



Caring for our Communities - Healthier Together

General Practice Information Folder

For use when referring to the Specialist Outpatients
Department at Toowoomba Hospital

Our vision

- Caring for our Communities – Healthier Together

Our values

- Compassion – We engage with others and demonstrate empathy, care, kindness, support and understanding.
- Integrity – We are open, honest, approachable, equitable and consistent in everything we do.
- Dignity – We treat others with respect, display reasonableness and take pride in what we do.
- Innovation – We strive to know more, learn more and do better.
- Courage – We respectfully question for clarity, have the strength to act, and embrace change for the better.

Darling Downs Hospital and Health Service General Practice Information Folder

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For further information please contact:

Toowoomba Hospital | Ph 4616 6000
ABN 64 109 516 141 | www.health.qld.gov.au/darlingdowns

www.health.qld.gov.au/darlingdowns | ABN 64 109 516 141

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Contents

| | |
|--|----|
| Specialist Outpatient Referrals – General Information | 2 |
| Interpreter Services | 4 |
| Telehealth Consultations | 4 |
| Clinical Prioritisation Criteria | 4 |
| Health Pathways | 5 |
| Failure to Attend Procedures | 5 |
| Internal Referrals | 6 |
| Unavailable Services | 7 |
| Persistent Pain Service | 8 |
| Emergency Department: | 8 |
| General Surgery: | 9 |
| ENT: | 10 |
| Oral & Maxillofacial Surgery (OMS) | 12 |
| Ophthalmology: | 13 |
| Department of Urology: | 13 |
| Orthopaedic Department: | 14 |
| Fracture Clinic: | 15 |
| Orthopaedic Physiotherapy Screening Clinic: | 15 |
| Department of Anaesthetics: | 15 |
| Department of Medicine: | 16 |
| Sub-specialty services available at Toowoomba Hospital | 17 |
| Cardiology: | 17 |
| Infectious Diseases: | 17 |
| Neurology: | 17 |
| Rheumatology: | 17 |
| Epilepsy: | 18 |
| EEG: | 18 |
| Respiratory: | 18 |
| Gastroenterology: | 19 |
| Endocrinology: | 19 |
| Renal Medicine: | 19 |
| Endoscopy: | 20 |
| Bowel Cancer Screening: | 21 |
| Cancer Care Services: | 21 |
| Haematology: | 21 |
| Oncology: | 22 |
| Palliative Care: | 22 |
| Geriatric, Adult Rehabilitation and Stroke Service (GARSS): | 23 |
| Geriatric, Adult Rehabilitation and Stroke Service (GARSS) – Day Therapy | 24 |
| Chronic Disease Management | 24 |
| Paediatric Department: | 25 |
| Child Protection Unit (CPU) – Outpatients Clinic | 26 |
| Department of Public Medicine: | 27 |
| Obstetrics and Gynaecology Department: | 28 |
| Routine Post-op Care: | 28 |
| Mirena Insertion | 29 |
| Antenatal Clinic: | 29 |
| Mental Health Services: | 30 |
| » Adult Mental Health Service: | 30 |
| » Neuro-psychiatry clinic | 30 |
| » Baillie Henderson Hospital: | 31 |
| » Alcohol and Other Drugs Service (AODS): | 31 |
| » Child and Youth Mental Health Service: | 31 |
| » Older Persons Mental Health Service: | 32 |
| Allied Health – GP referral information | 32 |
| Closing the Gap Dietetics Service | 37 |

| | |
|---|-----------|
| Appendix A: Referral Guidelines | 38 |
| Endocrinology Referral Guidelines | 39 |
| » Diabetes Model of Care | 39 |
| » Toowoomba Adult Diabetes Service referral information request | 40 |
| » Androgen Deficiency | 41 |
| ENT Referral Guidelines | 42 |
| » Tonsillitis in Children | 42 |
| » Tonsillitis in Adults | 43 |
| » Otitis Media | 44 |
| » Sinusitis | 45 |
| » Thyroid and Head and Neck Lumps | 46 |
| GARSS Referral Guidelines | 47 |
| » Memory and Cognition Clinic - Information Handout for GPs | 47 |
| Gastroenterology Referral Guidelines | 49 |
| » Open Access Endoscopy | 49 |
| » Guidelines for Bowel Cancer Screening Surveillance Intervals | 50 |
| General Surgery Guidelines | 51 |
| » Breast Pain | 51 |
| » Breast disease | 52 |
| Gynaecology Referral Guidelines | 53 |
| » General Information | 53 |
| » Abnormal Vaginal Bleeding | 54 |
| » Ovarian Cysts | 55 |
| Antenatal Clinic Referral Guidelines | 56 |
| » General information | 56 |
| » Further information | 57 |
| Ophthalmology Referral Guidelines | 58 |
| » General Information | 58 |
| Oral and Maxillofacial Referral Guidelines | 60 |
| Orthopaedic Referral Guidelines | 61 |
| » Acute Ankle Sprain | 61 |
| » Back and Neck Pain | 63 |
| » Back Pain - Red Flags | 64 |
| » Hip and Knee Problems | 65 |
| » Shoulder Problems | 66 |
| Paediatric Referral Guidelines | 67 |
| » Child Development | 67 |
| » Queensland Child Protection reform | 68 |
| » Examination of Children | 70 |
| » Guardianship, Custody and Medical Treatment | 71 |
| Rheumatology Referral Guidelines | 72 |
| Renal Unit Referral Guidelines | 73 |
| » General Information | 73 |
| Urology Referral Guidelines | 74 |
| » General Information | 74 |
| » Recurrent UTIs | 76 |
| Mental Health | 77 |
| » Child and Youth Mental Health Service | 77 |
| » Mental Health Pathways for General Practitioners | 79 |
| » Mental Health Pathways for rural Emergency Departments | 80 |
| Appendix B: Referral Templates | 81 |
| Cardiac Investigations Unit | 82 |
| EEG Request | 84 |
| Gastrointestinal Endoscopy | 85 |
| Rapid Access Chest Pain Clinic | 86 |
| Rapid Access TIA Clinic – GARSS | 87 |
| GARSS Outpatient | 89 |
| Referral to Mental Health Services | 91 |
| For GPs and Rural Hospitals | 91 |
| Toowoomba Hospital Urology Service | 93 |
| Appendix C: Database Update | 94 |

Specialist Outpatient Referrals – General Information

This directory provides information regarding the services available at Toowoomba Hospital and how to refer to them. The contact details and referral criteria for each specialty are included to assist you and your patients in accessing our services. The information you provide also allows your patients to be triaged accurately according to their clinical need.

Toowoomba Hospital now offers bulkbilled clinics for patients. If the patient is agreeable, please provide a named referral to one of the specialists who are able to bulkbill Medicare for their services. (identified with the letters BB after their name). The funds received from bulkbilling clinics are used to improve patient services within the DDHHS.

All Outpatient and Endoscopy referrals to public specialist Outpatient clinics from anywhere in the DDHHS region (excluding Mental Health and rural Allied Health Services) need to be sent to Toowoomba Specialist Outpatient Referral Centre for initial processing.

Referrals can be sent: electronically via Health links or Medical Objects

faxed to: 4616 5922
posted to: Specialist Outpatient Referral Centre
Toowoomba Hospital
PMB2
Toowoomba Q 4350.

Mental Health referrals should be faxed to the local Mental Health Service and Allied Health referrals should be faxed to the closest appropriate service

The clinical urgency categories defined for use in Outpatient Services are:

Category 1:

Appointment within 30 days is desirable;

Category 2:

Appointment within 90 days is desirable;

Category 3:

Appointment with 365 days is desirable;

Endoscopy Categorisation

Category 4:

Procedure within 30 days is desirable;

Category 5:

Procedure within 90 days is desirable;

Category 6:

Appointment within 365 days is desirable;

For all enquiries regarding Outpatient and endoscopy referrals, phone the Referral Centre on:

1800 875 476

This directory is also available in electronic form

- Darling Downs West Moreton PHN website
 - » <https://www.ddwmpnh.com.au/referral-forms>
- GP Connections website
 - » <http://www.gpconnections.com.au/>

Specific referral templates are required for endoscopy, Cardiology rapid access chest pain clinic, TIA rapid access clinic, GARSS clinics, mental health, urology, cardiac investigations and EEG. Copies of these templates are in Appendix B and referral templates for downloading into Best Practice and Medical Director are available on the Darling Downs West Moreton PHN website. Otherwise please provide a typed referral on A4 paper.

The referral is used for assessing the patient's clinical urgency, categorising their condition according to severity and for making a preliminary assessment re anaesthetic risk if surgery is subsequently needed. Therefore the minimum information required in all referrals is:

- Referring Practitioner Details
 - » Name
 - » Address
 - » Telephone/fax numbers
 - » Provider Number
- Patient Details:
 - » Full Name + name of parent if a minor:
 - » DOB:
 - » Current Address:
 - » Telephone number – best number for contact whether home or mobile:
 - » Special Needs: (e.g. interpreter required)
- presenting symptoms
- examination findings
- results of all relevant investigations
- what is required – opinion, referral for procedure, management plan etc
- past medical, surgical history including past surgical complications
- relevant family history
- allergies
- **BMI mandatory on all adult referrals**
- current medications
- signature of referring practitioner
- date of referral.

If there is insufficient information for either administrative or clinical triaging of the patient, the referral will be returned and this will delay patient categorisation and allocation of appointments. When a referral has been accepted and categorised, the referring practitioner and the patient will be notified in writing of the patient's placement onto a waiting list.

Toowoomba Hospital is committed to providing timely, cost effective and best practice care to its patients. General practice and a patient developing an ongoing relationship with a regular general practitioner is integral to the provision of good medical care and good patient outcomes. We therefore encourage at every opportunity patients having a regular GP and this will be reflected in our communication to general practitioners regarding their patients.

Please remind patient to bring to their appointment

- Medicare Card
- Any concession cards (pension/ health care card/DVA/PBS safety net)
- Recent X-rays or scan results
- List of current medications including dosages

Interpreter Services

Interpreters can be arranged for patients when they attend specialist Outpatient departments. Please indicate in your patient's referral their preferred language if they are unable to speak English, so the clinic is aware when informing the patient of their appointment. Clinic staff will, if necessary arrange for an interpreter to be available at the appointment time. Inpatients are also able to access interpreter services to assist them with their care.

Telehealth Consultations

The majority of specialist outpatient departments at Toowoomba Hospital have videoconferencing facilities and are able to provide telehealth consultations for patients who reside more than 15 km from Toowoomba Hospital. Please indicate in the referral letter if a telehealth consultation would be preferred. Patients are able to have their consultation at their local hospital or at the GP surgery. Please contact the Telehealth Coordinators on 4699 8007 to obtain more information about telehealth at Toowoomba Hospital.

Clinical Prioritisation Criteria

What are Clinical Prioritisation Criteria (CPC)?

CPC are clinical decision support tools to ensure equitable, consistent and appropriate prioritisation of access to public specialist outpatient services across Queensland. They include three key components:

- Referral criteria
 - » What are the clinical conditions which are appropriate for referral to specialist outpatient services in a Queensland public hospital? Darling Downs HHS guidelines are consistent with the clinical prioritisation criteria.
- Outpatient criteria
 - » What urgency categorisation is appropriate for the patient?
- Intervention criteria
 - » If further treatment is required, what is the urgency category of that treatment?

CPC have been developed in a number of specialty areas by Clinical Advisory Groups made up of general practitioners, allied health professionals, specialists and nurses.

CPC are now available on the QHealth website for clinicians to access and use when referring to a public hospital specialist Outpatient department. <https://cpc.health.qld.gov.au/>

The CPC are used by clinicians within the public hospital service when triaging referrals.

Health Pathways

The Darling Downs Hospital and Health Service and the Darling Downs and West Moreton PHN are working together to develop Darling Downs Health Pathways.

Health Pathways is a web-based health information site which helps clinicians guide patients through the complex local health system. The online manual assists clinicians to make assessment, management and specialist request decisions for over 550 conditions.

Darling Downs Health Pathways will:

- Provide support to health care professionals when assessing and managing patients by outlining a best practice, evidence based pathway for patients to access general community and secondary care services
- Provide local information about local specialties and services
- Be dynamic with new pathways constantly under development and existing pathways undergoing regular review and updating
- Incorporate clinical prioritisation criteria so referrals to public hospital services are clinically appropriate

Failure to Attend Procedures

The number of patients who fail to attend Specialist Outpatient clinics has been identified as a significant barrier to providing timely care to patients referred to Specialist Outpatient clinics.

The Darling Downs Hospital and Health Service procedure re management of failure to attend patients at Specialist Outpatient clinics is as follows:

- Category 1 patients who fail to attend a booked New Case outpatient service will be contacted if considered necessary by a clinician to discuss the reasons for their non attendance and a new appointment will be arranged. If the patient fails to attend on a second occasion, they will be removed from the appointment schedule and the care of the patient will be returned to the referring practitioner.
- Category 2 and 3 patients who fail to attend a booked New Case outpatient service will be removed from the appointment schedule without need for clinician input and the care of the patient will be returned to the referring practitioner.
- Patients who fail to attend a review outpatient service will be either discharged or offered a further appointment after clinician review of their file. If the patient fails to attend on a second occasion, they will be removed from the appointment schedule and their care will be transferred back to their usual General Practitioner.

The patient and the referring practitioner will be advised in writing of the patient's removal from the appointment schedule and invited to refer again if required.

General Practitioners can assist with this in reinforcing to their patients the importance of attending booked appointments at the hospital or notifying the hospital if they are unable to attend.

Internal Referrals

The Toowoomba Hospital procedure for internal referrals from the emergency department or other departments is as follows:

For non-urgent internal referrals to specialist outpatients (i.e. for conditions where it would be acceptable for the patient to be placed on a waiting list), the patient should be referred back to their general practitioner (GP) who can then make the decision as to the need for referral and to whom the referral should be sent.

There needs to be communication regarding this with the GP, either in writing or via phone call. If the patient indicates they do not have a regular GP the patient should be encouraged to find a regular GP for their ongoing primary health care.

The GP

- has knowledge of all relevant aspects of the patient's past medical history, social situation and medication
- is the best person to discuss the most suitable referral options with their patient and this may not necessarily be referral to a public hospital outpatient clinic
- has been provided with referral guidelines to assist them in providing the referral information required by the various specialist outpatient departments
- may be able to arrange additional investigations which may be indicated before referral and may already have done investigations of which hospital staff are unaware.

Non-urgent internal referrals received by the specialist outpatient referral centre will be returned to the director of the department from where the referral originated. It will be the responsibility of the director to discuss the referral with the referring practitioner and arrange for appropriate information to be sent to the patient's GP for him or her to refer if required.

Exceptions:

- Patients referred to fracture clinics with acute fractures
- Referrals which have been discussed with a senior registrar or consultant in the department referred to
 - » The name and details of any such discussion must be detailed in the referral
- Referrals from a consultant to another consultant
 - » The referral must be signed by the referring consultant.

Internal referrals are triaged and categorised in the same way as external referrals and a patient's position on a waiting list is determined by their clinical priority and not by the referral source. Patients who are seen in the emergency department are not able to access outpatient appointments any quicker than those referred by GPs.

Unavailable Services

The following procedures are not available at any Queensland Health facility:

- Abdominal lipectomy
- Cosmetic Liposuction
- Bilateral breast reduction
- Bilateral breast augmentation
- Gender reassignment surgery
- Lengthening or widening of penis procedure
- Insertion of artificial erection valves
- Vasectomy
- Reversal of sterilisation
- Varicose vein procedures unless complicated by venous ulceration
- Hair transplant
- Reduction of upper or lower eyelid
- Correction of bat ears if >16 years old
- Tattoo removal procedures
- Laser refraction

The following services are not available at Toowoomba Hospital:

- Allergy testing
- Cardiac surgery
- Dermatology
- Ophthalmology Services
 - » Strabismus in children
 - » Congenital ocular conditions, review of genetic syndromal ocular conditions
 - » Diabetic eye checks
 - » Retinal laser surgery
 - » Glaucoma screening or management
 - » Macular degeneration assessment or management
 - » Ptosis
 - » Excision of benign eyelid skin lesions
 - » Ectropion/entropion
- Infertility management
- Male social circumcision
- Neurosurgery
- Non-urgent surgical procedures on adults with BMI > 60 or > 180kg weight.
- Non-urgent surgical procedures on children < 1 year of age and children who weigh < 10 kg
- Nerve conduction studies
- Persistent Pain Service
- Sleep studies/sleep apnoea management
- Vascular surgery

Referrals for conditions where a service is not available cannot be accepted and will be immediately returned to the referring practitioner for their ongoing care and the patient will be informed of this in writing.

Persistent Pain Service

Toowoomba Hospital currently does not have a chronic pain service. The Tess Cramond Multidisciplinary Pain Centre at Royal Brisbane and Women's Hospital conducts an Outreach Service at Toowoomba Hospital. There will be a Telehealth clinic every fortnight for patients deemed suitable. Referrals need to be sent to the RBWH clinic who will triage patients as suitable to be seen in Toowoomba but clinical oversight of the patient's care will remain with the RBWH staff and the referring General Practitioner. Please refer to the following link to obtain information on referring to the chronic pain service.

http://www.health.qld.gov.au/rbwh/services/multi_pain.asp

Please do not contact the Acute Pain CNC at Toowoomba Hospital as the acute pain service is a service provided to inpatients only.

Emergency Department:

Phone 46166306

Fax 46166298

Or phone switch on 4616 6000 and ask to be transferred to ED

Director – Dr Paul Ferguson

Emergency Physicians

- Dr Peter Carter
- Dr Charles Elliott
- Dr Sunit Bhullar
- Dr Sheree Conroy
- Dr Jacob Crosdale
- Dr Alex King
- Dr Mark Lavery
- Dr Pieter Le Roux
- Dr Peter Miller
- Dr Katie Mills
- Dr Mark Walker
- Dr Kitty Hyland

Phone 4616 6306 to speak to an Emergency Department consultant

Fax referral to: 46166298

Information required:

- Person with whom referral has been discussed
- Relevant history
- Investigations with copies of results
- Current medication list

If admission will be likely, contact relevant inpatient specialty registrar or consultant first and then ED consultant.

General Surgery:

Phone 46166267

Please send referral to:

Specialist Outpatient Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Director – Dr Eric Donaldson VMO

General Surgeons:

- Dr Iman Antoun VMO
- Dr Mikhail Mikhail VMO
- Dr Evan Willingham VMO
- Dr Scott Mansfield
- Dr Kodituwakku (Anoj) Dharmawardhane
- Dr Sasikaran Nalliah
- Dr Pradeep Subramanian BB
- Dr Nasrin Davarpanah

| Condition | Pre-requisite information, investigations |
|---|---|
| Breast surgery | Ultrasound if < 40 years Mammogram and Ultrasound if > 40 years FNA or core biopsy if suspicious lesion |
| Gallstones | Ultrasound and E/LFTs |
| Groin hernia | Ultrasound in doubtful cases |
| Jaundiced patients | E/LFTs, Ultrasound, CT abdo |
| Skin lesions | Location, size, rate of growth, punch bx if possible |
| Suspected, known colon or rectal cancer | Colonoscopy report and polyp histology if not done at Toowoomba Hospital CT scans |
| Suspected or known upper GIT cancer | Gastroscopy report and biopsy if not done at Toowoomba Hospital CT scan |
| Nonspecific abdominal pain | E/LFTS, MUCS, Ultrasound, CT abdo |

Contact Surgical Registrar directly for urgent concerns – phone switch 4616600 and ask for the registrar on call

ENT:

Phone 4616 6267

Please send referral to:

Specialist Outpatient Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Director – Dr Roger Grigg VMO

ENT Surgeons

- Dr Ranit De VMO
- Dr Suresh Mahendran VMO
- Dr Garrett Fitzgerald VMO
- Dr David Morrissey VMO

Please refer to ENT guidelines for tonsillitis, otitis media, sinusitis or head and neck lumps – Appendix A

| Condition | Pre-requisite information, investigations |
|---|---|
| Hearing loss, recurrent/persistent otitis media, tinnitus, vertigo, unilateral ear symptoms | Audiometry |
| Sinusitis or unilateral sinus pathology - adults | CT facial sinuses |
| Cancer or lump in neck > 6 weeks adults | Ultrasound of neck +/- FNA FBC/ ESR/E/LFTs |
| Lump in neck > 6 weeks - children | Ultrasound if possible FBC/ESR if suspect lymphoma but no bloods in paediatric congenital lesion |
| Nasal fracture | Fax referral and mark urgent for appointment to be arranged within 5-7 days of injury |
| Dysphagia | Ba swallow if symptoms indicate significant stenotic lesion |
| Hoarse voice, chronic sore throat | Smoking history |
| Head and neck skin cancer | Punch biopsy for histology |

Screening Tests:

Child Youth and Family Health Services at Toowoomba Hospital conduct hearing screening on children and adolescents between 4 and 18 years of age. Two failed tests will warrant referral to Australian Hearing.

