women's endocrine health conditions) referred to 'Endocrinology Clinic' may result in significant delays in referral triage and appointment

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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 • If an interpreter is required • Medicare number 	<p>Clinical information:</p> <ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports (Alfred or Sandringham Radiology preferred to facilitate access to results) • 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 Endocrinology Registrar on call on 9076 2000.

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Type 1 diabetes

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

Direct to the Emergency Department for:

- Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones)
- Hyperosmolar hyperglycaemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot)
- Foot ulceration with absent pulses.

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for:

- New diagnosis of type 1 diabetes
- Pregnancy in woman with known diabetes
- Recent, resolved hypoglycaemic episode resulting in unconsciousness.

Criteria for referral to public hospital specialist clinic services:

- Diagnosed with type 1 diabetes

Information to be included in the referral.

Information that **must** be provided:

- Reason for referral
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and previous HbA1c results
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, neuropathy, anxiety, depression)
- Urea and electrolyte results
- Creatinine blood results
- Urinary albumin to creatinine ratio (ACR)
- Liver function results
- Lipid profile results

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Type 1 diabetes, continued.

Information that **must** be provided:

- If the person identifies as an Aboriginal and Torres Strait Islander
- Functional impact of symptoms on daily activities including impact on work, study or carer role.

Additional information:

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

If the woman has not already been referred, or does not have an appointment scheduled, referrals for planning for pregnancy are encouraged.

Referrals may be directed to a range of endocrinology services including: Type 1 diabetes clinic, diabetes in pregnancy services, diabetic education, high risk foot service.

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

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Type 2 diabetes

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

Direct to the Emergency Department for:

- Diabetic ketoacidosis or suspected ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting)
- Hyperosmolar hyperglycaemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot)
- Foot ulceration with absent pulses.

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for:

- Pregnancy in woman with known diabetes
- Recent, resolved hypoglycaemic episode resulting in unconsciousness.

Criteria for referral to public hospital specialist clinic services:

- Type 2 diabetes not responding to a combination of dietary and medical management (i.e. has tried at least three glucose-lowering medicines) with HbA1c > 64 mmol/mol or 8%
- Patients with type 2 diabetes with complications (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, neuropathy)
- Planning for pregnancy
- Management of unstable glycaemic control due to concomitant use of medicines that impact on glycaemic control (e.g. corticosteroids, chemotherapy protocols)
- Assessment for commercial driver's licence
- Assessment of type of diabetes.

Information to be included in the referral.

Information that **must** be provided:

- Reason for referral
- All medicines previously tried, duration of trial and effect
- Current and previous HbA1c results
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, nerve damage in the lower limbs, anxiety, depression, foot ulcers)
- Current and complete medication history (including non-prescription medicines, herbs and supplements)

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Type 2 diabetes, continued.

Information that **must** be provided:

- Urea and electrolyte results
- Creatinine blood results
- Urinary albumin to creatinine ratio (ACR)
- Liver function results
- Lipid profile results
- Functional impact of symptoms on daily activities including impact on work, study or carer role
- If the person identifies as Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

Additional information:

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

Vulnerable populations include:

- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with a disability
- People with mental illness
- People who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state 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:

- Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without any complications or comorbidities
- Patients being managed with dietary measures alone.

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Pituitary tumour

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is visual impairment, severe headache or cranial nerve involvement

Information to be included in the referral

Information that **must** be provided in the referral:

- CT or MRI evidence of the tumour must be provided (CT scan or MRI)
- 0900 cortisol, TSH, T4 and PRL
- Hormonal tests if specific suspected hormonal excess or deficiency state

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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Hyperprolactinaemia

Information to be included in the referral

Information that **must** be provided in the referral:

- History
 - Amenorrhoea, galactorrhoea, infertility
 - Drugs
- Prolactin levels; if elevated, repeat to document persistent elevation

Provide If available:

- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.
- FBE
- U&Es
- TSH, T4

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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Acromegaly

Information to be included in the referral

Information that **must** be provided in the referral:

- IGF-1 and growth hormone

Provide If available:

- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

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.

Dynamic testing will be performed at the Alfred if indicated.

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Cushing's disease and Cushing's syndrome

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition, according to clinical indication.

