

Specialist Clinic Referral Guidelines

GENERAL MEDICINE

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 general medicine 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](#).

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

General Medicine provides a **limited** iron infusion service. Referrals for iron infusion are generally reserved for those who:

- Have significant iron deficiency **anaemia** at risk of admission (e.g. Haemoglobin < 100)
- Have a **chronic disease** which puts them at additional risk, or where there is additional benefit from an iron infusion, including:
 - Chronic kidney disease
 - Heart failure with reduced ejection fraction
 - Angina

Patients at low risk or without confirmed iron deficiency anaemia should be referred to other community providers. In other circumstances where your patient cannot access community iron infusion, such as financial constraints, please specify this on the referral. If you need to discuss this or need infusion within a fixed time frame please contact the General Medicine Community registrar on 0438 937 833.

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Please include in your referral:

Demographic details: <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 	Clinical information: <ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Past medical history • Current medications
<p>Please note: when referring for iron infusion, the most recent FBE and iron studies (iron, transferrin, transferrin saturation and ferritin) must be included and be within 4 weeks of referral.</p>	

Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist – please provide your patient with a **12-month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.

Please note: 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 General Medicine Community Registrar on call on 0438 937 833 (Monday – Friday), business hours only, otherwise via switch after-hours)

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General Medicine provides specialist advice in multidisciplinary outpatient clinics at The Alfred, Sandringham and Caulfield, as well as in the community.

The service provides comprehensive assessment and management for adult patients with single, multiple or complex medical problems, including those with multiple chronic diseases. General medicine physicians have additional specialisation in:

- Cardiology
- Endocrinology
- Renal medicine
- Respiratory medicine
- Infectious disease
- Clinical pharmacology
- Thromboembolic disease

Refer to the [Hospital Admission Risk Program \(HARP\)](#) for:

- Complex disease management, including multidisciplinary team management and nurse-lead care coordination
- Pulmonary rehabilitation and specialist nurse support for patients with chronic lung disease including COPD, chronic asthma, bronchiectasis and pulmonary fibrosis living in the community
- Case management for people with complex needs to assist in accessing services including healthcare, welfare, housing and community services
- Allied health services for people within their home
- Coaching for heart health (COACH) – a phone coaching service overseen by Alfred Health's Nutrition Department

Please fax your referral to Caulfield Access on 9076 6773.

Once your referral has been received, a Care Coordinator will contact the patient to discuss their needs and arrange appropriate services.

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Refer to the [Geriatric & General Medicine in Older People Clinic](#) for:

- Assessment of older people, usually over 75 years (although there is no set age) for:
 - Problems with mobility and falls
 - Memory loss
 - Anxiety, depression and challenging behaviours
 - Bladder and bowel dysfunction
 - Weight loss or dietary issues
 - Chronic medical issues and comorbidities
 - Pain management
 - Medication review
 - Driving suitability
 - Moving to supported accommodation
- Comprehensive geriatric assessments, develop management plans and provide regular reviews
- Home and Residential Aged Care visits for initial and review appointments
- Telehealth is offered where appropriate

Please fax your referral to (03) 9076 6435.

Refer to the [Mobile Assessment and Treatment Service](#) for:

- Mobile medical and nursing service which provides hospital-type treatment to older people in the community, primarily in residential care facilities but also in their homes, including:
 - Medical management or advice of acute onset or chronic conditions such as respiratory disease, cardiac disease or diabetes
 - Medical assessment and initiation of acute treatment including IV antibiotic therapy and subcutaneous fluid replacement e.g. UTIs, respiratory infections and cellulitis
 - Arranging diagnostic services including pathology and radiology
 - Catheter care advice, emergency changes/replacements and education for management of urinary catheters
 - Mobile PEG program, including emergency replacement
 - Wound management
 - Pain management
 - Assistance with development of goals of care

To refer to MATS, please phone 1800 007 656 and fax referral to (03) 9076 5013.

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Refer to [Better at Home](#) for:

- Home based rehabilitation, including specialist assessment and therapy for patients in the [Better at Home catchment area](#):
 - Geriatric assessment, including chronic illness and medication review
 - Pain management
 - Falls risk assessment
 - Complex wound and catheter care
 - Blood monitoring including warfarin
 - SC/IM/IV medication administration
 - Post orthopaedic surgery rehabilitation and physical therapy
 - Home equipment assessment
 - Broker services required including carers to assist with mobility, personal care, shopping, meals, domestic tasks and/or respite

Please note Better at Home provides inpatient equivalent care, and as such GPs are not able to bill under Medicare if services are delivered whilst patients are under the Better at Home program.

Please fax the completed Better at Home Referral Form to 9076 4825.

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Parenteral iron replacement (Iron infusion)

Direct to the Emergency Department if unstable:

- Active chest pain
- Acute gastrointestinal bleeding
- Hypotension as a result of blood loss

Indications for parenteral iron replacement in patients with iron deficiency anaemia:

- Evidence of intolerance, lack of efficacy or inadequate adherence to oral iron
- Malabsorption e.g. Coeliac disease, gastric or bariatric surgery
- Rapid iron repletion clinically important
- Short time to non-deferrable surgery
- Menorrhagia/menstrual issues
- Known vegetarian/vegan diet
- Iron deficiency associated with inflammatory bowel disease or treatment of malignancy

Indications for blood transfusion:

- Severe iron deficiency anaemia in decompensated patients who are too unwell to wait for the predictable increase in Hb from iron supplementation
- Exacerbation of known angina
- Exacerbation of heart failure
- Severe symptoms – extreme fatigue or breathlessness limiting function

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Information to be provided in the referral

Information that **must** be provided:

- Most recent FBE, must be within 4 weeks of referral
- Most recent iron studies (iron, transferrin, transferrin saturation and ferritin), must be within 4 weeks of referral.

To refer for iron infusion or blood transfusion:

1. Refer to General Medicine Clinic, stipulating the reason for patient referral as “iron infusion therapy” or “blood transfusion.”
2. Please **fax the completed form to 03 9076 3812**. If urgent, please contact the General Medicine Community Registrar on 0438 937 833.
3. A General Medicine telehealth outpatient appointment will be arranged within 1-2 weeks of receipt of referral. A general medicine consultant will review the details and obtain consent from the patient via telephone.
4. Once satisfied with the clinical indication, and provided the patient has been consented verbally, the General Medicine Team will arrange a Medical Day Unit (MDU) booking request. The patient will receive the iron infusion therapy in the next available time in the MDU (usually within a few weeks). The patient will be advised of the date and time of the iron infusion directly by the MDU.

Please note that referral for iron infusion therapy is not considered a request for investigation of cause of iron deficiency (which should be directed to gastroenterology/endoscopy or other clinic depending on clinical suspicion).

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