Fax referral to Child Youth and Family Services on 4616 6888.

Phone number for further information: 4616 6812

To obtain audiometry:

Australian Hearing

- children and young adults up to the age of 26 with 2 previous failed hearing tests (worse than 20 dB) at least 3 months apart
- Pensioner concession card holders
- DVA Gold card holders
- DVA white card holders where hearing loss is covered by the white card
- Recipients of Centrelink sickness allowance

Private Providers

Medicare rebates available on most services when referred by a GP.

Oral & Maxillofacial Surgery (OMS)

Phone 4616 6267

Please send referral to:

Specialist Outpatient Referral Centre
PMB 2, Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922
OMS Surgeon
Dr Duncan Campbell BB

Please refer to guidelines in Appendix A for further information.

| Condition | Pre-requisite information | Initial Management |
|--|---|---|
| Mandible fractures | History of injury and clinical findings OPG & PA Mandible | Pureed diet, chlorhexidine mouth wash, oral Augmentin Refer urgently to be seen within 24 -48 hours unless isolated mandibular condylar fracture which should be seen within 1/52 |
| Upper and middle third facial fractures (frontal bone, sinus, orbito-zygomaticomaxillary, LeFort, mandibular condylar fractures and orbital fractures) | Measure visual acuity Underlying intracranial injury CT facial bones Clinical examination findings including site of pain, palpation of facial skeleton, cranial nerve examination | Urgent ophthalmology review if reduced VA Neurosurgery consultation required if inner table fracture Fax referral to be seen within 1 week unless sight threatening injury, deep lacerations when urgent referral to ED indicated. Commence oral Augmentin and advise no nose blowing, sneezing, flying or swimming. Mark referral urgent and should be seen in clinic within 5 -7 days |
| Odontogenic infection | Initial management by dentist. Refer urgently if airway difficulty, septic or neck swelling | IV Amoxycillin/Metronidazole +/- one dose of Gentamycin |
| Nasal fracture | History of injury | Mark urgent to be seen in clinic in 5-7 days |
| Dental/oral pathology | OPG | |
| Temporomandibular joint dysfunction | Exclude referred pain History of clenching, grinding, stress, joint sounds | Soft diet, simple analgesics Dental review Refer OMS only when conservative measures fail and after dental review and trial of splint |
| Obstructive sleep apnoea | Full clinical history and past treatment | Refer OMS only after conservative measures and failed trial of CPAP |
| Malocclusion/Jaw corrective Surgery | OPG and Lateral Cephalostat | |

Ophthalmology:

Phone 4616 5983

Please send referral to:

Specialist Outpatient Referral Centre
Toowoomba Hospital PMB 2
Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

There are currently no Ophthalmology Outpatient clinics held at Toowoomba Hospital. Patients with conditions fitting the referral criteria (see Ophthalmology guidelines –appendix A) should still be referred to Toowoomba Hospital via the Specialist Referral Centre. The referrals will be triaged and categorised and the patients will be contacted and offered a service with Vision Eye in Brisbane. All referrals to Ophthalmology Outpatients required a recent (within the last 6 months) report from an optometrist outlining the patient's best corrected visual acuity.

Department of Urology:

Phone 4616 6267

Please send referrals to:

Specialist Outpatient Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

- Dr Jacob Gleeson BB
- Dr Hin Wai Yap BB
- Dr John Hempenstall BB
- Dr Devang Desai BB

Please refer to the Urology referral guidelines in Appendix A.

Orthopaedic Department:

Phone 4616 6279

Please send referral to:

Specialist Outpatient Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Director – Dr Vivek Shridhar BB

Orthopaedic Surgeons:

- Dr Illiesa Beci VMO
- Dr Chris Wall (Deputy Director) BB
- Dr Wai-Ki Pun VMO
- Dr Andrew Whittle VMO
- Dr Anthony Wilson VMO
- Dr Allan Loch VMO
- Dr Leo Zeller VMO

An Orthopaedic registrar is available for phone advice from 8.30am til 4 pm Monday to Friday on 0409 862 976.

Please refer to guidelines for back pain, shoulder pain, ankle sprain or hip and knee problems.
(Appendix A) Height, weight and BMI are mandatory in all orthopaedic referrals.

| Condition | Pre-requisite information, investigations |
|---|--|
| Arthritis | Relevant history and examination. X-rays, FBC/ESR, Inflammatory markers – refer to guidelines for hip, knee problems (Appendix A) |
| Ganglion, soft tissue lumps, Foreign Bodies | Relevant history and examination Ultrasound, X-ray |
| Carpal tunnel syndrome | Relevant history and examination Nerve conduction studies – not available Toowoomba Hospital, refer Brisbane or privately |
| Concerns re previous joint replacement | Relevant history and examination Refer urgently if infection suspected X-rays, FBC,ESR, CRP, +/- blood cultures |
| Shoulder problems | Refer to guidelines (Appendix A) |
| Removal plates, pins and screws | Relevant history and examination incl. original surgeon if known, X-ray, |
| Back Pain | Refer to guidelines (Appendix A) |

Fracture Clinic:

Phone 4616 6279

Please fax referral to 46165922. Patients referred with an acute fracture for review are generally triaged within 24 hours and an appointment offered within 10 days

Please ensure patient brings X-ray films if X-ray not done at Toowoomba Hospital Radiology

Orthopaedic Physiotherapy Screening Clinic:

Phone 4616 5869

- Associated with the Department of Orthopaedics
- For patients with chronic musculoskeletal condition who may benefit from multidisciplinary, non surgical active management
- All referrals to Orthopaedic Outpatients are assessed whether suitable for the OPSC clinic
- Clinic led by an experienced musculoskeletal physiotherapist supported by a multidisciplinary team including psychologist, dietician, occupational therapist
- Depending on outcome, patient may be discharged from clinic without needing specialist Orthopaedic review or placed on a waiting list for Specialist Orthopaedic Outpatient review according to time of their original referral
- The referring practitioner will be provided with a report after the initial assessment at the OPSC and throughout the course of treatment as indicated.
- Although direct referral to the OPSC is not possible, GPs are encouraged to identify those patients who may benefit from management with the OPSC on their referral to Orthopaedic Outpatients.

Department of Anaesthetics:

Director: Dr Jamie Beit

All patients booked for surgery at Toowoomba Hospital are categorised for anaesthetic risk and depending on their risk category, may be seen at a nurse or consultant led Anaesthetic Clinic or have a telephone assessment.

Information provided by GPs is valuable in commencing the anaesthetic risk assessment process. Information re past surgical and anaesthetic history, current medications, allergies and BMI is required so please include this in original referral to Specialist Outpatients.

Anaesthesia for elective surgery for children under 1 year of age or children who weigh < 10 kgs is not provided at Toowoomba Hospital.

Patients who weigh > 180 kg or who have a BMI > 60 should be referred to a tertiary hospital for elective surgery.

Department of Medicine:

Phone 4616 6283

Please send referral to:

Specialist Outpatients Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Director - Dr Kean (Casey) Khoo BB

General Physicians:

- Dr Jason Denman BB
- Dr Spencer Toombes BB
- Dr Zoya Volobueva BB
- Dr Lasanthi Parnavithana
- Dr Heather Curley BB
- Dr Rajesh Gupte

| Condition | Pre-requisite information, investigations |
|------------------|---|
| General Medicine | A CLEAR INDICATION OF CLINICAL QUESTION PHYSICIAN IS REQUIRED TO ANSWER Relevant investigation results |
| Hypertension | FBC, ELFT – serial renal function tests if possible Ultrasound kidneys + Doppler renal arteries Renin/aldosterone ratio Se catecholamines/metanephrines TFTs, CxR, echo CG if >=50 years of age List of all previous antihypertensive medications and side effects |

Sub-specialty services available at Toowoomba Hospital

Cardiology:

- Dr Penny Astridge BB
- Dr Robert Gluer BB

Rapid Access Chest Pain Clinic – for early diagnosis and management of patients with recent onset, possible cardiac chest pain – please use referral template (Appendix B)

| Condition | Pre-requisite information, investigations |
|----------------------------|---|
| IHD | FBC, ELFTs, cTNI |
| Angina | Fasting lipids, BSL |
| Chest pain | CxR |
| | EchoCG, MPS |
| Syncope/palpitations | FBC, ELFTS, TFTs |
| | Fasting lipids, BSL |
| | CxR |
| | Holter monitor |
| | Echocardiogram |
| Congestive cardiac failure | E/LFTS, FBC |
| | Fasting lipids, BSL |
| | CxR |
| | Echocardiogram |

Infectious Diseases:

- Dr Mark Beale BB

Please provide all relevant history, investigations, past treatment

Neurology:

- Dr Nyunt (Eddie) Win BB
- Dr Roland Siu BB

Please provide all relevant history, investigations and past treatment. MRI report is required for patients with possible new diagnosis of multiple sclerosis

Rheumatology:

- Dr Merinda Beale BB

Refer to Appendix A for referral guidelines

Epilepsy:

- Dr Grant Kleinschmidt VMO

| Condition | Pre-requisite information, investigations |
|-----------------------|--|
| Isolated seizure | History of event with any witness corroboration, FBC, ELFTS ? brain imaging/EEG |
| Medical certification | Driving/ employment category and criteria |
| Known epilepsy | Past history. Imaging, EEG Medication history |

EEG:

Paediatric and Adult

- refer using referral template (Appendix B)

Respiratory:

Dr Ross Sellars BB

| Condition | Pre-requisite information, investigations |
|-------------|--|
| General | FBC, ELFTs, CXR, Spirometry |
| Lung Cancer | FBC, ELFTs, Coag profile, Spirometry, CxR, CT thorax and upper abdomen |

Please do not refer to Toowoomba Hospital for sleep disorders as this service is not available.

Referral options available for patients with sleep disorders are:

Qld CPAP Referrals:

Sleep Disorders Program information is available at: <http://www.health.qld.gov.au/qhsdp/default.asp>

Public Referrals:

Princess Alexandra Hospital, Brisbane

- Contact Sleep Disorders Centre for referral information – 07 3176 5751
<https://metrosouth.health.qld.gov.au/sleep-disorders-centre>

The Prince Charles Hospital, Brisbane

- Contact Sleep Disorders Unit for referral information – 07 3139 4803
<https://www.health.qld.gov.au/metronorth/refer/services/sleep/>

Private referrals:

Genesis Sleep Care St Vincent's or St Andrew's Hospitals, Toowoomba

- Private Respiratory Physicians at St Vincent's or St Andrew's Hospitals
- Private Sleep Centres Brisbane

Gastroenterology:

- Dr Truman Zimbwa BB
- Dr Andrew St John VMO

| Condition | Pre-requisite information, investigations |
|----------------------------|--|
| Anaemia | Iron studies, B12, folate |
| Diarrhoea | Stool M/C/S, coeliac serology, TSH, Cl difficile toxin |
| Inflammatory bowel disease | ESR, CRP, FBC, LFTs, faecal calprotectin |

Endocrinology:

- Dr Sheila Cook BB
- Dr Durgesh Gowda BB
- Dr Ingrid Bonaparte BB

| Condition | Pre-requisite information, investigations |
|-----------------------------|--|
| Thyrotoxicosis | Thyroid function tests, TSH receptor antibodies, Nuclear scan if TSH receptor antibodies negative |
| Goitre | Thyroid function tests, thyroid antibodies, Ultrasound |
| Osteoporosis | Lateral X-ray thoracolumbar spine, bone mineral densitometry, Se Calcium, PTH, 25- hydroxy-vitamin D, E/ LFTs, fasting lipids, TSH |
| Polycystic ovarian syndrome | E/LFTs, fasting lipids, Oral GTT, TSH, cortisol, 17-hydroxyprogesterone |
| Pituitary disorder | AM cortisol, TSH, free T ₄ , FSH, LH, Prolactin, IGF-1 |

Renal Medicine:

Phone 4616 6451

Please send referral to:

Specialist Outpatients Referral Centre
Toowoomba Hospital
PMB2
Toowoomba Q 4350

or electronically through HealthLinks or Medical Objects

Or fax to:

4616 5922

Please refer to guidelines (Appendix B) when referring patients to the Renal Unit

- Dr Sree Venuthurupalli BB
- Dr Sridevi Govindarajulu VMO
- Dr Alice Lee BB
- Dr Alok Gupta BB
- Dr Usman Mahmoud

Endoscopy:

Phone 4616 6144

Please use referral template (Appendix B)

Please send referral to:

Specialist Outpatients Referral Centre

Toowoomba Hospital

PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Refer to Appendix A for a copy of NHMRC guidelines for surveillance intervals after colonoscopy and for a copy of the open access endoscopy referral guidelines.

Patients referred for open access endoscopy will receive a phone call from a registered nurse who will either conduct a health assessment or provide them with a booking date. Patients thought to be more complex may need to attend an anaesthetic clinic appointment before their procedure and they will be advised of this either in writing or through phone call. Please emphasise to patients the importance of attending their appointments at Toowoomba Hospital. Patients who fail to attend either their Outpatient or procedure appointment without notice or who repeatedly cancel, may be removed from the waiting list and they will require a new referral before being booked again.

Endoscopy categories:

Category 4: Procedure within 30 days is desirable

Category 5: Procedure within 90 days is desirable

Category 6: Procedure within 365 days is desirable

Bowel Cancer Screening:

The Queensland Bowel Cancer Screening Program (QBCSP) is part of the National Bowel Cancer Screening Program (NBCSP) to help detect bowel cancer early and reduce the number of Australians who die each year from the disease. Australians turning 50, 55, 60 or 65 years, who hold a Medicare card or DVA card, are currently being invited by the (NBCSP) to participate in screening. The NBCSP issues a Faecal Occult Blood Test (FOBT) to eligible participants around the time of their eligible birthday, which is sent from the Medicare Register. When a patient receives a positive FOBT result in the NBCSP, and an assessment colonoscopy is deemed appropriate, you may refer your patient to either a private or public facility.

For Public Referrals:

1. Send the completed NBCSP GP Assessment Report to the NBCSP Register on fax: 1800 115 062. (the NBCSP GP Assessment Report template is available under 'electronic forms' at www.cancerscreening.gov.au). Retain a copy for your records.
2. Send a clinical referral letter to the QBCSP Gastroenterology (GE) Nurse Coordinator (Toowoomba catchment contact details below).

Att: Wendy Irwin - QBCSP GE Nurse Coordinator

Phone: 07 4616 6823

Fax: 07 4616 5696

Your patient's care will be coordinated by the QBCSP GE Nurse Coordinator, who will assist them through the assessment colonoscopy pathway.

Cancer Care Services:

Phone 4616 5061

Please send referral to:

Cancer Care Services

Toowoomba Hospital

PMB 2 Toowoomba Q 4350

Or fax to:

4616 5933

Haematology:

- Dr Joshua Richmond BB
- Dr Howard Mutsando BB
- Dr Joel Collins BB

Please provide all relevant investigation results

Oncology:

- Dr Khageshwor Pokharel BB
- Dr Guranjan Grewal BB
- Dr Bhaskar Karki BB

A tissue diagnosis is required before referral to Oncology. Please refer to the appropriate department for diagnosis before referral for cancer treatment.

Palliative Care:

- Dr Patricia Lee-Apostol BB

Referrals to the Palliative Care Service are accepted for any terminal condition for symptom management support and end of life care support. This is not exclusive to cancer diagnoses and can include: end stage COPD/Respiratory disease, end stage heart failure, end stage liver or kidney disease, Huntington's Disease, Motor Neurone Disease and end stage Dementia patients. GPs can also refer for patient assistance with our Palliative Care Outreach Program for End of Life at Home. Please provide as much information as possible in the referral regarding the patient's clinical condition, symptoms, current and past management and social and family circumstances. It is expected any patients referred to the Palliative Care Service will have had discussions with their General Practitioner regarding advanced care planning and this needs to be documented in the referral.

We can provide community nursing support, equipment and multidisciplinary palliative care to patients for up to 3 months. If the patient is still undergoing active treatment e.g. chemotherapy or radiotherapy or is expected to survive longer than 3 months, they will not be eligible for palliative care funding or equipment support through Toowoomba Hospital

Geriatric, Adult Rehabilitation and Stroke Service (GARSS):

- Dr Nisal Gange BB
- Dr Kurugamage Wijayaratne (Orthogeriatrician)BB
- Dr Lilantha Basnayake BB

Phone 4616 6692

Please send referral to:

GARSS

Toowoomba Hospital

PMB 2 Toowoomba Qld 4350

Or fax to:

4616 5579

Or email to:

DDHHS_GARSS@health.qld.gov.au

Named referrals for Geriatrician or Stroke Physician are preferred and should be addressed to Dr Nisal Gange (Clinical Director). The following forms should be utilised:

- Geriatric, Adult Rehabilitation and Stroke Service (GARSS) Outpatient Referral Form (see appendix) OR
- Referral for Rapid Access TIA Clinic - GARSS (see appendix).

| Clinic Type | Pre-requisites |
|---|--|
| Stroke and TIA Clinic <ul style="list-style-type: none"> • patients with acute symptoms should be sent by QAS to the Emergency Department | ELFT, FBC, ESR, clotting profile, random cholesterol and glucose, CT Head Scan, Carotid Doppler, ECG Please use Rapid Access TIA Clinic Referral Form, as this will help us assess the urgency and guide care |
| Memory and Cognition Clinic <ul style="list-style-type: none"> • diagnostic clinic for patients whose symptoms are not primarily caused by mental health illness • those with mental health illness should be referred to Dr E Tan, OPMHS | ELFT, FBC, TFT, CRP, ESR, Vitamin D, Vitamin B12, Folate, Fasting Glucose, Fasting Cholesterol, CT Head Scan, ECG, any previous cognitive tests (e.g MMSE) |
| Fall and Mobility Clinic <ul style="list-style-type: none"> • diagnostic clinic for patients with deteriorating mobility and unexplained falls, includes Parkinson's review | ELFT, FBC, TFT, Vitamin D, CT or X-ray if indicated |
| Nursing Home Clinic <ul style="list-style-type: none"> • patients residing in NH in Toowoomba unable to attend in person • GP must be present | As indicated by symptoms |
| Telehealth Clinic <ul style="list-style-type: none"> • patients residing outside Toowoomba unable to attend in person • GP must be present | As indicated by symptoms |
| Geriatric Clinic <ul style="list-style-type: none"> • treatment of ageing syndromes / chronic illnesses, multiple co-morbidities, drug review for polypharmacy | As indicated by symptoms |

Geriatric, Adult Rehabilitation and Stroke Service (GARSS) – Day Therapy

Phone 4616 6124

- For patients over the age of 18, requiring rehabilitation from illness or injury
- The following disciplines are available - Physiotherapy, Occupational Therapy, Social Work, Psychology, Podiatry, Pharmacy, Speech Pathology
- Please utilise Geriatric, Adult Rehabilitation and Stroke Service (GARSS) Outpatient Referral Form (see appendix)
- Named referrals to Dr Gange are not required for this service.

Please note: GARSS has no capacity to conduct driving assessments.