Information to be included in the referral

Information that **must** be provided in the referral:

- Serum cortisol and ACTH
- 24-hour urine free cortisol.

Provide If available:

- Midnight salivary cortisol if available
- CT adrenal (if ACTH suppressed) if available, but not required – MRI pituitary will be performed at the Alfred if necessary for further assessment.

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.

Dynamic testing will be performed at the Alfred if indicated.

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Hypopituitarism

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is suspicion of secondary hypoadrenalism.

Information to be included in the referral

Information that **must** be provided in the referral:

- TFTs – must include T4 and TSH
- 0900 cortisol
- FSH, LH
- Prolactin
- GH, IGF-I
- Testosterone or Oestradiol

Provide If available:

- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

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.

Dynamic testing will be performed at the Alfred if indicated.

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Diabetes insipidus (Arginine Vasopressin Deficiency or Resistance)

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if serum Na > 155 mmol/L

Information to be included in the referral

Information that **must** be provided in the referral:

- U&E, Cr
- Serum and urine osmolality
- Blood glucose, serum calcium

Provide If available:

- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

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.

Dynamic testing will be performed at the Alfred if indicated.

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Hypothyroidism

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

Direct to the Emergency Department for:

- Suspected myxoedema coma (impaired conscious state, hypothermia, bradycardia) with high thyroid stimulating hormone level.

Criteria for referral to public hospital specialist clinic services:

- Persistent hypothyroidism despite adequate replacement treatment
- Pregnant women with thyroid stimulating hormone level (TSH) > 10 mU/L (refer directly to Endocrinology in Pregnancy clinic, Sandringham Hospital)
- Suspected or confirmed secondary hypothyroidism (i.e. low thyroid stimulating hormone level (TSH) and low free thyroxine (T4))
- Persistent thyroiditis that has lasted for more than 6 months.

Information to be included in the referral.

Information that **must** be provided:

- Free thyroxine (T4) results and thyroid stimulating hormone level (TSH). Please provide series of results over time if the referral is related to persistent thyroiditis
- Thyroid-related history including any history of surgery or Graves' disease
- Details of previous medical management including the course of treatment and outcome of treatment.

Provide if available:

- Anti-thyroid peroxidase (TPO) antibody results.

Additional information:

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

Do not delay treatment initiation or modification where a referral has been made for a pregnant woman with hypothyroidism.

Thyroid ultrasound is not useful in assessing hypothyroidism.

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:

- Clinically stable hypothyroidism
- Primary hypothyroidism (except in patients with cardiac disease, pregnancy or if thyroxine treatment is contraindicated) that has not been treated with replacement therapy.

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Hyperthyroidism

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

Direct to the Emergency Department for:

- Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state)
- Neutropenic sepsis in patient taking carbimazole or propylthiouracil
- Hyperthyroidism with hypokalaemia or paralysis

Criteria for referral to public hospital specialist clinic services:

- Assessment of newly identified or recurring hyperthyroidism (including Graves' disease)
- Advice on, or review of, management plan for stable hyperthyroidism

Information to be included in the referral.

Information that **must** be provided:

- Onset, characteristics and duration of symptoms
- Current and complete medication history (including non-prescription medicines, herbs and supplements), particularly medicines such as amiodarone, lithium, biotin and kelp products
- Recent free triiodothyronine (T3), free thyroxine (T4) and thyroid stimulating hormone level (TSH)
- If the patient is pregnant.

Provide if available:

- Anti-thyroid peroxidase (TPO) antibodies results
- Thyroid stimulating hormone receptor antibody (TRAb) or thyroid stimulating immunoglobulin (TSI) results
- Current and previous scan results (e.g. nuclear thyroid scan).

Additional information:

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

Thyroid ultrasound is not useful in assessing hyperthyroidism.

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

*Please note: Treatment should not be delayed until the referred patient is seen in Endocrinology clinic. Please contact the Endocrinology registrar via switchboard (9076 2000) for advice.

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Hypoglycaemia unrelated to diabetes, including insulinoma

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if hypoglycaemia has been biochemically confirmed.

