

Specialist Clinic Referral Guidelines

Post-COVID

If there are concerns about delays in the appointment or any deterioration in the patient's condition, please send an updated referral with additional information.

To refer your patient to Specialist Outpatient Post-COVID 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:

- Patients not able to actively participate in an assessment process or where the patient, or their carer, do not consent to being referred to a public hospital service
- Patients who do not have a probable or confirmed diagnosis of Post COVID
- Patients who want to receive services as a compensable patient should not be referred to a health service that only provides publicly funded services.

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 and Human Services (DHHS) [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Post COVID specialist clinics in public hospitals.

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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 • 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 (Alfred or Sandringham Radiology preferred to facilitate access to results) • Past medical history • Current medications
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If there is a concern about the delay of the appointment, any deterioration in the patient's condition, or if an urgent specialist opinion is required, please contact the Referral In Team via Op.referrals@alfred.org.au

Criteria for referral to public hospital specialist clinic services

Multiple, persistent symptoms that have lasted for more than two months that have developed after, or been exacerbated by a COVID-19 infection (at least 3 months ago) that cannot be explained by an alternative diagnosis (that is a diagnosis of probable or confirmed Post COVID) that are:

- impacting on daily activities including impact on work, study, school or carer role, or
- worsening or unresponsive to medical management and therefore further advice on, or a review of, the current management plan is required.

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
- Onset, nature and duration of symptoms linked to COVID-19 infection with details on pre-morbid function
- Date of COVID-19 infection(s), provide month and year
- Full blood examination, liver function tests, urea and electrolytes
- Comprehensive past medical history, particularly any history of infectious mononucleosis (glandular fever) or chronic fatigue syndrome
- Comprehensive psychological history including any previous attendances to a counsellor, psychologist or psychiatrist and any medications previously used

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- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Investigations, imaging and medical or allied health assessments relevant to any of the following symptoms of concern (only provide if the patient has any of these symptoms of concern):
 - **Chest pain** provide details of any previous cardiology assessments or opinions
 - **Shortness of breath** or respiratory symptoms, provide any relevant x-ray, imaging or investigation results, D-dimer test results and any previous respiratory assessments or opinions
 - **Cognitive issues** provide thyroid stimulating hormone (TSH) and vitamin B12, pre-infection psychological status and cognitive function and current level of cognitive function
 - **Fatigue** provide iron studies ,thyroid stimulating hormone (TSH) levels and vitamin B12 results
 - **Functional impairment** provide pre-infection level mobility or activities of daily living, or both, and current level of function or degree of impairment

Provide if available

- Results from most recent COVID-19 Yorkshire rehabilitation screening tool, or similar symptom burden questionnaire
- Pre-exercise screening (e.g. 6-minute walk test, incremental shuttle-walk test)
- Any other underlying pathology that has been assessed and is being managed
- If the person identifies as an Aboriginal and/or Torres Strait Islander
- If the person is part of a vulnerable population:
 - 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.

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

The term Post COVID is used for patients that have a history of probable, or confirmed COVID infection, who have new symptoms three months after the onset of the infection, with symptoms that have lasted for at least two months with no other explanation.

A different service should be considered for patients who do not meet these referral criteria. Patients with single symptoms should be referred to most appropriate service for that symptom. For example, a patient with Post-COVID chronic cough should be referred to Alfred Respiratory Clinic

There are other statewide referral criteria that include reference to Post-COVID-19 symptoms:

- [Abnormal liver function tests](#)
- [Atrial fibrillation](#)
- [Chest pain](#)
- [Chronic refractory diarrhoea](#)
- [Headache](#)
- [Inflammatory arthritis](#)
- [Motor weakness or paraesthesia](#)
- [Movement disorders and dystonia](#)
- [New persistent or chronic pain related to COVID-19 infection](#)
- [Palpitations](#)
- [Stroke or transient ischaemic attack](#)
- [Vertigo \(neurology\)](#)

Public hospitals can provide services that see both public and private or compensable patients through the same clinic, in the same physical location. The referral should note if the patient is eligible for compensable services (e.g. through WorkSafe).

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