Chronic Disease Management

Phone 4616 6800

Fax referrals to:

4616 6888

or email to:

CDIntake@health.qld.gov.au

Patients with diabetes, chronic respiratory disease (Chronic Obstructive Pulmonary Disease, asthma) or chronic cardiac disease (ischaemic heart disease or congestive cardiac failure) who would benefit from multidisciplinary team care can be referred to the Chronic Disease Team at Toowoomba Hospital. Patients who are already under the care of a Toowoomba Hospital specialist or who have been admitted to Toowoomba Hospital may also be under the care of a Chronic Disease Management Team. Patients can be referred directly to this service and the care can be shared with the GP. Specialist advice is available to the Chronic Disease team if needed.

- Diabetes team
- Heart Care Team
- Respiratory Team

Please provide patient details, past medical history and history relevant to chronic disease, including investigation results and medications.

Aims of the Service

3. To provide lifestyle risk advice and education to all patients experiencing chronic disease.
4. To offer all eligible patients the opportunity to attend rehabilitation- cardiac rehabilitation, pulmonary rehabilitation or COACH.
5. To monitor and audit compliance for inpatients.
6. To improve management of patients with chronic heart failure (CHF), COPD, or diabetes post discharge including clinic referrals, individualise education, and home visits.
7. To ensure optimum medication compliance and titration through the use of titration clinic and titration forms.
8. To ensure appropriate referral to other services throughout the care pathway. Other services may include but are not limited to GP, Healthy Lifestyle, HACC, and Palliative Care.
9. To provide case management for those patients deemed to be at risk of readmission who can not be managed by other services, or for whom it may be more beneficial to be case managed by the Chronic Disease Teams.
10. To act as resource of specialised knowledge to other staff, students, nursing homes or other members of the community to promote heart health, lung health, or diabetes care and increase knowledge base.
11. To utilise best practice methods of care in relation to allied health care in chronic disease management.

Staff Members

- Team leaders- Clinical Nurse Consultants
- Clinical Nurses
- Occupational Therapist
- Physiotherapist
- Pharmacist
- Social Worker
- Dietitian
- Indigenous Health Workers

Paediatric Department:

Phone 4616 6219

Please send referral to:

Specialist Outpatients Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Director – Dr John Coghlan BB

Paediatricians:

- Dr Armando da Silva(Child Protection) BB
- Dr Mark Painter BB
- Dr Chamanthi Nanayakkara BB
- Dr Meng Kar Oon
- Dr Paul Tembo BB
- Dr Shailja Singh BB

Child Development Clinic – Robyn Small

Referrals are triaged to the Paediatric Outpatients or the Child Development Clinic depending on need. Please provide as much background information as possible e.g. school reports, hearing, vision tests, family background.

Please refer to the Child Development Referral Guidelines on page 60.

Child Protection Unit (CPU) – Outpatients Clinic

Phone: 4616 5185

Please send referral to:

Child Protection Unit
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or fax to:

4616 5188

- Dr Armando Da Silva (Child Protection Advisor/ Paediatrician)

A CPU-Outpatient Clinic is available at Toowoomba Hospital for children in Out of Home Care (OOHC).

These children will primarily be referred by the Department of Communities – Child Safety Services but a referral from a GP, preferably named to Dr Da Silva, is also required. Child Safety Services will have to arrange and submit a formal GP referral, together with a “CPU request for a non-urgent Paediatric Assessment” (completed by Child Safety Services), to the CPU-Outpatients Clinic. Many of the children in the care of the Department of Community Services have a variety of health needs – behavioural, emotional and developmental issues, learning problems and medical problems. The CPU- Outpatient clinic will prioritise access to paediatric services by children in OOHC.

Department of Public Medicine:

Phone 4616 6445

Please send referral to:

Department of Public Medicine
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or fax to:

4616 6456

Hepatitis C

Dr John Hooper BB

For further information regarding Hepatitis C treatment, please contact the CNC Liver Clinic on 4616 6446 or 0478 626 746

Hepatitis B

Sexual Health/HIV

Dr John Hooper BB

Tuberculosis

Dr Ross Sellars BB

| Condition | Pre-requisite information, investigations |
|--------------------------------------|---|
| Hepatitis C • Dr John Hooper BB | FBC, E/LFTs, eGFR, HCV PCR genotype, HCV PCR Quantitative, HIV serology, Hep B status, abdo ultrasound (if long term disease) |
| Tuberculosis • Dr Ross Sellars BB | CxR, Sputum AFB cultures x 3 |
| HIV • Dr John Hooper | FBC/E/LFTs/full STD screen |
| Hepatitis B | FBC/E/LFTs/full STD screen |

Obstetrics and Gynaecology Department:

Phone 4616 6200

Please send referral to:

Specialist Outpatients Referral Centre
Toowoomba Hospital
PMB 2 Toowoomba Q 4350

Or electronically through Healthlinks or Medical Objects

Or fax to:

4616 5922

Director: Dr Premala Paramanathan BB

Consultant Obstetricians and Gynaecologists:

- Dr Senaka Abeysundera BB
- Dr Ahmed Kassab BB
- Dr Johannes De Kock BB
- Dr Ellen Harker BB

Please refer to guidelines when referring patients with abnormal Pap smear, abnormal vaginal bleeding, ovarian cysts (Appendix B)

Toowoomba Hospital is unable to provide a service for patients with infertility. Please discuss alternate pathway options with your patients.

Some procedures may be able to be carried out so when the referral is triaged by the consultant gynaecologist, he or she may suggest referral to True Relationships and Reproductive Health clinic. Please notify the Referral Centre if the patient has been seen elsewhere. The referral will still be accepted and placed on a waiting list at Toowoomba Hospital.

Routine Post-op Care:

Patients are not routinely seen in an Outpatient Clinic after uncomplicated elective Gynaecological surgery. In the majority of cases, there is no specific investigation or examination required post-operatively. On discharge, patients are given specific advice regarding wound management, catheter care, post-operative recovery and how to obtain further advice if needed. If any input is required by the General Practitioner in the patient's post-operative care, this will be advised in the discharge summary or via a phone call.

There is an Obstetrics and Gynaecology registrar available 24 hours per day so please call on 4616 6000 and ask for the registrar on call if you have any concerns about your post-op Gynaecology patients.

Mirena Insertion

The Gynaecology Department does not accept referrals for routine removal or insertion of Mirena. This service is available at the True Relationships and Reproductive Health Clinic and many GPs are able to provide this service in their own clinics. If special circumstances exist such that a Gynaecologist is required to perform the Mirena removal or insertion, please clearly document these circumstances in the patient's referral. Without such documentation, the referral will be returned to the referring practitioner.

Antenatal Clinic:

Phone 4616 6201 or 4616 6163

Please send referral to:

Specialist Outpatients Referral Centre
Toowoomba Hospital
PMB 2
Toowoomba Q 4350

or electronically via Medical Objects or Healthlinks

or fax to:

4616 5922

Please refer to the Antenatal Clinic referral guidelines (Appendix B)

- Dr Johannes de Kock BB
- Dr Senaka Abeysondera BB
- Dr Ahmed Kassab BB
- Dr Premala Paramanathan BB
- Dr Ellen Harker BB

The options for care for antenatal patients include:

GP Shared Care

- majority of antenatal care with usual GP

Midwifery Group Practice

- care by a single hospital midwife throughout the antenatal period, during labour and birth and up to 6 weeks postpartum

Collaborative Combined Public Model of Care

- shared care with hospital midwife

Specialist Obstetrician Clinic Care

- generally for high risk women

Outreach Drop in Clinic Care at Rens Street

- antenatal and postnatal care by 1 or 2 midwives at Rens Street Clinic with delivery at Toowoomba Hospital

Boomagam Caring

- pregnancy and post birth care for Aboriginal and Torres Strait Islander Women
- antenatal and postnatal care with a known midwife and health worker in the community with delivery at Toowoomba Hospital

Private Care

- There are private midwives who do have a collaborative agreement with Toowoomba Hospital obstetricians.

Pregnancy Health Record (PHR)

The pregnancy health record is the major and often the only record kept of pregnancy information at a Queensland Health facility and is provided to all antenatal patients.

The information available in that booklet is vital when a patient is admitted to hospital either for delivery or some other obstetric event. Please use the pregnancy health record when in a shared care arrangement with Toowoomba Hospital or any other Queensland Health facility.

Mental Health Services:

Please refer to the Mental Health pathways in Appendix A, use the referral form in Appendix B and fax to appropriate number.

Adult Mental Health Service:

Phone 4616 5210

Director: Dr Prasoon Gupte

Staff Psychiatrists

- | | |
|-----------------------------------|---------------------------|
| • Dr Jacqueline Montwill | • Dr Fraun Flerchinger |
| • Dr Vaidyanathan Kalyanasundaram | • Dr Vikas Garg |
| • Dr Venu Venugopalan | • Dr Marni Austin |
| • Dr Vimal Varkey | • Dr Dean Creado |
| • Dr Henry Aghanwa | • Dr Stephen Rodrigo |
| • Dr Furhan Iqbal | • Dr Venkatesh Govindaiah |
| • Dr Muthur Sastry Anand | • Dr Douglas Scott |

Neuro-psychiatry clinic

Dr Dean Credo

Referrals are accepted for patients between the ages of 18 and 65 years with complex interrelated neurological and psychiatric conditions. Please provide a comprehensive outline of the patient's history and reason for referral

Baillie Henderson Hospital:

Clinical Director: Dr Furhan Iqbal

- Dr Jeffrey Thompson

Alcohol and Other Drugs Service (AODS):

Phone 4616 6100

Please fax referral to:

4616 6080

Clinical Director: Dr Allan Pascoe

- Dr Katherine James
- Dr Jeanne-Marie Van der Westhuizen

Please provide as much information as possible regarding patient history, current medications, ethnicity and social circumstances to assist with triaging of referral.

Child and Youth Mental Health Service:

Phone 4616 6843

Clinical Director: Dr Shannon March

- Dr Yara Khedr
- Dr Suren Putter-Lareman
- Dr Lincoln Kappikulam Pauliah

Please fax referral to :

4616 5399

Or email to:

Toowoomba_CYMHS@health.qld.gov.au

For urgent referrals, please phone CYMHS on 4616 6843 or refer the patient to Toowoomba Hospital Emergency Department.

Please do not send referrals with the consumer or carer to bring to CYMHS as this may impede processing of the referral.

Please provide comprehensive outline of the presenting problem, social and family background and interventions to date.

Older Persons Mental Health Service:

Phone 4616 5666

Clinical Director: Dr Shirlony Morgan

- Dr Usman Ali

| Condition | Pre-requisite information, investigations |
|-------------------|---|
| General referrals | Relevant history and examination, relevant imaging or pathology, medication history |
| Memory Clinic | FBC, E/LFTs, TFTs, B12, folate, syphilis serology, Ca, Mg, phosphate, MUCS. ECG. CT brain |

Allied Health – GP referral information

Referral Information Required – As per minimum referral information outlined in “General Practice Information Folder” page 3. Allied Health services reserve the right to not accept a referral if this information is not provided.

Referral Process – Referrals to Toowoomba Hospital Allied Health Services should be sent: electronically via Medical Objects or Healthlinks

Faxed to: 4616 5922

Posted to: Specialist Outpatient Referral Centre

Toowoomba Hospital

PMB 2 Toowoomba Q 4350

Allied Health Referrals to rural facilities should be sent directly to the facility.

Referrals to GARSS Outpatient Rehabilitation should be submitted on the Geriatric, Adult Rehabilitation & Stroke Service (GARSS) Outpatient Referral Form (Appendix 2) and submitted via:

Fax:

4616 5579

Or Email:

DDHHS_GARSS@health.qld.gov.au

| Profession / Service | Referrals accepted | Referrals NOT accepted | Alternative services to consider | Other comments |
|--|---|--|--|---|
| Nutrition & Dietetics | <ul style="list-style-type: none"> Malnutrition/risk of malnutrition (unintentional weight loss >5-10+% or BMI <18kg/m²) Newly diagnosed/symptomatic chronic conditions including Crohn's Disease, Ulcerative Colitis, IBS (with severe symptoms) Medically diagnosed food allergy management - e.g. Coeliac Disease | <ul style="list-style-type: none"> Overweight/obese adult patients without medical co-morbidities Sports nutrition Outpatients who have private medical insurance cover (or access to alternate funding sources) | <ul style="list-style-type: none"> www.getthehealthyqld.com.au www.healthier.qld.gov.au | |
| Occupational Therapy | <ul style="list-style-type: none"> Acute hand conditions Cancer Care and Palliative Care (including cancer related lymphoedema) Paediatric acute conditions and developmental concerns Vascular Conditions (i.e. venous stasis, dependency oedema) Burns and Scar Management Clients requiring occupational therapy home assessment visit for modifications / equipment based on an acute change in health status in order to prevent hospitalisation | <ul style="list-style-type: none"> Paediatric clients eligible through other services. Clients who have access to or are in receipt of alternative services (i.e. private health insurance, WorkCover, DVA, NDIS) Driving or scooter assessments, or vehicle modifications Return to work assessments or work site visits Clients requiring occupational therapy home assessment visit for modifications / equipment for a non-acute health condition | <ul style="list-style-type: none"> Over 65 year old population may access Occupational Therapy services through My Aged Care; www.myagedcare.gov.au OR phone 1800 200 422 Under 65 year old population may access Occupational Therapy services through the NDIS if they are in a receipt of a NDIS package or through direct referral to the Community Care Allied Health Team (phone: 4699 8970). Private therapy options, rebates available via GP Chronic Disease Management Plan, refer to https://www.otaus.com.au/ Private therapy options for Paediatric and Child Development Services, refer to https://www.otaus.com.au/ | |
| Orthopaedic Physiotherapy Screening Clinic & Multidisciplinary Service Orthopaedic Podiatry Triage Clinic | | | | All direct referrals to these services will be treated as a referral to the Orthopaedic Department and will be triaged according to their guidelines (see existing GP Information Folder Page 13) |

| Profession / Service | Referrals accepted | Referrals NOT accepted | Alternative services to consider | Other comments |
|---------------------------------|--|---|---|--|
| Physiotherapy | <ul style="list-style-type: none"> Musculoskeletal Paediatric Women's Health Lymphoedema Mobility & Balance impairments (also consider GARSS) | <ul style="list-style-type: none"> Clients (including Paediatric) who have access to or are in receipt of alternative services (i.e. private health insurance, WorkCover, DVA, NDIS, third party insurance) Referrals for gait aid and/or brace prescription where ongoing therapy is not indicated | <ul style="list-style-type: none"> Private therapy options, rebates available via GP Chronic Disease Management Plan Private therapy options for clients with Private Health Insurance inclusive of extras cover NDIS providers | <p>NOTE: The Physiotherapy service reserves the right to NOT accept a referral if our current service does not have the appropriate skill set to manage the condition appropriately.</p> <p>NOTE: Chronic condition referrals can expect to wait up to 365 days before an assessment is offered.</p> |
| Podiatry High Risk Foot Service | <p>Acute foot disease</p> <ul style="list-style-type: none"> Current foot ulcer/foot infection Acute Charcot Neuroarthropathy | <p>Currently due to limited service capacity unable to see:</p> <ul style="list-style-type: none"> High risk foot (without current ulcer/infection or acute Charcot) Foot deformity with peripheral neuropathy and/or peripheral arterial disease Previous foot amputation and ulceration Critical peripheral arterial disease <p>Services NOT available:</p> <ul style="list-style-type: none"> Routine foot monitoring and care in clients with diabetes in the absence of peripheral neuropathy, vasculopathy or other foot abnormality Toe nail care without a clear medical reason requiring specialised podiatry care General foot care where no actual foot pathology present Biomechanical and gait problems Paediatric podiatry | <ul style="list-style-type: none"> Community Care Allied Health (HACC eligible clients) accessed through My Aged Care Private podiatrists for those patients on care plans (Item 721) and Team Care arrangements (Item 723) and Chronic Disease Item numbers can be used (MBS Item 10962) Private podiatry self-funded | <p>Referral information required:</p> <ul style="list-style-type: none"> History of presenting complaint including nature, duration and frequency of foot problem; Past treatments; Relevant medical history; Current medications list; BMI. |
| Closing the Gap Podiatry | <ul style="list-style-type: none"> Any person older than 16 with a chronic disease and who identifies as Aboriginal and/or Torres Strait Islander <p>High risk foot</p> <ul style="list-style-type: none"> Foot deformity with peripheral neuropathy and/or peripheral arterial disease Previous foot amputation and ulceration Critical peripheral arterial disease | <p>Services NOT available:</p> <ul style="list-style-type: none"> Routine foot monitoring and care in clients with diabetes in the absence of peripheral neuropathy, vasculopathy or other foot abnormality Toe nail care without a clear medical reason requiring specialised podiatry care General foot care where no actual foot pathology present Biomechanical and gait problems Paediatric podiatry | <ul style="list-style-type: none"> Community Care Allied Health (HACC eligible clients) accessed through My Aged Care Private podiatrists for those patients on care plans (Item 721) and Team Care arrangements (Item 723) and Chronic Disease Item numbers can be used (MBS Item 10962) Private podiatry self-funded | <p>Referral information required:</p> <ul style="list-style-type: none"> History of presenting complaint including nature, duration and frequency of foot problem; Past treatments; Relevant medical history; Current medications list; BMI. |

| Profession / Service | Referrals accepted | Referrals NOT accepted | Alternative services to consider | Other comments |
|----------------------|---|--|---|----------------|
| Psychology | <ul style="list-style-type: none"> • Clients must have a chronic health condition from which a psychological disorder has developed • Clients are accepted across the lifespan | <ul style="list-style-type: none"> • Individuals who are eligible for Mental Health Care Plans • Individuals with a major/serious mental health disorder • Individuals in crisis | <ul style="list-style-type: none"> • Referral to Private Psychology Services through ATAPS and to private providers • Referral to the DDHHS Mental Health Service (1300 642 255) • USQ Psychology Clinic (4631 1763) | |
| Social Work | <p>Essential criteria is a diagnosis of a chronic disease:</p> <ul style="list-style-type: none"> • Adjustment to diagnosis • Psycho social barriers to self-management of chronic disease • Carer Stress impacting on health and/or self-management/support to patient • Understanding diagnosis and chronic condition (where patient requires assistance in making informed decisions) • Multiple social/ environmental factors that impact on coping with chronic condition • Social risk due to health conditions and social situation. | <ul style="list-style-type: none"> • Any patient without a chronic disease diagnosis. • Paediatric • Homelessness (refer to Ozcare) • Legal • Mental Health diagnosis only • Long term counselling required • Live more than 40 minutes outside Toowoomba • Patient is not aware and is not agreeable to the referral. | <ul style="list-style-type: none"> • Catholic Care • Lifeline • Centacare • Relationships Australia • Mental Health Plan for access to private psychology • MIFQ • Partners in Recovery • Ozcare for accommodation services/Housing • Food and accommodation guide • Red Cross Homestay for those at risk of homelessness • Carers Queensland for Carer support • TASC for advocacy or legal issues • QLD ageing and disability advocacy (QADA) for advocacy • Red Cross Homestay for assistance with hoarding issues. • Also access to Buried in Treasure | |

| Profession / Service | Referrals accepted | Referrals NOT accepted | Alternative services to consider | Other comments |
|---|---|--|--|---|
| Speech Pathology Paediatric Outpatients | <ul style="list-style-type: none"> Children less than 5 years of age and not eligible for enrolment in an educational program | <ul style="list-style-type: none"> Referrals are not accepted for children eligible for speech pathology services through other government or non-government agencies Children with difficulties progressing with a variety of textures in their diets in the absence of any clinical signs of dysphagia Children where the referral is received after 1 September of the year prior to Prep eligibility Children for mild speech delays where the referral is received after 30 April prior to prep eligibility | <ul style="list-style-type: none"> Private therapy options, rebates available via GP Chronic Disease Management Plan, refer to http://www.speechpathologyaustralia.org.au University of Queensland student clinics <p>Feeding:</p> <ul style="list-style-type: none"> Child, Youth and Family Health – Unara, Toowoomba Hospital (community clinic also available) <p>Children with a disability:</p> <ul style="list-style-type: none"> National Disability Insurance Scheme BetterStart for Children with a Disability Helping Children with Autism package for children diagnosed with ASD Early Childhood Development program/ services run by the Department of Education (DET) Playgroup Queensland http://playgroupqld.com.au/find-a-playgroup https://playgrouppaustralia.org.au | Specific information about the nature of the child's difficulties is required within the referral |
| Speech Pathology Adult Outpatients | <ul style="list-style-type: none"> Patients presenting with dysphagia, acquired / progressive communication impairment or voice disorder | <ul style="list-style-type: none"> Referrals are not accepted for people eligible for speech pathology services through other government or non-government agencies Non acquired / developmental communication impairments including speech, fluency and literacy Oesophageal dysphagia Chronic stable dysphagia Accent modification therapy Transgender voice modification | <ul style="list-style-type: none"> Private therapy options refer to http://www.speechpathologyaustralia.org.au Blue Care | Referral mode is by allied health referral form or letter |

| Profession / Service | Referrals accepted | Referrals NOT accepted | Alternative services to consider | Other comments |
|--|--|---|---|--|
| Geriatric Adult Rehabilitation & Stroke Services (GARSS) Outpatient Rehabilitation including: <ul style="list-style-type: none"> Occupational Therapy Physiotherapy Podiatry Psychology Social Work Speech Pathology | <ul style="list-style-type: none"> Adults experiencing health conditions which have the potential to respond to time limited rehabilitation within a multidisciplinary team to improve function and quality of life NDIS clients presenting with a new acute issue where the acute issue has the potential to respond to rehabilitation Hand therapy for clients with OA, De Quervain's Tenosynovitis, Carpal Tunnel Syndrome | <ul style="list-style-type: none"> Not medically stable/ safe to participate in rehabilitation program Unable to identify rehabilitation goals/ actively participate Residing in RACF Current inpatient or on TCP program (some exclusions apply) NDIS eligible for chronic conditions Long term management of chronic conditions Complex, acute mental health issues not actively managed | <ul style="list-style-type: none"> See profession specific alternatives listed above | NOTE: Outpatient Rehabilitation is based at Toowoomba Hospital NOTE: Home visits and community based visits may be provided where relevant to client goals, within 50km radius of hospital, and where clinicians have capacity to provide the service |

Closing the Gap Dietetics Service

The Closing the Gap Dietetics Service delivers nutrition therapy to Indigenous people with chronic and complex diseases. It aims to facilitate long term behaviour change by encouraging the self-management of health through nutrition, diet and other lifestyle modifications, with a view to preventing, treating or managing disease.