Information to be included in the referral

Information that **must** be provided in the referral:

- Blood glucose and concomitant insulin and C-peptide levels (ideally when the glucose is low).
- History of symptoms suggestive of hypoglycaemia
- Current and complete medication history (including non-prescription medicines, herbs and supplements)

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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Addison's disease

Direct to the Emergency Department:

- Addisonian crisis
 - Addisonian crisis is a medical emergency, and treatment should not be delayed by awaiting pathology testing.

Information to be included in the referral

Information that **must** be provided in the referral:

- ACTH, serum cortisol. Preferably early morning (0800-1000).
- U&E, glucose, calcium

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.

Dynamic testing will be performed at the Alfred if indicated.

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Conn's syndrome

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is significant hypokalaemia

Information to be included in the referral

Information that **must** be provided in the referral:

- History –
 - Hypertension
 - Full details of medications
 - Muscle weakness.

Investigations:

- U&Es (hypokalaemia)
- Aldosterone: renin ratio

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.

Management:

- Routine referral appropriate according to clinical indication.

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Adrenal tumour/mass lesion

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is a suggestion of hormone excess, or a concern about malignancy.

Information to be included in the referral

Information that **must** be provided in the referral:

- USS/CT results.

Provide If available:

- U&E, cortisol, ACTH, DHEAS, metanephrines, aldosterone:renin ratio

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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Phaeochromocytoma

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition.

Information to be included in the referral

Information that **must** be provided in the referral:

- Suspected endocrine HPT
- Plasma metanephrines, 24-hour urinary catecholamines and metanephrines.

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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Renovascular hypertension

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for:

- Malignant hypertension
- Severe hypertension, depending on severity and circumstances.

Otherwise routine referral is appropriate.

Information to be included in the referral

Information that **must** be provided in the referral:

- HPT details
- Full medication details
- U&E
- Renin/aldosterone.

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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Hypercalcaemia

Direct to the Emergency Department:

- If unwell

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment:

- If asymptomatic and serum Ca > 3.0 mmol/L

Information to be included in the referral

Information that **must** be provided in the referral:

- History -
 - Malignancy (bony metastases, lung, renal, pancreas)
 - Multiple myeloma
 - Immobility
 - Thyrotoxicosis
 - Renal calculi

Investigations:

- U&E, Cr
- Ca (total and corrected), PO4
- Serum albumin
- LFTs
- FBE, ESR
- PTH

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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Hypocalcaemia

Direct to the Emergency Department:

- If acutely unwell/acute tetany
- If symptomatic

Information to be included in the referral

Information that **must** be provided in the referral:

- History –
 - Cramps
 - Tetany

Investigations:

- Ca, PO4
- Se Albumin
- U&E
- ALP
- 25(OH)Vit D3
- PTH

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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Hyponatraemia

Direct to the Emergency Department:

- If serum Sodium < 120 mmol/L

Information to be included in the referral

Information that **must** be provided in the referral:

- U&Es, Creatinine
- TFTs – Free T4, TSH
- Cortisol (0900h)
- Serum, urine osmolality and Na
- Full medication list.

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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Hypogonadism – males

Information to be included in the referral

Information that **must** be provided in the referral:

- FSH, LH
- Prolactin
- Serum testosterone
- Sex hormone binding globulin (SHBG).

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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Thyroid mass

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

Direct to the Emergency Department for:

- **Thyroid mass with difficulty in breathing**

Criteria for referral to public hospital specialist clinic services:

- Assessment of suspected malignancy
- Thyroid mass associated with mild to moderate compressive symptoms
- Thyroid mass associated with hyperthyroidism.

Information to be included in the referral.

Information that **must** be provided:

- Ultrasound with, or without, fine needle aspiration result*
- Thyroid stimulating hormone (TSH) and free thyroxine (T4) results.

Additional information:

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

Note: there are also ENT statewide referral criteria for Thyroid Mass.

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

*Please note cystic thyroid nodules <1cm diameter do not require referral

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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 3 years of maximum antiresorptive treatment
- Intolerance to, or contraindication for, maximum antiresorptive treatment
- Metabolic bone disease associated with:
 - Treatment with glucocorticoid medicines
 - Chronic kidney disease
 - Post-transplant.
- Osteoporosis in women < 50 years or men < 60 years
- Secondary osteoporosis due to any of the following:
 - Hyperthyroidism
 - Primary hyperparathyroidism
 - Male hypogonadism
 - Amenorrhea in women < 40 years
 - Advice on, or review of, management plan in patients with stable metabolic bone disease after 5 years of treatment.