Individual consultations and group based education services are available to Indigenous people with:

- newly diagnosed/symptomatic chronic conditions with nutritional impact (e.g. diabetes, cardiovascular disease, chronic obstructive pulmonary disease, chronic kidney disease)
- risk factors for chronic disease (e.g. obesity, dyslipidaemia, hypertension)
- pre-diabetes (impaired fasting glucose, impaired glucose tolerance)
- malnutrition/ unintentional weight loss
- polycystic ovarian syndrome
- failure to thrive/fussy eating with growth impacts (paediatrics)
- coeliac disease

Referrals from GPs and other Healthcare Professionals can be:

- Faxed to 4616 6699
- Scanned and emailed to THCTG@health.qld.gov.au

Appendix A: Referral Guidelines

| | |
|--|-----------|
| Endocrinology Referral Guidelines | 39 |
| Diabetes Model of Care | 39 |
| Toowoomba Adult Diabetes Service referral information request | 40 |
| Androgen Deficiency | 41 |
| ENT Referral Guidelines | 42 |
| Tonsillitis in Children | 42 |
| Tonsillitis in Adults | 43 |
| Otitis Media | 44 |
| Sinusitis | 45 |
| Thyroid and Head and Neck Lumps | 46 |
| GARSS Referral Guidelines | 47 |
| Memory and Cognition Clinic - Information Handout for GPs | 47 |
| Gastroenterology Referral Guidelines | 49 |
| Open Access Endoscopy | 49 |
| Guidelines for Bowel Cancer Screening Surveillance Intervals | 50 |
| General Surgery Referral Guidelines | 51 |
| Breast Pain | 51 |
| Breast disease | 52 |
| Gynaecology Referral Guidelines | 53 |
| General Information | 53 |
| Abnormal Vaginal Bleeding | 54 |
| Ovarian Cysts | 55 |
| Antenatal Clinic Referral Guidelines | 56 |
| General information | 56 |
| Further information | 57 |
| Ophthalmology Referral Guidelines | 58 |
| General Information | 58 |
| Oral and Maxillofacial Referral Guidelines | 60 |
| Orthopaedic Referral Guidelines | 61 |
| Acute Ankle Sprain | 61 |
| Back and Neck Pain | 63 |
| Back Pain - Red Flags | 64 |
| Hip and Knee Problems | 65 |
| Shoulder Problems | 66 |
| Paediatric Referral Guidelines | 67 |
| Child Development | 67 |
| Queensland Child Protection reform | 68 |
| Examination of Children | 70 |
| Guardianship, Custody and Medical Treatmentv | 71 |
| Rheumatology Referral Guidelines | 72 |
| Renal Unit Referral Guidelines | 73 |
| General Information | 73 |
| Urology Referral Guidelines | 74 |
| General Information | 74 |
| Recurrent UTIs | 76 |
| Mental Health | 77 |
| Child and Youth Mental Health Service | 77 |
| Mental Health Pathways for General Practitioners | 79 |
| Mental Health Pathways for rural Emergency Departments Departments | 80 |

Diabetes Model of Care

fact sheet

The Diabetes Model of Care project aims to reduce demand on specialist and emergency services by improving access for primary health care providers and their patients to diabetes education and support. Patients who fit the referral criteria can be referred to community based diabetes educators who are also available to visit practices and provide education to staff and patients.

Patient Referral Criteria

Patients over the age of 18 years with type 1 or type 2 Diabetes requiring:

- Optimisation of oral hyperglycaemic agents
- Commencement of injectable agents
- Commencement of Insulin
- Insulin Titration
- Diabetes self-management education

Exclusion criteria

- Under 18 years
- Gestational diabetes

Referral Information Required

- ☐ Patient details
- ☐ Reason for referral
- ☐ HbA_{1c}
- ☐ E/LFTs
- ☐ Lipid profile
- ☐ Urine albumin/creatinine ratio
- ☐ Medical history
- ☐ Current medication list

Address all referrals

Attn: Diabetes Model of Care Project

Send: Electronically via Medical Objects or Healthlinks

Or Post to:

Diabetes Model of Care Project
Level 5, Surgical Block
Toowoomba Hospital
PMB2 Toowoomba QLD 4350

Or Fax to: 4616 5922

Follow up appointments

Your patient will be contacted and an appointment arranged. Please note on your referral if you would like your patient seen at your practice. There is no cost to the patient for this service.


Contact numbers:

- Louise Moran
Credentialled Diabetes Educator DDHHS
4616 6789 or 0439 314 922
- Lynne McCleary
Credentialled Diabetes Educator AH Diabetes
4646 2530 or 0448 097 700

Page 1 of 1

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Diabetes Model of Care Project | Toowoomba Hospital
Ph 4616 6000 | ABN 64 109 516 141
www.health.qld.gov.au/darlingdowns

Fact Sheet No: 3070.v2

This document was reviewed in June 2017

Toowoomba Adult Diabetes Service

fact sheet

Diabetes referral information request

The Toowoomba Diabetes Service aim is to provide a comprehensive service to people with diabetes and work closely with General Practice. Our multidisciplinary team includes Endocrinologists, Diabetes Educators and Allied Health Professionals.

What we require for rapid patient review

The following information is requested with all referrals

Note: Referrals will not be accepted and processed until all information is received and complete

- A GP referral addressed to Dr Sheila Cook
Note: however the patient may be seen by either Endocrinologist or Advanced Endocrinology Registrar
- Client contact details – Name/Address/Telephone Number
- GP contact details - Name/Address/Telephone Number
- Reason for referral

Please ensure the following are attached:

- ☐ HbA1c
- ☐ ELFTs
- ☐ FBC
- ☐ B12 for patients on Metformin >12 months
- ☐ Lipid profile
- ☐ TFTs, coeliac screening ONLY FOR T1DM
- ☐ Urine ACR (Morning catch or 24 hour collection)
- ☐ Medical history
- ☐ Current medications
- ☐ Eye screening
- ☐ Foot assessment

Quick access clinic

The Quick Access Clinic (QAC) aims to review patients quickly so that your patient receives the right care as efficiently as possible.

Appointments will then be made in a medical, diabetes educator or dietitian clinic.

Once the completed referral is received the patient will be contacted by a diabetes educator for referral triaging and appointment scheduling.

How: All referrals are to be received by

Fax 4616 6888 or

Electronic Referral Management system (healthlinks/Medical Objects) or

Post Toowoomba Diabetes Clinic
Unara Community Health
PMB 2 Pechey Street
Toowoomba Qld 4350

Enquiries/Contact Details:

Maree Holder

Diabetes Clinical Nurse Consultant,
Toowoomba Adult Diabetes Service
4616 6808 / 0408 589 756

Endocrinology Referral Guidelines

Androgen Deficiency

fact sheet

Indications for Specialist Referral:

Known pituitary or testicular disorder e.g. Klinefelter's, post surgical panhypopituitarism

Documented androgen deficiency as per PBS criteria

Referral Information Required:

- Relevant clinical history and examination
- Copies of pathology confirming androgen deficiency as per above PBS rules
 - » **Please note; if such results are not available, the patient will need to cease androgen replacement for a minimum period of 3 months and then have 2 confirmatory morning blood testosterone levels.**
 - » Patients whose testosterone levels do fit the PBS criteria can then be referred for endocrinology assessment.

PBS rules now state androgen replacement therapy cannot be prescribed unless there has been consultation with a specialist urologist or endocrinologist.

Adult criteria for Authority Prescription for Androgen Deficiency:

A male patient with an established pituitary or testicular disorder

OR

A male patient >40 years of age without an established pituitary or testicular disorder

AND

The condition must not be due to age, obesity, cardiovascular diseases, infertility or drugs.

Androgen deficiency is defined as:

- (i) Testosterone level of less than 6 nmol per litre; OR
- (ii) Testosterone level between 6 and 15 nmol per litre with high luteinising hormone (LH) (greater than 1.5 times the upper limit of the eugonadal reference range for young men, or greater than 14 IU per litre, whichever is higher).

Androgen deficiency must be confirmed by at least two fasting morning blood samples taken on different mornings.

The dates and levels of the qualifying testosterone and LH measurements must be, or must have been provided in the authority application when treatment with this drug is or was initiated.

The name of the specialist must be included in the authority application.

Patients whose testosterone levels do not fit the criteria, and who do not have other endocrine pathology do not require endocrinology review and referral will not be accepted.

Further information:

- Increasing age itself is no longer recognised as a cause of hypogonadism.
- The commonest cause of low testosterone (levels 4 – 11nmol/L) is obesity and co morbid conditions e.g. diabetes, depression, alcohol excess, obstructive sleep apnoea, CKD . These conditions will suppress the gonadal axis (low testosterone, normal FSH & LH) and treatment with testosterone is unlikely to result in any appreciable symptom benefit. Treatment of the underlying medical condition is required, not Testosterone therapy.
- Testosterone treatment may be associated with an increased risk of cerebrovascular disease, and until further research can clarify this risk, it is not recommended that Testosterone be used outside the domain of proven hypogonadism.

ENT Referral Guidelines

fact sheet

Tonsillitis in Children

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of recurrent acute tonsillitis must be established by the referring doctor.

Indications for specialist referral

- Upper airway obstruction – sleep apnoea or enlarged tonsils causing difficulty swallowing
- Frequent, recurrent, acute tonsillitis – greater than four (4) or more episodes in the past 12 months, four (4) episodes per year for the past two years, or three (3) episodes per year for the past 3 years
- Peritonsillar abscess (quinsy) – two (2) episodes of quinsy with previous or subsequent history of tonsillitis
- Ulceration and/or unilateral enlargement
- More than two weeks missed for school or parent's work in the past 12 months
- Other, e.g. recurrent haemorrhage, tonsilloliths, tonsillar cysts or chronic diphtheria carriage following failed antibiotic eradication, refractory halitosis

Referral information required

- The number and timeframe of previous episodes
- The appearance of the throat
- The presence of membranes/exudates
- The presence of bleeding
- The degree of systemic upset
- The presence of tender neck lymph nodes
- The degree of disability caused by episodes
- Previous antibiotic prescriptions
- Previous medical history
- Previous surgical history
- Perioperative and anaesthetic considerations, e.g. anticoagulant use, insulin requirements



'Red flag' items

- Suspected neoplasm – ulceration or recurrent unilateral enlargement, particularly with associated cervical lymphadenopathy

Urgent referral is indicated.

Please contact ENT Registrar through Toowoomba Hospital switchboard on 4616 6000.

NB: Please advise patient that for 2 weeks after their tonsillectomy, they need to remain within a half hour's drive from a hospital with an ENT department.

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Specialist Outpatient Referral Centre | Toowoomba Hospital

Ph 4616 6440 | Fax 4616 5592 | ABN 64 109 516 141

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Fact Sheet No: 3235.v1

This document was reviewed in May 2017

ENT Referral Guidelines

Tonsillitis in Adults

fact sheet

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of tonsillitis must be established by the referring doctor.

Indications for specialist referral

- Chronic or recurrent infection - four (4) or more attacks in the last 12 months, or six (6) or more attacks in the last 24 months
- Tonsillar concretions with halitosis
- Upper airway obstruction due to tonsillar hypertrophy
- Obstructive sleep apnoea due to tonsillar hypertrophy
- Peritonsillar abscess post acute treatment
- Absence from work/university/college for 4 weeks or more in a year due to tonsillitis

Referral information required

- **Please advise if taking any anticoagulant medication, including aspirin and fish oil, and any family history of coagulation disorder in referral**
- The number and timeframe of previous episodes
- The appearance of the throat
- The presence of tender neck lymph nodes
- The degree of disability caused by episodes
- Previous antibiotic prescriptions
- Previous medical history
- Previous surgical history
- Perioperative and anaesthetic considerations, e.g. anticoagulant use, insulin requirements



'Red flag' items

- Suspected neoplasm - ulceration, or recurrent unilateral enlargement, particularly with associated cervical lymphadenopathy.

Urgent referral is indicated.


Please contact ENT Registrar through Toowoomba Hospital switchboard on 4616 6000.

NB: Please advise patient that for 2 weeks after their tonsillectomy, they need to remain within a half hour's drive from a hospital with an ENT department.

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Fact Sheet No: 3234.v1

This document was reviewed in May 2017

ENT Referral Guidelines

fact sheet

Otitis Media

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of otitis media must be established by the referring doctor.

Indications for specialist referral

Recurrent otitis media

- Greater than four (4) discrete episodes in a year
- Recurrent acute otitis media in a child with co-existing illness in which surgical management is preferable to antibiotics, e.g. immune deficiency, cystic fibrosis, sickle cell anaemia
- Recurrent infections with multi-resistant bacteria
- Recurrent infections and antibiotic allergies

Chronic otitis media

- Perforation with persistent otorrhoea despite topical and/or PO antibiotics for 5+ days
- Suspicion of cholesteatoma

Otitis media with effusion

- Confirmed hearing loss or history of developmental delay
- Persistent middle ear effusion lasting >3 months with audiometry showing bilateral hearing loss (20dB or worse in the best ear)
- Persistent tympanic membrane retraction or atelectasis
- Persistent abnormal tympanogram or audiogram

Children with cleft palate, Down syndrome or craniofacial defects should be referred early.

Referral information required

- All patients should have audiology included in referral
- Please provide audiology results, swab culture if appropriate and relevant medical history in referral



'Red flag' items

Acute suppurative otitis media

- Complications suspected, e.g. mastoiditis, facial weakness/paralysis, vertigo, meningitis
- Failure of antibiotic therapy with persistent, severe symptoms such as fever or intractable pain

Please contact ENT Registrar through Toowoomba Hospital switchboard on 4616 6000.

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Fact Sheet No: 1417.V2

This document was reviewed in May 2017

ENT Referral Guidelines

fact sheet

Sinusitis and Nasal Problems

Indications for Specialist referral

A positive CT Scan despite appropriate treatment as indicated below

Generally a CT should be performed after a 2 week course of broad spectrum antibiotics and Prednisone in reducing dosage.

Chronic Rhinosinusitis

- persisting symptoms (facial congestion, pain, hyposmia, nasal obstruction) present for at least 8 weeks despite several prolonged courses of appropriate broad spectrum antibiotics, short course of oral steroids with at least 8 weeks of nasal steroids, nasal saline irrigation and steam inhalation
- abnormal CT scan consistent with sinus disease after 2 weeks of broad spectrum antibiotic either Amoxycillin/Clarithromycin or Bactrim and reducing course of oral Prednisone.

Nasal Obstruction/Polyps

- Persisting polyps despite preliminary course of oral steroid with at least 8 weeks of inhaled corticosteroid
- Unilateral nasal obstruction with offensive and/or bloody discharge
- Septal deviation causing symptomatic nasal obstruction

Referral Information Required

- Frequency of episodes
- Degree of disability and impact on daily activities
- CT scan and report



Red Flag items

- Eye pain, swelling, abnormal eye movement suggesting orbital spread
- Orbital Cellulitis
- Severe headaches, personality changes suggesting cerebral spread

Urgent referral is indicated - contact ENT Registrar via switch on 4616 6000

Page 1 of 1

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Fact Sheet No: 1854.v2

This document was reviewed in May 2017

ENT Referral Guidelines

fact sheet

Thyroid and Head and Neck Lumps

Thyroid Lumps

All thyroid lumps greater than 15mm require Ultrasound guided FNA before referral if possible.

Other investigations required

- Thyroid function tests.
- Thyroglobulin not thyroglobulin antibody.
- Nuclear medicine scans are not helpful in the decision whether to excise or not.
- FNA with pathology is required in both “hot” and “cold” lumps >15mm.

Benign lumps/cysts

- Refer for excision if >40mm in diameter.
- Repeat FNA if growing or other abnormal features e.g. calcification, Hurthle cells.
- Recurrent cysts require assessment.

Head and neck skin cancers and melanomas

- Size of lesion.
- How long present and changes in size and nature.
- “Red flag” features:
 - » Induration.
 - » Ulceration.
 - » Bleeding.
 - » Associated pain.
- Punch biopsy for histology.

Head and neck lumps


- Ultrasound guided FNA.
- CT scan neck and chest if malignant.

Parathyroid adenomas

- Either Sestamibi nuclear scan or 4D CT scan available from QXRy or DD Radiology.

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Fact Sheet No: 1623.v3

This document was reviewed in September 2017

Geriatric, Adult Rehabilitation and Stroke Service (GARSS)

fact sheet

Memory and Cognition Clinic - Information Handout for GPs

What is GARSS Memory Clinic?

The GARSS Memory Clinic provides a multi-disciplinary, specialist service for assessment, diagnosis and treatment of clients

- who are experiencing difficulties with memory and cognition
- whose symptoms are not primarily caused by mental health illness.

Older patients who have cognitive dysfunction associated mental health illness should be referred to Dr Shirlony Morgan, Clinical Director, Older Persons Mental Health Service (OPMHS, ph 4616 5660).

How to refer to the GARSS Memory Clinic?

Before the patient can be accepted to the GARSS Memory Clinic and placed on the waiting list, a comprehensive referral is required. This referral should include the following information:

- addressed to Dr Nisal Gange (Clinical Director, GARSS)
- the patient's name, address, phone number and date of birth
- details of the reason for the referral/clinical information
- referrer's signature, provider number
- referral date.

The GP's usual referral letter or the GARSS Referral Form (MR 50n) can be used.

When a "Named Referral" is received and the patient consents, the appointment can be bulk billed through Medicare Benefits Schedule (MBS).

The following clinical information must be provided with the referral before an appointment or waiting list place can be offered.

Pre-requisites for Memory Clinic Referrals

- Dementia Screen
 - » CT head scan (within 6 months of referral date)
 - » ECG (within 3 months of referral date)
 - » Pathology (within 3 months of referral date)
 - FBC, U&E, LFT, Ca, Vit D, Vit B12, Folate, TFT, ESR, CRP, Fasting Cholesterol, Fasting Glucose
- Previous cognitive tests e.g. MMSE's
- Medication list
- Health summary
- Social history
- Alternative patient contact such as Carer/NOK/ EPOA (particularly when cognitive decline is advanced)

The completed referral should then be sent to GARSS by:

- Fax: 4616 5579
- Post: GARSS
Level 3, Services Block One
Toowoomba Hospital
Pechey Street Toowoomba 4350
- Email: DDHHS_GARSS@health.qld.gov.au

Incomplete referrals will be returned to the referrer.

How does the Multi-disciplinary Clinic function?

The GARSS Memory Clinic is provided by a multidisciplinary team who aim to provide a comprehensive assessment and management service. The team includes the following staff members:

- Nursing or Allied Health Professional - initial pre-clinic multidisciplinary needs assessment via phone within 2 weeks of receipt of referral to identify and manage concurrent functional problems (e.g. falls, home safety, declining ADL)
- Psychologist - pre-clinic comprehensive, neuro-cognitive assessment
- CNC Geriatrics - cognitive assessment and clinical review within the clinic
- Geriatrician - collation of multi-disciplinary assessments, dementia screen results and examination of the client in order to establish diagnosis and treatment plan
- Pharmacist - medication review within the clinic
- Advanced Allied Health Practitioner (Physio / OT) - pre-clinic in-home assessment and / or in clinic assessment of current level of function, environmental factors, musculoskeletal factors if required.

What is the Waiting Time?

The GARSS Memory Clinic waiting list is managed utilising a categorisation system that prioritises referrals according to clinical need and demand. Therefore, less “medically” urgent patients may have a longer wait time.

For this reason, safety issues, future planning, ACAT and aged care service provision will need to be undertaken independently of the GARSS Memory Clinic.

Attendance at GARSS Memory Clinic

GARSS is located at Toowoomba Hospital, Service Block One, Level Three (near Renal Entrance).

It is preferable for clients attending the GARSS Memory Clinic to be accompanied by their spouse, carer, next of kin or enduring power of attorney.

For further information

Please contact

- GARSS Clinical Coordinator: 4616 5848
- GARSS Specialist Outpatient Clinic: 4616 6692.

Prepared by: Dr Nisal Gange (GARSS Clinical Director, Geriatrician and Stroke Physician) November 2016

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www.health.qld.gov.au/darlingdowns

Fact Sheet No: 1898.v3

This document was reviewed in February 2017

Open Access Endoscopy Referral Guidelines

fact sheet

Patients referred for open access endoscopy are seen and have their procedure on the same day so it is vital the referral provides sufficient information for the clinician triaging the referral to be able to determine the patient's fitness to undergo the procedure requested. Referrals which do not provide sufficient information to enable accurate prioritisation will be returned to the referring practitioner and this may delay the patient's procedure.

Referral Information required

- History of presenting complaint with duration and severity of symptoms
- Past medical and surgical history
- Current medication list including over the counter medications
- BMI (mandatory)
- Relevant investigations
 - » All patients referred for colonoscopy require recent electrolytes and liver function tests
- Family history
- Result of faecal occult blood test (FOBT) if no overt bleeding
- Confirmation that patient has been provided with advice regarding procedural risks particularly if elderly or other co-morbidities

Young otherwise healthy patients with a history of irregular bowel habit and no history of PR bleeding, a negative FOBT and no abnormal pathology are likely to have irritable bowel syndrome (IBS) and colonoscopy should not be considered as a first line investigation.

Management options for IBS which may be of benefit include:

- Lifestyle advice
- Dietician review re dietary adjustment/FODMAP diet
- Fibre supplements
- Anti-diarrhoeal medications
- Anticholinergic and antispasmodic medications
- Antidepressant medications
- Counselling

Endoscopy Procedures in the Elderly

There is an increasing incidence of benign and malignant gastrointestinal disease with increasing age.

There are a number of issues to consider when referring an elderly (>80 years of age) for an endoscopic procedure.

Colonoscopy Preparation:

- Increased risk of poor colonic preparation regardless of preparation used
- Increased risk of electrolyte disturbances especially if pre-existing renal or cardiac dysfunction

Screening Procedures:

- There is a need to weigh up the risks and benefits of the procedures and the likelihood that the patient may die from causes other than colorectal cancers in the next 5 years

Sedation:

- Increased risk of hypotension, hypoxia, arrhythmias and aspiration


Procedural Risks:

- Higher perforation rates in colonoscopies performed in patients over 65 years of age.
- Increased rates of cardiovascular, pulmonary and other complications

Please discuss these risks with your patient prior to referral so the patient is better able to provide informed consent

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Referral Centre | Toowoomba Hospital

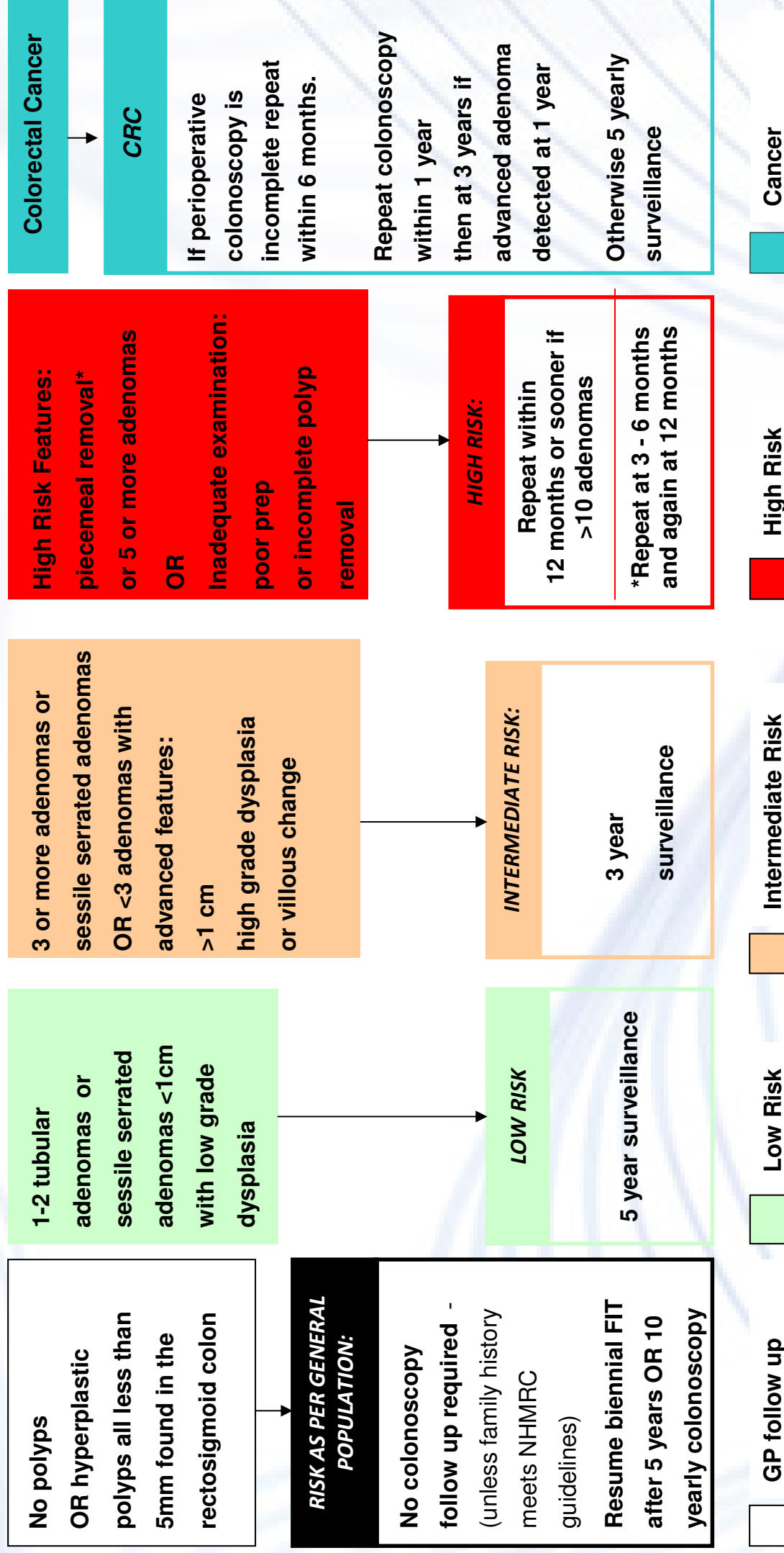
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Fact Sheet No: 2396.v1

This document was reviewed in August 2015

Queensland Bowel Cancer Screening Program Guidelines For

Surveillance Intervals After COLONOSCOPY



General Surgery Guidelines

fact sheet

Breast Pain

Indications for Surgical Referral

- Palpable lump
- Recurrent breast infection/mastitis
- Nipple discharge
- Unexplained breast pain in a patient with a strong family history of breast or ovarian cancer

Referral information required

- History and examination findings
 - » Nature, duration and periodicity of pain
 - » Signs of infection
 - » Focal signs on clinical examination
 - » Signs of musculoskeletal disorders
 - » Causative features e.g. injury, hormonal medication, referred musculoskeletal pain.
- BMI
- Women <40 - ultrasound (+ core biopsy if suspicious of malignancy)
- Women >40 - mammogram + Ultrasound (+ core biopsy if suspicious of malignancy)
- Mammogram for women <40 years if clinical examination, ultrasound suspicious for malignancy.

unlikely to benefit from surgical intervention so referral to Surgical Outpatients is not required.


Management options:

- Wearing a better-fitting bra during the day
- Wearing a soft support bra while sleeping
- Wearing a sports bra while exercising
- Taking over-the-counter painkillers, such as paracetamol or ibuprofen
- Reducing caffeine intake
- Reducing saturated fat intake
- Stopping smoking
- Acupuncture has been found helpful in some women
- Many women find evening primrose oil helpful
- Calcium supplementation
- Oral contraceptives.

Patients with breast pain but no abnormality on clinical examination and normal breast imaging are

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Fact Sheet No: 2133.v2

This document was reviewed in June 2016

General Surgery Guidelines

fact sheet

Breast Disease

Indications for Surgical Referral

- Breast lump suspicious of cancer
 - » Discrete hard lump +/- skin tethering, puckering, skin oedema
 - » A lump which is changing in texture or becoming larger
 - » Discrete breast lump in a woman 30 years or older persisting after the next period or presenting after menopause
 - » Breast lump in woman under 30 years of age which cannot be confirmed as benign on examination or imaging.
- Change in breast size
- Previous history of breast cancer with new lump or symptoms
- Follow up of previous treated breast cancer
- Persistent nipple rash/eczema which does not respond to topical treatment
- Spontaneous unilateral blood stained nipple discharge
- Generally only single duct spontaneous discharge of bloodstained, clear or serous fluid need further evaluation
- Male patient with unilateral firm subareolar mass +/- skin changes
- Known benign breast lump but where removal required.
- Unexplained breast symptoms in a patient with a strong family history of breast or ovarian cancer.

Referral information required

- History and examination findings
- BMI
- Women <40 - ultrasound (+ core biopsy if suspicious of malignancy)
- Women >40 - mammogram + Ultrasound (+ core biopsy if suspicious of malignancy)
- Mammogram for women <40 years if clinical examination, ultrasound suspicious for malignancy
- Punch biopsy of persistent nipple rash/eczema
- Family history
- Indication for removal of benign breast lump.


Please arrange imaging and biopsy prior to referral to Toowoomba Hospital if possible.

If for any reason, the woman is not able to have imaging done before referral, please phone the Breast Care Nurse, Marion Strong on 4616 6194.

Breast Screen is unable to accept referrals for diagnostic mammogram so please do not contact Breast Screen to arrange imaging.

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This document was reviewed in June 2016

Gynaecology Referral Guidelines

fact sheet

General Information

Referral information required

- Follow guidelines for specific conditions.
- Comprehensive history and examination report to enable accurate triaging of the referral.
- Copies of recent cervical screening, ultrasound report and other investigations as clinically appropriate

For telephone advice, please phone switch on 4616 6000 and ask to speak to the consultant on call.

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Fact Sheet No: 1461.v2

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Gynaecology Referral Guidelines

fact sheet

Abnormal vaginal bleeding

Intermenstrual and post coital bleeding

Indications for specialist referral

- Endometrium ≥ 12 mm or suggestive of endometrial pathology.
- Symptoms for over 3 months despite normal pap, VE, STI testing, pelvic ultrasound.
- Abnormal pap smear – follow pap smear guidelines.

Heavy Menstrual Bleeding

Indications for specialist referral

Persistent symptoms despite 6 months of conservative management which may include

- Treatment of Fe deficiency if confident secondary to menstrual blood loss.
- Tranexamic Acid +/- NSAIDs.
- Mirena insertion.
- Combined OCP.
- Etonogestrol implant.
- 3 monthly depot Intramuscular Medroxyprogesterone acetate.
- Oral Medroxyprogesterone – 10 mgm daily Day 5 – 25.
- Oral Norethisterone 5 mgm bd Day 5 – 25.

'Red Flag' items



Increased risk endometrial hyperplasia/Ca


- Age > 35 .
- Weight > 90 kgm.
- Unopposed oestrogen exposure.
- Nulliparity/infertility/PCOS.
- Aboriginal and Torres Strait Islander.

Referral Information Required

- Copy of pap smear and other relevant pathology result.
- Ultrasound report.
- Past obstetrics, contraceptive history.

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Fact Sheet No: 1460.v1

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Gynaecology Referral Guidelines

fact sheet

Ovarian Cysts

Please provide copy of Ultrasound reports and tumour marker results for all patients.

Indications for immediate specialist referral

- Pre-pubertal patient.
- Cyst with solid features > 2.5 cm.
- Cyst > 5 cm.
- Post menopausal patients.
- Recurrent or persistent severe pain.


Referral information required

- Menstrual, obstetric and contraceptive history.
- Past medical and surgical history.
- Current medications.
- Recent Ultrasound report.
- Tumour markers.

Refer patients with acute severe pain to the Emergency Department for urgent assessment.

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Fact Sheet No: 1463.v2

This document was reviewed in January 2017

Antenatal Clinic Referral Guidelines

fact sheet

ANC Consultants

Dr Senaka Abeysundera
Dr Johannes De Kock
Dr Ellen Harker
Dr Ahmed Kassab
Dr Premala Paramanathan

Refer patients at 10-14/40 for booking midwife visit:

All referrals from across the district should be sent to the Toowoomba Hospital Referral Centre

- Referrals will be triaged by the Obstetrics team and the patient will be cared for at the facility appropriate for her location and clinical need.

Referrals can be:

Sent electronically via Medical Objects or Healthlinks
Or:

Faxed to 4616 5922.

- Discuss with patients whether GP shared care an option and indicate in the referral if this is desired
- Do routine antenatal screening prior to referral
 - » **Please wait for results to be available and include hard copies of results in the original referral**
 - » If this is not possible or clinically appropriate, please indicate why and advise which provider is doing the investigations
- Telehealth consultations are available for rural women
- Please advise in the referral if Telehealth is the preferred option for the patient
- Incomplete referrals may be returned to the referring practitioner for completion before the patient can be scheduled for an appointment.

Information required in referral:

- » Accurate patient contact details
- » LNMP/EDC or early dating scan report if dates uncertain
- » Language spoken/ need for interpreter
- » Allergies
- » Significant past obstetric history
- » Significant past medical history
- » Current medications
- » Pathology results (all women)
 - FBC
 - Blood Group and Antibodies
 - Hepatitis B & C serology
 - HIV serology
 - Syphilis screen
 - Rubella IgG
 - MUCS
 - Screening GTT with 75g glucose load at 24-28/40 in low risk women.

Early GTT in the following women and repeat at 24-28/40 if normal

- Previous Gestational Diabetes Mellitus (GDM) or strong family history of GDM
- Previous increased BGL
- BMI ≥ 30
- Multiple pregnancy
- Maternal age ≥ 40
- Previous macrosomia
- PCOS
- Medications
 - » Corticosteroids
 - » Antipsychotics
- Ethnicity
 - » Asian, Indian, ATSI, Maori, Middle Eastern, non-white African (BMI 25-35)

If abnormal GTT

Fax referral to ANC (4616 6202) and patient to book appointment at Diabetes Education Clinic (4616 6201)

Rhesus –ve women

- Check antibodies at 28/40
Prophylactic Rh D immunoglobulin – 625IU (125ugm)
at 28/40 and 34/40 in antibody negative women

Nuchal translucency screening:

- GPs should offer all women 12/40 Nuchal Translucency (NTL) and provide appropriate advice & follow-up

NOTE: All clinically appropriate Medicare rebateable Ultrasounds inc. NTL screening are bulkbilled at Toowoomba Hospital.

- Refer on any request form
- Ensure pathology is done in the week before NTL Ultrasound with copy of result to Toowoomba Hospital Medical Imaging.

Pathology (BHCG and Papp-A) can be done at QML or S&N

- Bulkbilled for HCC holders with rebate of \$39.75
- Approximately \$90 gap for private patients
- Only one rebate allowed per pregnancy so ensure correct timing

If abnormal NTL screening

- Phone and discuss with on call registrar (4616 4028) or consultant via switch (4616 6000)

Rhesus negative women should have prophylactic anti-D (625IU) at 28/40 and 34/40

- Check antibodies before 28/40 injection and give if anti-D is negative
- No need for further antibody check before 34/40 injection

To access anti-D:

- Phone Red Cross Brisbane on 3838 9010 and register (first time only)
- Overnight delivery during the week.
- Refer the patient to ED if anti-D needed urgently before 20/40

PLEASE NOTE:

Encourage attendance at antenatal class

- Advise women to book when attending for 20/40 visit

The health professional who orders an investigation is responsible for following up any abnormal results

Please complete relevant sections in the Pregnancy Health Record at each GP visit

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Fact Sheet No: 1464.v5

This document was reviewed in August 2017

Ophthalmology Referral Guidelines

fact sheet

Ocular Problems in Adults

Due to the large demand for ophthalmic service through Toowoomba Health Service, it has become necessary to restrict the acceptance of referrals to only patients satisfying certain criteria.

All patients referred to the Ophthalmology Outpatients Clinic at Toowoomba Hospital require a written report from an optometrist with best corrected visual acuity (within past 6 months).

Indications for Specialist Referral

- **Cataracts**
 - » Best corrected visual acuity (BCVA) 6/12 or worse in the affected eye, felt to be due to cataracts.
- **Skin Lesions**
 - » ? BCC/SCC on eyelid margin.
- **Pterygium**
 - » Symptomatic (an inflamed, sore eye).
 - » Encroaching on visual axis i.e. crossing pupil margin.

Referral information required

- **Refraction result and BCVA, for both eyes performed within the past 6 months by optometrist.**
- **Social and occupational factors e.g. commercial driver, living alone and vision impacting on ADLs.**
- **Relevant past medical history/ previous ocular surgery.**
- **Medications.**
- **There is a possibility the referral may be returned if the above information is not included in the referral letter.**

The Ophthalmology Outpatients at Toowoomba Hospital is unable to provide a service for the following conditions.

- **Diabetic eye checks**
 - » Refer to optometrist for routine screening and ophthalmology referral privately or PAH/Mater Eye clinic if diabetic retinopathy identified.
- **Glaucoma screening**
 - » Refer to optometrist and ophthalmology privately if problem identified.
- **Macular degeneration**
 - » Private ophthalmology referral.
- **Ptosis**
 - » Ptosis and Ectropion/Entropion plastics clinic PA Hospital.
- **Benign eyelid skin lesions**
 - » Refer privately.