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Metabolic bone disorders, continued.

Information to be included in the referral

Information that **must** be provided:

- Details of all fractures, including location
- Details of all 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 (preferably in last 3 months):
 - Serum calcium result
 - Serum 25-hydroxy vitamin D (25(OH)D)
 - Phosphate blood test result
 - eGFR, Creatinine and electrolytes result
 - Albumin blood test result
 - Alkaline phosphate (ALP) blood test result
- Relevant comorbidities.

Provide if available:

- Current or previous bone densitometry results
- Current or previous radiological reports of any fractures
- Parathyroid (PTH) blood test result
- Thyroid Function (TFTs)
- Serum Protein Electrophoresis (SPEP)
- Fasting morning Testosterone and SHBG in men
- E2 and FSH in amenorrhoeic women <45 years of age
- Coeliac Serology.

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.

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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The Alfred Women's Endocrinology Health Clinic

The Alfred Women's Endocrinology Health clinic provides assessment and management of female endocrine disorders, including:

- Endocrine conditions including PCOS (Polycystic Ovarian Syndrome)
- Menopause/premature ovarian insufficiency
- Menstrual migraine, premenstrual dysphoric disorder
- Hirsutism/clinical androgen excess
- Hyperprolactinaemia
- Hypoactive Sexual Desire Disorder (HSDD)

The following conditions are not seen at The Women's Endocrinology Health clinic:

- Fibroids (including uterine)
- Menstrual bleeding concerns with no underlying endocrine cause; heavy bleeding
- Gynaecology review (including trauma)
- Endometriosis
- Contraceptive medication and devices (contraception)
- Cervical cancer screening or management
- Obstetrics

Please address referrals to Prof Susan Davis or Dr Shoshana Sztal-Mazer

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Oligo/amenorrhea

Information to be included in the referral

Information that **must** be provided in the referral

If premenopausal:

- FSH, LH
- Prolactin
- Serum oestradiol, progesterone.

For menopausal consultation:

- DXA results if performed
- Details of any MHT prescribed

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.

Please address referrals to Prof Susan Davis or Dr Shoshana Sztal-Mazer

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Polycystic ovarian disease

Information to be included in the referral

Information that **must** be provided in the referral:

- FSH, LH
- Prolactin
- Sex hormone binding globulin (SHBG)
- Testosterone, DHEA-S
- Fasting blood glucose
- Fasting Lipids

Provide if available

Consider ovarian USS – can be performed at the Alfred

- [Alfred Radiology request form](#)

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.

Please address referrals to Prof Susan Davis or Dr Shoshana Sztal-Mazer

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Specialist Clinic Referral Guidelines

ENDOCRINOLOGY AND DIABETES

Diabetes-related foot complication

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

Direct to the Emergency Department for:

- Sepsis or acutely unwell due to foot infection
- Tissue loss with absent pulses
- Suspected acute limb ischaemia
- Rapidly deteriorating ulceration or necrosis
- Suspected infection from a foreign body in the foot
- Rapidly deteriorating ulceration or necrosis
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot).

Criteria for referral to public hospital specialist clinic services:

Not applicable; patients should be referred to a multidisciplinary high-risk foot service.

Additional information:

Refer to the [High Risk Foot Clinic](#)

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

Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

Patients with any of the following should be referred to a high-risk foot service:

- deep ulcers (probe to tendon, joint or bone)
- ulcers not reducing in size after 4 weeks despite appropriate treatment
- the absence of foot pulses
- ascending cellulitis

Specialist Clinic Referral Guidelines

ENDOCRINOLOGY AND DIABETES

Diabetes-related foot complication (continued)

Note: there are vascular statewide referral criteria for [High-risk foot ulcers](#) and [Non-healing or chronic lower leg ulcers](#). If the person has been diagnosed with diabetes and another service is not available a referral to endocrinology may be appropriate.

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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