‘Red Flag’ items



- **Flashes, floaters**
 - » Refer to optometrist for slit lamp and dilated eye examination, then refer to ophthalmologist if retinal tear/detachment suspected.
- **Sudden visual loss**
 - » Speak directly to private ophthalmologist to arrange urgent review.
- **Eye trauma**
 - » Refer to Emergency Department or speak directly to private ophthalmologist.
- **Acutely painful eye**
 - » Speak directly to a private ophthalmologist to arrange urgent review.

Ophthalmology Referral Guidelines

Ocular Problems in Children

Indications for Specialist Referral

- **Blocked tear duct**
 - » Refer if persistent watery eye in infant > 9 months of age.

The Ophthalmology Department is unable to provide a service for the following paediatric eye problems

- **Strabismus**
 - » Refer to Mater Paediatric Ophthalmology Clinic.
- **Congenital ocular conditions, review of genetic syndromal ocular conditions**
 - » Refer Mater Paediatric Ophthalmology Clinic.

‘Red Flag’ items



- **The white pupil/absent red reflex – speak directly to private ophthalmologist.**
- **Eye trauma**
 - » Refer to emergency department or speak directly to private ophthalmologist.

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Fact Sheet No: 1443

This document was reviewed in July 2013

Oral and Maxillofacial Referral Guidelines

fact sheet

Indications for specialist referral

- Facial fractures
- Soft tissue lesions of oral cavity
- Dento-alveolar pathology
- Temporomandibular joint dysfunction (if failed conservative management)
- Obstructive sleep apnoea (after failure of conservative measures and CPAP)

Referral Information required

Relevant history and examination findings

- Dental report and outcome of conservative management for TMJ disorders
- Summary of past management for sleep apnoea with evidence of failed CPAP and conservative measures

Relevant investigations

- OPG & PA mandible for general mandibular fractures
- OPG for dento-alveolar conditions
- CT facial bones for midface, orbital, frontal bone and mandibular condylar fractures
- Biopsy result if available, for oral soft tissue lesions

Red Flag items



Abnormal visual acuity with facial fracture

- Refer to Emergency Department or speak directly to private ophthalmologist

Airway difficulty (stridor, drooling, difficulty managing secretions)

- Possibility of generalised sepsis in association with facial injury, odontogenic infection
- Refer to Emergency Department

Possible underlying intracranial injury in association with facial fracture requires urgent neurosurgical review

- Refer to Emergency Department Toowoomba Hospital or consult with Neurosurgery Department PA Hospital

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Fact Sheet No: 2173.v2

This document was reviewed in April 2015

Orthopaedic Referral Guidelines

fact sheet

Acute Ankle Sprain

Use the Ottawa ankle rules to assist with deciding whether X-ray is necessary.

Indications for specialist referral

Ongoing pain and disability after 2–3 months of conservative management.


- RICE initially.
- Rest from aggravating activities.
- Physiotherapy – please provide report.

Referral information required

- Weight, height and BMI are mandatory on all Orthopaedic referrals.
- History of initial injury.
- Physiotherapy report.
- Radiology film and report.
- General medical condition and medication.

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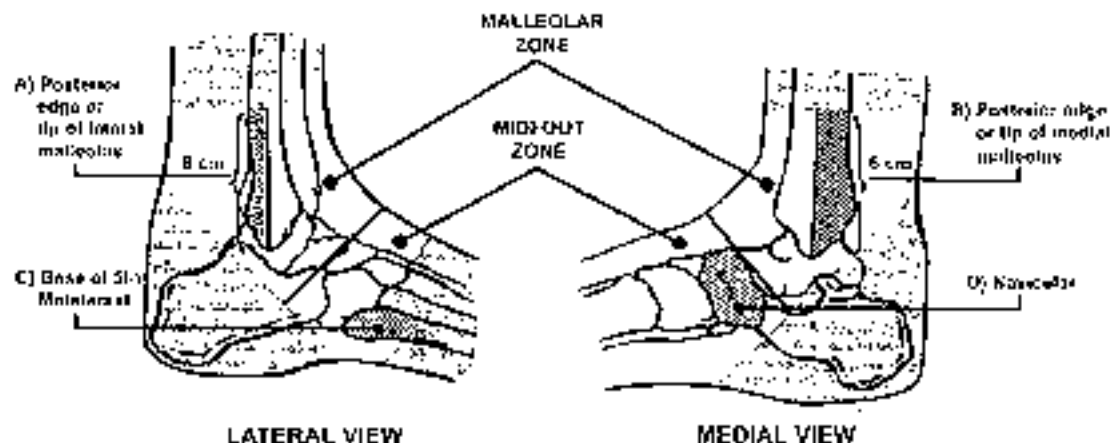


OTTAWA



ANKLE RULES

For Ankle Injury Radiography



LATERAL VIEW

MEDIAL VIEW

a) An ankle x-ray series is only required if there is any pain in malleolar zone and any of these findings:

1. bone tenderness at A
- OR
2. bone tenderness at B
- OR
3. inability to bear weight both immediately and in ED

b) A foot x-ray series is only required if there is any pain in mid-foot zone and any of these findings:

1. bone tenderness at C
- OR
2. bone tenderness at D
- OR
3. inability to bear weight both immediately and in ED

RECOMMENDATIONS

Apply the Ottawa Ankle Rules accurately:

- palpate the entire distal 6 cm of the fibula and tibia
- do not forget the importance of medial malleolar tenderness
- do not use for patients under age 16

Clinical judgement should prevail over the rules if the patient:

- is intoxicated or uncooperative
- has other distracting painful injuries
- has diminished sensation in the legs
- has gross swelling which prevents palpation of malleolar bone tenderness

Give written instructions and encourage follow-up in 5 to 7 days if pain and ability to walk are not better

SHYAO, MCKINLEY, RO, O'BRIEN and OLY. A re-evaluation of the Ottawa Ankle Rules. JAMA 273:1737-1741 (1995)

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Orthopaedic Referral Guidelines

fact sheet

Back and neck pain

Indications for Specialist Referral

Severe disabling pain at rest and with activity despite adequate trial of conservative management

- Regular simple analgesics
- Minimum of 8 weeks physiotherapy/exercise program
- Strengthening exercises and aerobic fitness training

Refer immediately if suspected tumour, infection, significant neurological deficit


Referral Information Required

- Weight, height and BMI are mandatory in all Orthopaedic referrals
- Relevant clinical history and examination
- Report from physiotherapist
- History of past injury
- Past medical history and current medication list
- Impact on activities of daily living and employment
- Radiology
 - » Plain X-ray/ CT if:
 - Leg pain below the knee
 - Night pain
 - Febrile illness
 - Weight loss
 - Major trauma
 - Obvious leg weakness
 - » MRI cervical spine if:
 - cervical radiculopathy
 - obvious arm weakness
- Recent pathology
 - » FBC/E/LFTS/ESR/CRP

Page 1 of 1

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Orthopaedic Referral Guidelines

fact sheet

Back Pain



Red Flag items

Red flags are indicators of possible serious underlying medical conditions.

- From History
 - » Possible fracture
 - Major trauma
 - Minor trauma in elderly or osteoporotic
 - » Possible tumour or infection
 - Age >50 or <20 years
 - History of cancer
 - Constitutional symptoms (fever, night sweats, weight loss)
 - Recent bacterial infection
 - IV drug use
 - Immunosuppression
 - Pain worsening at night or when supine
 - » Possible significant neurological deficit
 - Severe progressive sensory alteration or weakness
 - Bladder or bowel dysfunction
- From Examination
 - » Objective neurological deficit
 - Dermatomal sensory loss/saddle anaesthesia
 - ? weakness- reflexes
- Consider urgent referral, discussion with consultant or registrar.

Yellow Flags

Yellow flags are psychosocial indicators suggesting increased risk of progression to long term disability, distress and pain

- Relate to patient's attitudes and beliefs, emotions, behaviours, family and workplace
- Influenced by behaviour of health professionals
 - » Belief that low back pain is harmful or severely disabling
 - » Fear-avoidance behaviours (avoiding activity because of fear of pain or Low mood and social withdrawal
 - » Expectation that passive treatment is necessary without acceptance of need for active participation in management
- Consider referral to psychologist

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Fact Sheet No: 1624.v1

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Orthopaedic Referral Guidelines

fact sheet

Hip and Knee Osteoarthritis

Indications for specialist referral

Severe disabling pain at rest and with activity despite adequate trial of conservative management.

- Regular simple analgesics and NSAIDs if tolerated
- Minimum of 6 weeks physiotherapy
- Strengthening exercises and aerobic fitness training


Because of the higher incidence of post-operative complications and poorer long term outcomes, hip and knee replacement is not performed at Toowoomba Hospital on patients with a BMI > 40. Referrals for these patients will not be accepted and will be returned to the referring practitioner for weight loss management.

Referral information required

- Weight, height and BMI are mandatory on all Orthopaedic referrals
- Relevant clinical history and examination
- Report from physiotherapist
- Impact on activities of daily living and employment
- Use of walking aids
- Treatment prescribed – analgesics, NSAIDs
- Past joint surgery
- General medical history and medications
- Radiology
 - » Bilateral standing AP + AP/lateral of knee
 - » AP pelvis + lateral of hip
- Recent pathology
 - » FBC/ E/LFTs/ESR/CRP

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Fact Sheet No: 1622.v3

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Orthopaedic Referral Guidelines

fact sheet

Shoulder Problems

Rotator cuff tear

Indications for specialist referral

- Failure to improve after 6 weeks of regular simple analgesics, NSAIDs if tolerated and physiotherapy.
- Loss of any active abduction requires urgent referral – fax “marked urgent” to fax number 4616 5922, or phone Switch on 4616 6000 and ask to speak to the orthopaedic registrar on call.

Referral information required

- Height, weight and BMI are mandatory for all Orthopaedic referrals.
- History of any injury.
- Duration of symptoms.
- Severity of pain.
- Range of arm movement with any neurological signs.
- X-ray film and report.

Chronic shoulder pain

Physiotherapy assessment is essential and a report from a physiotherapist is required prior to specialist review.

Referral information required

- Duration of symptoms.
- Treatment to date.
- Past history of injury.
- Range of arm movements with any neurological signs.
- General medical condition and medication.

Recurrent dislocated shoulder/shoulder instability

Indications for specialist referral


- First dislocation in a patient <25 years old.
- Recurrent instability and/or ongoing pain despite 3 months of shoulder rehabilitation with a physiotherapist.

Referral information required

- History of original injury.
- Frequency of dislocations.
- X-ray film and report.
- Report from physiotherapist.

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Fact Sheet No: 1649.v2

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Paediatric Referral Guidelines

Child Development

fact sheet

Indications for Specialist Referral:

Please indicate in the referral the specific problem you would like addressed. Not all children require medical intervention with a paediatrician and you may be advised about more appropriate alternative services and/or referral options.

1. Significant developmental delay in the young (<5 years of age)
 - Please provide information in the referral regarding the domain and severity of delay.

If there is insufficient information to determine what the specific areas of concern are, the referral may not be accepted.

2. Regression in developmental milestones
3. Poor or inappropriate social interaction with adults or other children
4. Abnormal, asymmetrical body strength, movement or tone
5. Persisting behavioural problems despite attendance at an appropriate parenting program
 - Referral must include details of interventions already tried.

Children with behaviour problems without other medical issues are best managed with behaviour management techniques and referral to the Child Development Service will not be accepted unless the parent/s have attended an appropriate behaviour management program.

6. Significant academic problems in school aged children where school guidance officer has requested medical review
 - Referral must include the Guidance Officer's report

All state and Catholic school children have access to guidance officers at school and input and/or a report from a guidance officer is necessary before paediatric review can be arranged. Please obtain this report and include with the referral.

7. Speech Delay

- Isolated speech problems should be referred directly to the Speech Pathologist at Toowoomba Hospital.

8. Mental Health Problems

- Mental health disorders e.g. depression, anxiety, psychosis and conduct disorders should be referred to the Child and Youth Mental Health Services (CYMHS), Headspace or a private psychologist/psychiatrist.

Resources:

The Women's and Children's Health Network and the Raising Children Network have useful online resources and links:

<http://www.cyh.com/HealthTopics/HealthTopicCategories.aspx?&p=122>


<http://raisingchildren.net.au/>

Please contact Robyn Small, the Child Development Co-ordinator on 4616 6812 or 4616 6014 for further information.

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Fact Sheet No: 2294.v2

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Paediatric Fact Sheet

fact sheet

Queensland Child Protection Reform

The Child Protection Unit at the Darling Downs Hospital and Health service has developed this fact sheet to inform General Practitioners of the child protection reform changes for health professionals which took effect on 19 January 2015.

Background:

- On 1 July 2013, Commissioner the Honourable Tim Carmody SC delivered the Queensland Child Protection Commission of Inquiry report to Government. The report contained 121 recommendations to reform the child protection system.
- The principle direction of the reform is that parents are responsible for the protection of children and the government should only intervene as a last resort. This requires the provision of early intervention support services, to reduce the reliance on the formal child protection services.

Legislative Changes:

- From 19 January 2015, mandatory reporting for doctors and registered nurses has moved from the Public Health Act 2005 to the Child Protection Act 1999.
- Doctors and Registered Nurses (including registered midwives) continue to be mandatory reporters.

- A mandatory report to Child Safety Services should be made when the reporter has:
 - » A **reasonable** suspicion that a child has suffered, is suffering or is at unacceptable risk of suffering **significant harm** caused by **physical** and **sexual** abuse and may not have a parent able and willing to protect them from harm (health professionals do not have to investigate or prove that a parent may not be able and willing)
 - » This does not preclude mandatory reporters from reporting significant harm caused by emotional abuse or neglect.

How to make a report:

- Reports are made online to Child Safety Services using the 'Report of suspected child in need of protection' form available on the Department of Communities Child safety and Disabilities Services website: <http://www.communities.qld.gov.au/childsafety>
 - » Complete the form online, then
 - » Submit the form electronically to Child Safety
 - » Print and file the original form in the clinical record
- An online decision making tool (Child Protection Guide) is available on the website to assist health professionals when making a decision of whether the child protection concerns reach the threshold for mandatory reporting.

Family and Child Connect (FCC)

- Family and Child Connect is a community based intake and referral service to provide support for vulnerable families. If a health professional's concerns do not reach the threshold for mandatory reporting and the family has multiple and complex needs and would benefit from support services then obtain the family's consent and refer to FCC.
 - » FCC provide another pathway for accessing support services and can ensure the family is linked to the right service
 - » FCC will undertake active engagement with the family and assess the family's needs to ensure the family receives a coordinated and holistic response
 - » FCC will host two specialist support roles – a Principal Child Safety Practitioner and a Domestic and Family Violence worker.
- Other referral options include
 - » Referral to an intensive Family Support Service
 - » Referral directly to an appropriate support service.
- The referral forms to FCC and Intensive Family Support services are available on the Department of Communities Child Safety and Disabilities Services website. Numerous other resources are available on this website.

<http://www.communities.qld.gov.au/childsafety>

Please contact the Child Protection Unit at Toowoomba Hospital for additional information and support:

cpu-ths@health.qld.gov.au

Telephone: 07 4616 5185

Fax: 07 4616 5188

Paediatric Fact Sheet

fact sheet

Child Protection Information for General Practitioners: Examination of Children Sexually and Physically Abused

All children who present with a history of acute sexual abuse in the preceding 72 hours and who are under 14 years of age should be referred immediately to the Qld Police Service (QPS) – Child Protection Investigation Unit (CPIU) (07 4631 6355).

- If a forensic examination is required, the police service will arrange for this to be done by an appropriately skilled medical officer.
- If however the patient has an unstable medical condition as the result of the trauma, then the appropriate treatment (e.g. haemostasis, iv fluids, analgesia) should be provided, as well as reporting the incident to QPS as above.

Children < 14 years of age who present with a history of sexual abuse occurring >72 hours prior to the presentation should also be referred to the QPS-CPIU:

- Mandatory reporting provisions apply and Department of Child Safety should be notified as well.

Children >14 years of age and < 18 years of age should be referred to the Sexual Assault Service – Toowoomba Hospital.

For children < 18 years of age who present with identified or suspected physical abuse:

- An appropriate history and examination should occur and, if necessary, with commencement of appropriate medical management.
- The Department of Child Safety should be notified as per the required mandatory reporting processes.
- Notify QPS-CPIU if the physical abuse resulted in an injury which interferes with health or comfort (assault occasioning bodily harm) or, more seriously, if a body part, organ or serious disfigurement/injury would cause permanent injury, if left untreated (assault occasioning grievous bodily harm).

Paediatric Fact Sheet

fact sheet

Child Protection Information for General Practitioners: Guardianship, Custody and Medical Treatment for Children in Foster care

It is best to assume that children in foster care are in the custody of the Department of Communities Child Safety and Disabilities Services and will be subject to a short term (<2 years) or long term (until the child reaches 18 years of age) custody or guardianship order.

In general, if a child is subject to custody of the Department, the parents retain guardianship rights of the child.

A person who has **custody** (most foster carers) of a child can:

- Seek continued or other health treatments for established conditions **but cannot** agree to a proposed new treatment regime
- Seek routine treatment for common illnesses
- Seek routine dental care not requiring an anaesthetic
- Seek urgent medical or dental treatment as long as it does not involve a general anaesthetic, blood transfusion or surgery
- Seek treatment involving a local anaesthetic
- Seek a second medical opinion **but** only a guardian can decide whether to act on that second opinion
- Seek medical or other health treatment for non-routine, newly presenting conditions including diagnostic tests relevant to the presenting condition e.g. X-rays
- Assist a young person to obtain contraception except when he/she is under 12 years of age or is not Gillick competent (capable of understanding the nature and extent of treatment and the side effects of treatment).

The following situations require the consent of the **guardian** (either the department or parents)

- Immunisation
- Blood tests
- Decisions relating to invasive medical and surgical procedures, examinations and certain conditions (general anaesthetics, blood transfusions, surgery, treatment of critically ill children and end of life decision making)
- Any test to determine parentage
- Pregnancy termination
- Contraception in a child < 12 years of age or who is not Gillick competent
- Medium or long term contraception e.g. Depo-Provera, progesterone implants
- Deciding to act on a second opinion
- Prescription of medications for behaviour management or mental health disorders e.g. dexamphetamine, antidepressants.

Documentation:

Care should be taken to ensure the child's contact details are kept confidential. Their address should be recorded as the Department of Child Safety at the relevant office and the name and address of the approved carer should not be released to anyone outside the Department. Correspondence relevant to the child should be sent to the applicable Child Safety office, marked to the attention of the current Child Safety Officer.

Rheumatology Referral Guidelines

fact sheet

Dr Merinda Beale, Rheumatologist BB

Please address referrals to Dr Merinda Beale and send electronically or via fax to the Toowoomba Hospital Referral Centre.

- Suspected inflammatory arthritis to confirm diagnosis, provide management plan
- Systemic lupus erythematosus
- Gout/other crystal arthropathy
- Giant cell/temporal arteritis
- Polymyalgia rheumatica
- Vasculitis
- Psoriatic arthritis, inflammatory back pain, suspected ankylosing spondylitis
- Suspected scleroderma

Referral Information Required

- Relevant clinical history and examination
- Past medical history and any relevant family history
- Current medication list
- BMI
- Management to date e.g. analgesics, NSAIDs
- Copies of recent pathology and radiology results
 - » FBC, E/LFTs,
 - » ESR/C-RP, RF, anti-CCP,
 - » ANA, ENA, anti-ds DNA,
 - » X-rays of hands and feet and other affected joints done in past 12 months

Red Flags:

- History of significant trauma
- Acute severe pain
- Focal or diffuse muscle weakness
- Significant constitutional signs and symptoms (e.g., fever, weight loss, malaise)
- Hot/swollen joint



Consider urgent referral to emergency department or discuss with appropriate on call registrar.

Referrals for patients with simple osteoarthritis or patients with chronic pain with no evidence of inflammatory arthropathy are not appropriate for referral to the Rheumatology service.

Page 1 of 1

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Fact Sheet No: 2424.v2

This document was reviewed in August 2017

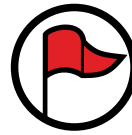
Renal Unit Referral Guidelines

fact sheet

The decision to refer or not must always be individualised and, particularly in **younger individuals the indications for referral may be less stringent**. GPs can discuss management issues with a specialist by letter, email or phone and it may not be necessary for the person with CKD to always be seen in the specialist clinic.

Indications for Specialist Referral

- **Severe renal impairment**
 - » eGFR < 30ml/min/1.73 m² (unless frail aged not managing ADLs or RACF high care resident).
 - » sustained decrease in eGFR by 25% or more.
 - » sustained decrease in eGFR 15ml/min/1.73m² per year
- **Nephrotic syndrome**
 - » immediate referral.
 - » can occur at any age.
 - » beware misdiagnosis of CCF.
- **Severe hypertension**
 - » needing > 3 antihypertensive agents
- **Recurrent renal calculi**
- **Hereditary renal disease**
 - » polycystic kidneys even if renal function normal.
- **Renal transplant recipient**
 - » all need long-term followup.
- **Solid organ transplant patients with abnormal renal function**
- **All live kidney donors**
 - » need annual review long-term.
- **Recurrent troublesome UTIs with associated anatomical abnormalities of the renal tract**
- **Constant heavy asymptomatic haematuria (micro or macroscopic) where urological cause has not been identified**
- **Asymptomatic proteinuria**
 - » urine albumin/creatinine ratio > 30mg/mmol
- **Diabetics with mild elevation of creatinine even if no proteinuria**
 - » Consider early referral in ATSI patients.



'Red flag' items

- Rapidly declining eGFR and/or signs of acute nephritis (oliguria, haematuria, acute hypertension and oedema).

Please contact the registrar or consultant on call to discuss immediate referral and management. Phone the Toowoomba Hospital switchboard on 4616 6000.

Referral Information Required

- Past Medical History
- Medications
- Relevant pathology results
- Serial tests of renal function
- Relevant imaging

Where Renal Unit referral is not indicated

- **Diabetics with normal creatinine even if microalbuminuria**
 - » Focus on diabetic and IHD risk factor control.
- **Patients with "eGFR disease"**
 - » Mild reductions in eGFR in elderly patients are very common and do not warrant referral unless there is significant reduction on serial testing or serial creatinine levels are increasing.
 - » "eGFR disease" is the biggest cause of long waiting lists in Nephrology.
- **Asymptomatic simple renal cysts.**
- **Solid renal lesions**
 - » need referral to a urologist.
- **Patients who fail immigration or other medicals because of minor urine abnormality**
 - » private referral best, particularly if not eligible for Medicare.
- **Patients with chronic loin pain and normal imaging and renal function**

Urology

fact sheet

Purpose

This page contains information for general practitioners when referring patients to Urology services at Toowoomba Hospital.

Referral Criteria

Please include:

Haematuria

- FBC; ELFTs; MSU for MCS; Urine cytology x3
- Macro: contrast CT IVP
- Micro: RBC < 30: Kidney Ureter Bladder (KUB) ultrasound; RBC > 30 contrast CT (if no renal impairment)

Renal / Ureteric Calculi

- FBC; ELFTs; MSU for MCS
- Plain x-ray KUB; non-contrast CT KUB

Elevated PSA

- MSU for MCS; FBC; ELFTs
- All previous PSA results. If none within 3 months then new PSA
- If PSA > 20: bone scan
- Ultrasound KUB with residual

Lower Urinary Tract Symptoms

- MSU for MCS; FBC; ELFTs
- International Prostate Symptom Score (IPSS) if possible - see reverse
- Ultrasound KUB with residual
- Bladder diary

Urinary Tract Infection

- MSU for MCS
- Renal ultrasound
- FBC, E/LFTs

Renal Cyst

- FBC; ELFTs; MSU for MCS; Urine cytology x3
- Ultrasound (CT as per urologist advice)

Testicular Mass

- FBC; ELFTs; MSU for MCS
- Ultrasound testes; contrast CT abdomen and pelvis
- Chest x-ray
- LDH, Afp (Alpha fetoprotein), beta HCG

Incontinence

- FBC; ELFTs; MSU for MCS
- Ultrasound KUB with residual
- Bladder diary

All referrals can be sent electronically or faxed to the Toowoomba Hospital Referral Centre on **07 4616 5922**. Please include copies of all relevant pathology and imaging results with the referral

International Prostate Symptom Score (I-PSS)

| In the past month: | Not at all | Less than 1 in 5 times | Less than half the time | About half the time | More than half the time | Almost always | Your score |
|---|------------|------------------------------|-------------------------------|------------------------|-------------------------------|------------------|---------------|
| 1. Incomplete Emptying How often have you had the sensation of not emptying your bladder? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 2. Frequency How often have you had to urinate less than every 2 hours? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 3. Intermittency How often have you found you stopped and started again several times when you urinated? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 4. Urgency How often have you found it difficult to postpone urination? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 5. Weak Stream How often have you had a weak urinary stream? | 0 | 1 | 2 | 3 | 4 | 5 | |
| 6. Straining How often have you had to strain to start urination? | 0 | 1 | 2 | 3 | 4 | 5 | |
| | None | 1 Time | 2 Times | 3 Times | 4 Times | 5 Times | |
| 7. Nocturia How many times did you get up at night to urinate? | 0 | 1 | 2 | 3 | 4 | 5 | |
| Total I-PSS Score | | | | | | | |
| Score: 1-7: Mild 8-19: Moderate 20-35: Severe | | | | | | | |
| Quality of Life due to Urinary Symptoms | Delighted | Pleased | Mostly satisfied | Mixed | Mostly dissatisfied | Unhappy | Terrible |
| If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that? | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

Urology Guidelines

fact sheet

Recurrent Urinary Tract Infections

Risk factors:

- Spermicide use and barrier methods of contraception
- A new sexual partner
- Multiple sexual partners
- History of sexually transmitted infections
- Catheterisation
- Bladder or bowel incontinence
- Post menopausal mucosal atrophy
- Smoking

Preventive measures:

- Lifestyle Modification:
 - » Maintain adequate fluid intake
 - » Weight control – there is an increased incidence of UTI in obese individuals
 - » Pre-coital voiding
- Pharmacological
 - » Prophylactic antibiotics
 - * Long term low dose
 - * Self-start therapy
 - * Pre and/or post-coital
 - » Hexamine hippurate 1 gm bd is worth trialling although not always effective
 - » Topical vaginal oestrogens for postmenopausal women - one application monthly may be sufficient

Indications for Specialist Referral

Patients with normal urinary tract imaging and no other significant health problems are not likely to benefit from Urological intervention so referral to Urology Outpatients is not indicated.

Patients with the following problems may warrant Urological review.

- Urinary tract calculi
- Infections with atypical organisms (consider TB)
- Urinary tract obstruction
- Persistent infection despite appropriate antibiotic therapy
- Persistent haematuria
- Persistent severe pain
- Pneumaturia

Please include a copy of all relevant history and investigation results when referring to Urology Outpatients.

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Referral Centre | Toowoomba Hospital
ABN 64 109 516 141 | www.health.qld.gov.au/darlingdowns

Fact Sheet No: 1874.v2

This document was reviewed in August 2017

Child & Youth Mental Health Service

fact sheet

What is the Child & Youth Mental Health Service?

The Child & Youth Mental Health Service (CYMHS) is a specialist mental health service for children and young people who are experiencing severe and complex emotional, behavioural or mental health problems, or are at risk of becoming so, and whose needs cannot be met by other services.

Who can be referred to the Service?

Children and young people aged from birth to 18 years.

What services do we provide?

- Mental health assessment and treatment for children and young people experiencing serious or complex mental health problems or disorders.
- An individualised treatment plan developed collaboratively to meet the needs of the child or young person and their family.
- Integrated community and inpatient services in conjunction with acute services provided through the Acute Mental Health Unit – Guundhu Wing.
- Collaboration with families, care givers and other professionals and agencies in the community.
- Mental health promotion and education activities with schools and community agencies.

When is the Service available?

The Service is available five days per week between 8.30 am and 4.30 pm, Monday to Friday.

What is the referral process?

The Child and Youth Mental Health Service is a secondary referral service. Referrals can be made by professionals and agencies that work with children and young people including general practitioners, school guidance officers, school-based youth health nurses or counsellors. In situations of acute need young people or their parent/carer can refer directly to the Service. To make contact with CYMHS telephone the following number and ask to be connected to:

Intake Officer
Child and Youth Mental Health Service
Office Suite, Acute Mental Health Unit Building
Toowoomba Hospital
Private Mail Bag 2, Toowoomba Qld 4350
Phone: 07 4616 6843 between 8.30 am and 4.30 pm Monday to Friday.
Outside these hours, the Triage and Acute Care Team (TACT) may be contacted on 07 4616 5210
Fax: 07 4616 5255

What about consent?

Consent is required for treatment (except where provisions of the Mental Health Act are being applied). When making a referral you will need to ensure that the referral has been discussed with the parent or carer and that consent for the referral has been given. In the case of an adolescent, it is preferable that the young person is informed of the referral. In a crisis situation the young person is able to refer him/her self.

Child & Youth Mental Health Service

What will the Child & Youth Mental Health Service do?

A clinical decision is made at intake taking into account information provided by the referrer.

Consideration is given to the following:

- the psychiatric nature of the disorder e.g. depressive symptoms, suicidality or psychotic symptoms
- the acuity and severity of the disturbance
- the complexity of the condition e.g. co-morbidity of other disorders, chronic illness or substance abuse
- the extent of functional impairment e.g. nutrition, sleeping patterns, ability to attend to usual activities of daily living, school attendance
- the level of the child or young person and/or family distress.

How can you communicate with us?

For referrals and general information you can contact 07 4616 6843 Monday to Friday between 8.30 am and 4.30 pm.

Out of these hours, contact 07 4616 5210. The Mental Health Service is available on this number 24 hours a day, 7 days a week.

What other consumer and carer support services does the Toowoomba District Mental Health Service offer?

Consumer services are provided by the Toowoomba District Mental Health Service's Complaints Manager, Consumer Consultant and Aboriginal and Torres Strait Islander Mental Health Service staff. Their role is to encourage and facilitate consumer and carer participation in the delivery of mental health care.

All information contained in this sheet has been supplied by appropriately qualified professionals. It is a guideline for care only. Seek medical advice, as appropriate, for concerns regarding your health.

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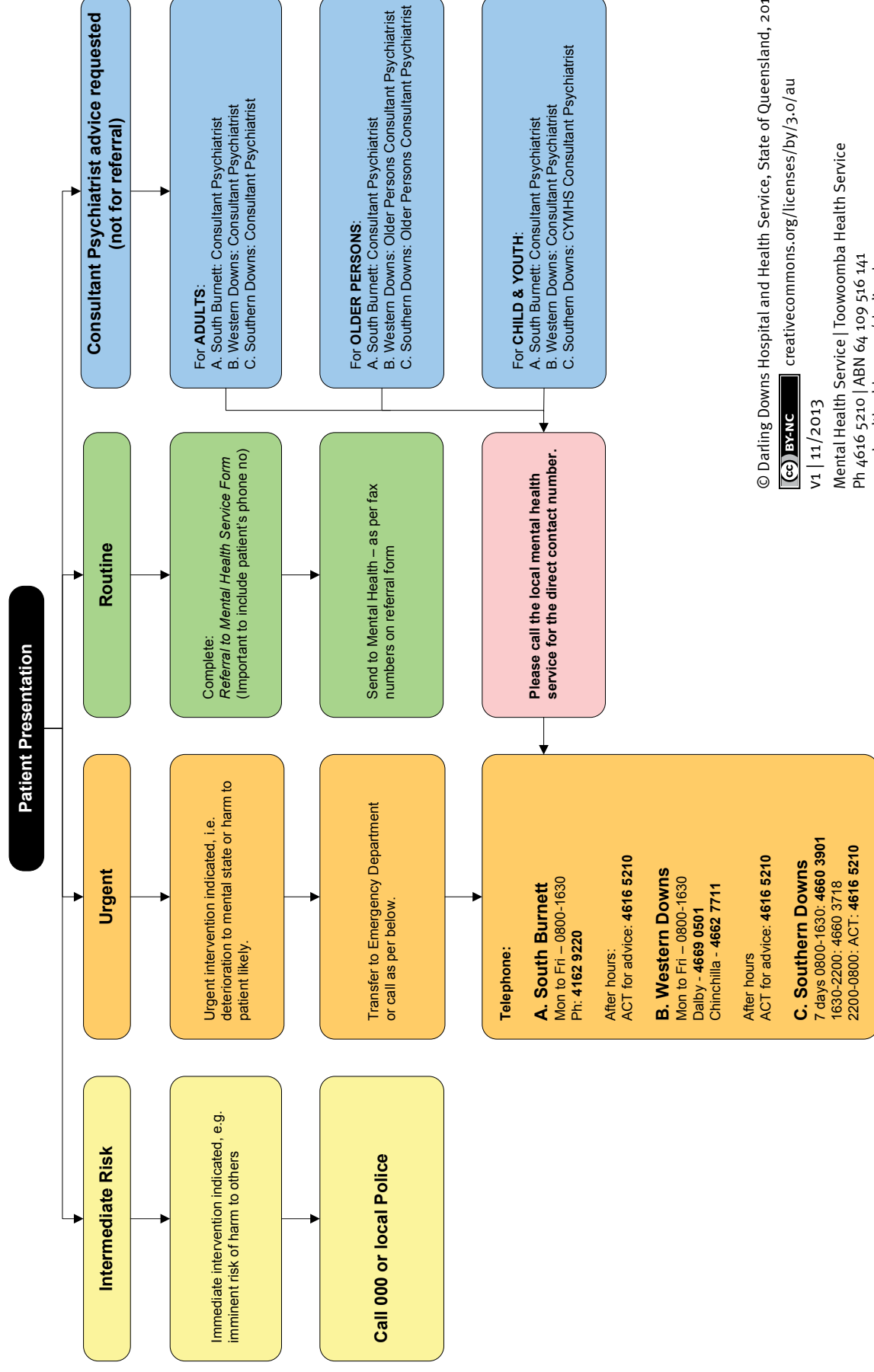
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Mental Health Service | Toowoomba Hospital
Ph 4616 5201 | Fax 4616 5233 | ABN 64 109 516 141
www.health.qld.gov.au/darlingdowns

Fact Sheet No: 38.v2

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Mental Health Pathways for General Practitioners



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V1 | 11/2013

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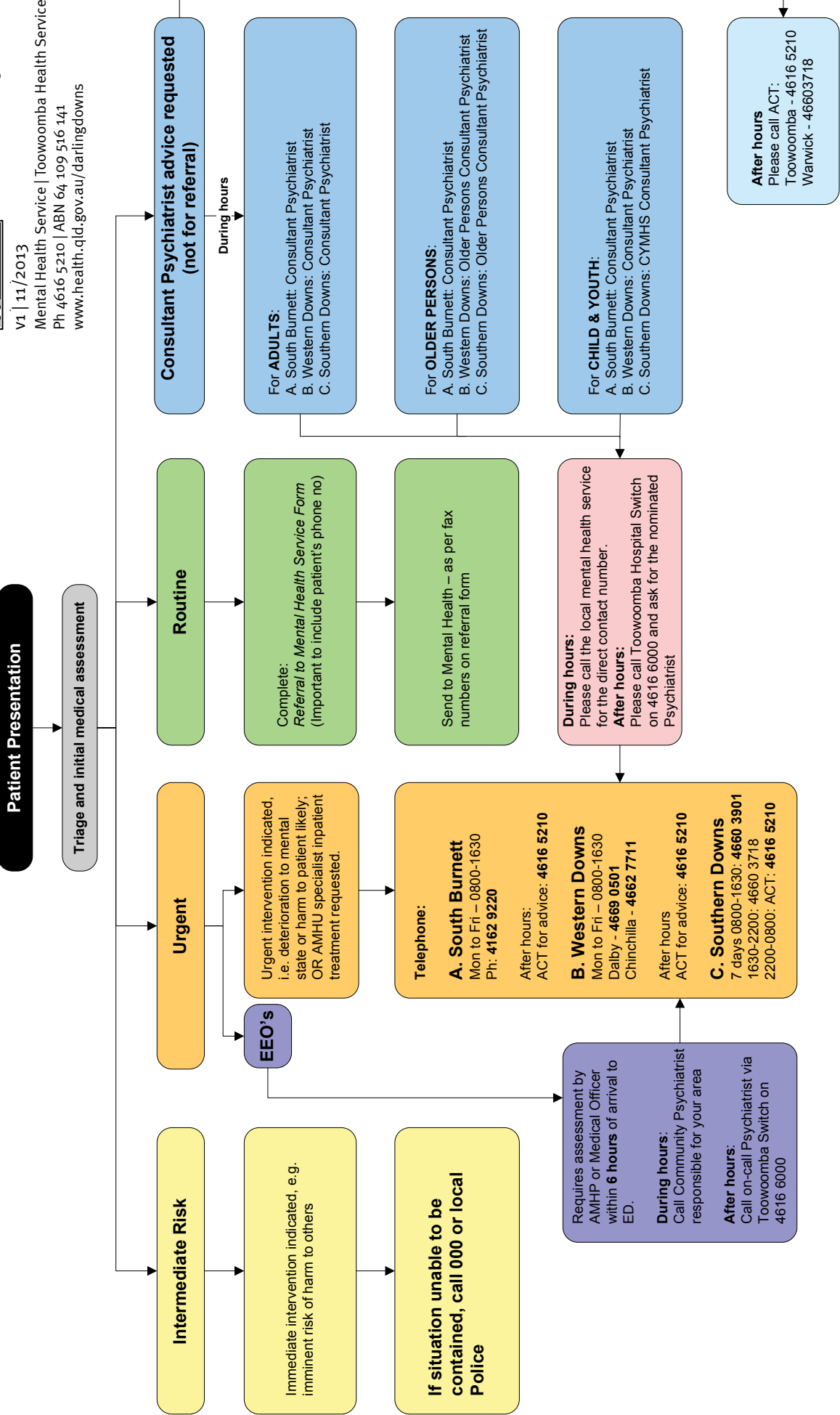
Mental Health Pathways for Rural Emergency Departments

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v1 | 11/2013

Mental Health Service | Toowoomba Health Service
 Ph 4616 5210 | ABN 64 109 516 141
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Appendix B: Referral Templates

| | |
|---|-----------|
| Cardiac Investigations Unit | 82 |
| EEG Request | 84 |
| Gastrointestinal Endoscopy | 85 |
| Rapid Access Chest Pain Clinic | 86 |
| Rapid Access TIA Clinic – GARSS | 87 |
| GARSS Outpatient | 89 |
| Referral to Mental Health Services | 91 |
| For GPs and Rural Hospitals | 91 |
| Toowoomba Hospital Urology Service | 93 |



Queensland
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Referral to Cardiac Investigation Unit

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Cardiac Investigation Unit – Phone: 4616 6339

Fax: 4616 6410

Urgency of referral

☐ Inpatient – Ward:

Bed:

Transport: ☐ Chair ☐ Trolley

☐ Outpatient

☐ Urgent (to be confirmed by Cardiology Team)

Referrer details

Date of referral: / /

Team Consultant (print):

Requesting Medical Officer:

Team / Specialty:

Provider no:

Copy of report to be sent to:

Designation:

GP name:

Phone/page:

GP practice/address:

Signature:

Cardiac investigations

- ☐ Holter monitor: ☐ 24 hrs
(specify) ☐ 48 hrs (to be approved by Cardiology)
- ☐ Loop/event monitor
- ☐ ECG
- ☐ Ambulatory BP monitoring (24 hrs)
- ☐ Tilt Table Test (TTT) – Complete TTT questionnaire and eligibility criteria on page 2
- ☐ Home arrhythmia monitor (HAM)

☐ EST – Complete EST questionnaire and eligibility criteria on page 2

- ☐ Bruce
- ☐ Modified Bruce
- ☐ Sub-maximal

Is the patient a commercial driver? ☐ Yes ☐ No
(target 90% exercise tolerance)

Respiratory investigations

☐ Spirometry ☐ Pre & post

Reasons for test:

Relevant clinical history:

Medication:

Infection risk (e.g. MRSA, VRE, etc.)

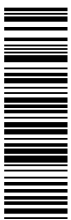
☐ Yes – provide details:

☐ No

DO NOT WRITE IN THIS BINDING MARGIN

Do not reproduce by photocopying.
All clinical form creation and amendments must be conducted through Health Information Services.

v14.01 - 10/2017



00104:500

Referral to Cardiac Investigation Unit



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Referral to Cardiac Investigation Unit

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Exercise Stress Test Questionnaire

(THIS MUST BE COMPLETED OR TEST CANNOT PROCEED)

Please indicate:

☐ **Beta blockers / verapamil / diltiazem –**

Cease 48 hours prior to test (*if clinically advisable*)

(*A smaller dose of these medications may be ceased as per the discretion of the treating doctor e.g. metoprolol / atenolol <25mg*)

OR ☐ **Continue medication as prescribed**

Exercise Stress Test Eligibility

All criteria listed below must be met in order for a client to be deemed suitable to undergo a **non-physician supervised exercise stress test**. Is this test age appropriate?

Please tick to confirm:

- ☐ No new significant ECG findings at rest e.g. AF
- ☐ No uncontrolled hypertension (>180/100mmHg)
- ☐ No untreated life-threatening cardiac arrhythmia
- ☐ No myocardial infarct (< 5 days)
- ☐ No decompensated congestive cardiac failure
- ☐ No acute myocarditis / pericarditis
- ☐ No hypertrophic obstructive cardiomyopathy
- ☐ Not taking digoxin

- ☐ No aortic stenosis
- ☐ No left bundle branch block
- ☐ No acute infections / anaemia
- ☐ No recent EST
- ☐ No second or third degree A-V block
- ☐ No known or suspected left main stem CAD
- ☐ Patient's weight is NOT over 180 kg
- ☐ Patient can walk briskly

If all the above criteria are not able to be met, or if they are unfit for cardiac stress test, consider:

1. MPS with pharmacological stress or stress echo.
2. Referral to Cardiology Outpatients for a **physician supervised test**, or alternative investigations.

| Name (print): | Designation (print): | Signature: | Date: |
|---------------|----------------------|------------|-------|
| | | | |

Tilt Table Test Questionnaire

Indications for tilt testing: Syncope is a transient loss of consciousness due to transient global cerebral hypoperfusion characterised by a fairly rapid onset, short duration and spontaneous complete recovery. The most important tool in the evaluation of syncope is careful history taking, with an eye-witness account where possible. Tilt testing enables the reproduction of a neurally-mediated cardio-inhibitory reflex in laboratory conditions. It is not indicated if the history is typical of reflex syncope. A positive tilt test is only relevant if the response on the tilt table correlates with the clinical picture. Tilt testing may be indicated (after history, examination, ECG, Holter/ event recording and appropriate investigations for structural heart disease):

- to evaluate recurrent syncope and pre-syncope in absence of structural heart disease.
- after a single episode of syncope only if there are special circumstances, e.g. vocational driver, airline pilot.
- to differentiate syncope with myoclonic jerks from seizures.
- to evaluate recurrent falls, if all other causes are excluded.
- when the specific responses during syncope (hypotension vs bradycardia) may help dictate treatment.

Contraindications to tilt testing

- 1) a history suggesting epilepsy as the cause of loss of consciousness
- 2) inability to stand for long periods due to pain
- 3) morbid obesity
- 4) pregnancy
- 5) recent MI or stroke (< 3 months)
- 6) a tight stenosis of a cardiac valve, the LV outflow tract or a carotid, vertebral or coronary artery.

TO BE COMPLETED BY REFERRER

**Eligibility criteria

- ☐ The history suggests neurocardiogenic syncope or orthostatic hypotension.
- ☐ Physical examination does not suggest the presence of structural heart disease.
 - ☐ If the patient has a murmur, an echo has excluded significant valve disease.
 - ☐ If the patient has a carotid bruit, carotid dopplers have excluded significant carotid stenosis.

NB Neurological investigations (CT/MR scanning, EEG) are not indicated in the investigation of typical neurocardiogenic syncope.

| Name (print): | Designation (print): | Signature: | Date: |
|---------------|----------------------|------------|-------|
| | | | |

DO NOT WRITE IN THIS BINDING MARGIN



Queensland
Government

EEG Request Form

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Send form to:

Department of Medical Imaging
Toowoomba Hospital
PMB 2, Pechey Street
Toowoomba Qld 4350
P 4616 6440 | F 4616 5922

Form must be completed
for test to be performed.

Incomplete forms
will be returned.

☐ Inpatient ☐ Outpatient

▶ Ward:

▶ Bed:

☐ Bulk billed (for bulk billed patients, please select doctor)

☐ Dr Eddie Win

☐ Dr Geoff Wallace (Mater Children's Hospital)

Clinic:

☐ Urgent ☐ Not urgent

☐ Routine ☐ Sleep Deprived

☐ Long term video EEG

☐ Other (specify):

Clinical question to be answered by EEG

Clinical details (include type of epilepsy, previous brain insult,
side of lesion, drugs, alcohol and previous medical history)

Drugs which may affect EEG

(Include current medication and doses)

☐ Antiepileptic:

☐ Antipsychotic:

☐ Paralysing / Sedative agents:

☐ Other:

☐ Nil

ECT?

☐ Yes

☐ No

Details:

Recent lumbar puncture?

☐ Yes

☐ No

**Intellectual / physical disabilities which may
affect ability to comply with test?**

☐ Yes

☐ No

Details:

Infectious / contact precautions:

☐ MRSA

☐ ESBC

☐ VRE

☐ Other (specify):

Requested by:

Designation:

Signature:

Provider no:

Pager no:

Consultant name:

Date: / /

OFFICE USE ONLY:

Date of test: / /

Time of test: :

Test reference no:

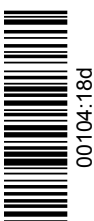
Date of last episode: / /

Time of last episode: :

PATIENT TO SIGN:

I have been informed that this procedure will be
videod for clinical purposes and agree to this being
undertaken.

Patient signature





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Government

Referral for Gastrointestinal Endoscopy

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Referral from

GP:

Provider no:

Address:

Date of request:

Signature:

Phone no:

Procedure requested

- ☐ Gastroscopy ☐ Oesophageal dilatation ☐ ERCP ☐ Colonoscopy ☐ PEG insertion
☐ Endoscopic ultrasound ☐ Haemorrhoid therapy ☐ Other:

Indication

- ☐ Gastrointestinal bleeding (*specify*):
☐ Change in bowel habits (*specify*):
☐ Abnormal imaging (*specify*):
☐ Abdominal pain (*specify*):
☐ Polyp follow-up (*specify*):
☐ Family history of colorectal cancer (*specify*):
☐ Other (*specify*):
☐ Suspected GORD/dyspepsia ☐ Oesophageal varices
☐ Dysphagia ☐ Suspected inflammatory bowel disease
☐ Rectal mass on PR examination ☐ Bowel obstruction
☐ Iron deficiency anaemia in men or postmenopausal women ☐ Barrett's Oesophagus review
☐ Colorectal cancer follow-up – Date:
☐ Positive FOBT (in asymptomatic patients between 50 and 75 years of age)

Additional information

Medical assessment: Height: cm Weight: kg BMI:

| Y | N | | Y | N | | Y | N | |
|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Ischaemic heart disease | <input type="checkbox"/> | <input type="checkbox"/> | Sleep apnoea | <input type="checkbox"/> | <input type="checkbox"/> | Current or recent smoker |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart murmur | <input type="checkbox"/> | <input type="checkbox"/> | Asthma/COPD | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes (Type 1) |
| <input type="checkbox"/> | <input type="checkbox"/> | Valve replacement | <input type="checkbox"/> | <input type="checkbox"/> | Chronic liver disease | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes (Type 2) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pacemaker/defibrillator | <input type="checkbox"/> | <input type="checkbox"/> | Chronic renal failure | <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding disorder | <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA | | | |

Medications

- ☐ Aspirin ☐ Asasantin ☐ Warfarin ☐ Clopidogrel ☐ Prasugrel ☐ Ticagrelor
☐ Oral hypoglycaemics ☐ Apixaban ☐ Edoxaban ☐ Dabigatran ☐ Rivaroxaban

Others:

Instructions for external referrals

Send electronically via Medical Objects or Health Links

Fax to: 4616 5922

Post to: Toowoomba Hospital Referral Centre, Toowoomba Hospital, PMB 2, Toowoomba Qld 4350

Referrals will be categorised by the Endoscopy team based on information provided and placed on appropriate waiting lists. *Inadequate information will result in unnecessary patient delays. If you have not received confirmation of this referral within two (2) weeks please call the Toowoomba Hospital Referral Centre on 1800 875 476. Thank you for completing ALL sections of this form.*

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v7.00 - 06/2017



00104:50abc

Referral for Gastrointestinal Endoscopy



Queensland
Government

Rapid Access Chest Pain Clinic Referral

Facility

(Affix identification label here)

URN:

Phone:

Family name:

Given name(s):

Address:

Date of birth:

Sex ☐ M ☐ F ☐ Indeterminate

Medicare:

ID:

Exp:

The Rapid Access Chest Pain Clinic is a "one stop" clinic specifically aimed at early diagnosis and management of recent onset, cardiac type chest pain. At the clinic, the patient will be reviewed by an appropriately qualified doctor and specialist nurse, examined and generally proceed to treadmill testing. Patients with rest pain or symptoms due to uncontrolled arrhythmias should still be urgently assessed in the Emergency Department. Patients with significant valve disease or congestive cardiac failure, or who are physically unable to perform a treadmill test, should not be referred to this clinic. Patients who have ECGs that are uninterpretable for ischaemia on the treadmill (LBBB, marked LVH and strain pattern, digoxin effect) should have alternative cardiac investigations and be referred to the general cardiology clinic.

Named referral to:

☐ Dr P Astridge

☐ Other:

Referrer details:

Referrer's name:

Provider No:

Referrer's address:

Presenting history

☐ History of cardiac-type exertional chest pain of recent (< 2 months) onset

OR

☐ Known coronary artery disease with recent significant deterioration in symptoms

Details:

☐ No rest pain suggestive of an acute coronary syndrome

☐ Physically capable of performing a treadmill test

Risk factors

☐ Smoker (Current) ☐ Smoker – (Ex) How many smoked and for how long?

☐ Diabetes mellitus HBA1C (%)

☐ Hyperlipidaemia (Please insert results below)

TC

TGs

HDL mmol/L

LDL mmol/L

Date

☐ Premature Family History of CAD (1° male relative < 50 years; 1° female relative < 60 years)

Current medications

Previous investigations (please attach results where possible)

☐ ECG

☐ CXR

Mail form to Medical Outpatients, Toowoomba Hospital, PMB 2, Toowoomba 4350 or FAX to: 4616 6793

Rapid Access Chest Pain Clinic Referral



Queensland
GovernmentReferral for
Rapid Access TIA Clinic – GARSS

GARSS – Geriatric, Adult Rehabilitation & Stroke Service

Facility:

(Affix identification label here)

URN:

Family name: *

Given names: *

Address: *

Date of birth: *

Sex: ☐ M ☐ F ☐ IAttention: ☐ Dr Nisal Gange ☐ Other

Date of referral: / /

Referrer details

Referred from GP (complete ▼)

GP Name:

GP Practice:

GP Address:

GP Provider no:

GP Phone:

GP Signature:

Referred from: ☐ ED ☐ MAPU
☐ Other:

Referrer Name:

Designation:

Referrer Phone:

GP Name:

GP Practice:

GP Address:

Referrer Signature:

Contact details for patient *

Important – Contact phone number(s) for patient in next 24 hours (verified):

Alternative contact details for patient *

Name:

Relationship to patient:

Phone:

Clinical features *

Symptom onset: Date Time (24 hr clock)

* The patient **must** have experienced sudden onset of at least one of the following symptoms:

- ☐ Dysphasia ☐ Amaurosis fugax ☐ Hemianopia
☐ Loss of power OR sensation OR both, in face OR arm OR leg
☐ **MORE THAN ONE** of dysarthria, vertigo, double vision, ataxia or dysphagia

* Has the patient had 2 or more events in the last 7 days? ☐ Yes ☐ No

What happened? Please give details. *

NB: One or more episodes of blackout, light headedness, faintness, dizziness, total body weakness, fatigue, drop attacks or amnesia are NOT LIKELY to be TIA. Consider referral to general medicine clinic.ABCD² Score *

Score

| | | | |
|--------------------|-------------------|---|-----------|
| A | Age | Score 1 if over 60 | |
| B | BP | Score 1 if systolic BP > 140 or diastolic > 90 | |
| C | Clinical features | Score 2 for unilateral weakness OR score 1 for speech disturbance without weakness (max score is 2) | |
| D | Duration | Score 1 for 10-59 minutes, score 2 for > 60 minutes | |
| D | Diabetes | Score 1 if known diabetes | |
| TOTAL SCORE | | | 17 |

What to do now

More than 2 events within a week or a history of AF/PAF? * ☐ No ☐ Yes

| ABCD ² Score | 7 day stroke risk | Urgency of OP appointment |
|------------------------------------|-------------------|---|
| Less than 4 (1, 2 or 3) – Low risk | Less than 2% | Referral to TIA clinic to be seen within 7 days (use this form) |
| 4 or 5 – High risk | 5-7% | Referral to TIA clinic to be seen within 24 hours (use this form). Admit to Stroke Unit (MAPU if stroke bed not available) if TIA appointment not possible within this timeframe. |
| 6 or 7 – Super high risk | 12% | Admit to Stroke Unit (MAPU if stroke bed not available) |



Please fax referral IMMEDIATELY to 4616 5579 to arrange an URGENT appointment.

| | | |
|--------------|--------------|------|
| Family name: | Given names: | URN: |
|--------------|--------------|------|

If you have decided to refer this patient to the clinic using this form, please make sure that:

1. FBC, UE, LFT, ESR, clotting profile, random cholesterol and blood sugar have been collected
2. Referral for Carotid Doppler
3. ECG
4. CT head – not an essential investigation to be completed before patient is discharged from the Emergency Department unless a bleed or space occupying lesion (SOL) is suspected
5. Aspirin 300 mg until seen in the clinic (if symptoms fully resolved within 24 hours and bleed or SOL is not suspected)
6. Patient information leaflet provided to the patient with clinic contact number
7. Advise not to drive until reviewed in the clinic

Medication

Collateral information / Past medical history (stroke risk factors)

Please contact Stroke Care Coordinator for all 'High Risk' and 'Super High Risk' patients in business hours on:

Mobile: 0409 998 346

Speed dial: 1544 (Toowoomba Hospital)

GARSS (Geriatric, Adult Rehabilitation & Stroke Service) – TIA Clinic contact details:

Phone: 07-4616 6692

Fax: 07-4616 5579

Click to **PRINT** form
SIGN and FAX to GARSS – 4616 5579

DO NOT WRITE IN THIS BINDING MARGIN



Queensland
Government

Geriatric, Adult Rehabilitation & Stroke Service (GARSS) Outpatient Referral Form

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Ph: (H)

(M)

Date of birth:

Sex: ☐ M ☐ F ☐ I

Referrer details

Name:

Designation:

Signature:

Date of referral: / /

Organisation/address:

Phone no:

Fax no:

If referring to Dr Gange, Medical Consultant approved :

Consultant name:

Signature:

Provider number:

Referral to: ☐ Unsure

Clinic (medical referrals only accepted)

☐ Dr Nisal Gange – TIA/Stroke Clinic

☐ Dr Nisal Gange – Memory Clinic

☐ Dr Nisal Gange – Fall Clinic

☐ Dr Nisal Gange – Telehealth Clinic

☐ Dr Nisal Gange – Nursing Home Clinic

☐ Dr Nisal Gange – Geriatric Clinic

☐ Vestibular Clinic

Consult

☐ Geriatrician – Inpatient

☐ Stroke Physician – Inpatient

☐ AAHP

☐ CNC Geriatrics

☐ Pharmacy

☐ Dietitian

☐ CN Ortho-Geriatrics

Outpatient Rehabilitation

☐ Speech Pathology

☐ Physiotherapy

☐ Occupational Therapy

☐ Social Work

☐ Psychology

☐ Podiatry

Client Details

Contact details (if different from ID label):

Current location of client:

If inpatient, expected discharge date: / / If TCP, expected discharge date: / /

Predicted date for completion of acute medical care: / /

GP Name (if not referrer):

Address:

Next of Kin or contact person (name):

Relationship to client:

Phone number (H):

(M):

Consent from client to make contact with Next of Kin/contact person? ☐ Yes ☐ No

Risks:

Is the client at immediate risk of harm (e.g. falls, abuse) ☐ Yes ☐ No

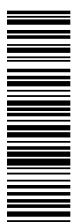
Is the client at immediate risk of hospital admission? ☐ Yes ☐ No ☐ N/A

If 'Yes' to client risks, provide detail under 'Further comments' page 2

Presenting complaint/relevant background medical history (including relevant investigations and clinical summaries) /

Reason for referral (outline difficulties, issues, concerns)

Email completed form to: DDHHS_GARSS@health.qld.gov.au or FAX to 4616 5579 Phone: 4616 6692



| | | |
|--------------|--------------|------|
| Family name: | Given names: | URN: |
|--------------|--------------|------|

Client functional and cognitive ability

| Ind = Independent | Preadmission <i>(if applicable)</i> | | Current level of functioning | | | |
|--|-------------------------------------|------------------|------------------------------|-----|------------------|-----------------|
| | Ind | With supervision | With assistance | Ind | With supervision | With assistance |
| Transfers | | | | | | |
| Mobility | | | | | | |
| Aid used? Type: | | | | | | |
| Self care | | | | | | |
| Toileting/continence | | | | | | |
| Dressing | | | | | | |
| Household tasks | | | | | | |
| Cognition <i>(eg MMSE score, MOCA, RUDAS or Comment)</i> | | | | | | |
| Mood | | | | | | |
| Communication | | | | | | |
| Swallow | | | | | | |
| Child or Carer at risk | | | | | | |
| Carer Stress / Distress | | | | | | |
| Carer arrangements | | | | | | |
| Medication | | | | | | |
| Driving | | | | | | |

Current community supports *(please tick the services currently in place)*

☐ Home Care
 ☐ Meals on Wheels
 ☐ Day respite
 ☐ HACC personal hygiene
 ☐ CACP/EACH *(circle)*

☐ Other *(specify)*:

Other current referrals have been made to:

| Service | Date | Reason/desired outcome |
|---------|------|------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Further comments

Email completed form to: DDHHS_GARSS@health.qld.gov.au or FAX to 4616 5579 Phone: 4616 6692

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Queensland
Government

Referral to Mental Health Service
(for use by GPs and/or rural hospitals)

Facility:

(Affix identification label here)

URN:

Phone:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Medicare:

ID: Exp:

Date of referral: / /

Period of referral: ☐ 3 months ☐ 12 months ☐ Indefinite

Named referral to: **Dr Prasoon Gupte**, Clinical Director Acute & Community

Referrer doctor details:

Referrer's name:

Provider no:

Referrer's organisation and address:

Has patient consented to contact by the Mental Health Service? ☐ Yes ☐ No

Referral is made to the following service:

- ☐ Adult Mental Health
☐ Child and Youth Mental Health
☐ Older Persons Mental Health

Reasons for referral (inc. problem/issue, duration, severity and impact)

Medical history/examinations

Psychiatric diagnosis

Medical diagnosis

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v1.02 - 10/2014



00104:50ja

Referral to Mental Health Service



Queensland
Government

Referral to Mental Health Service

(for use by GPs and/or rural hospitals)

Facility:

(Affix identification label here)

URN:

Phone:

Family name:

Given names:

Address:

Date of birth:

Medicare:

Sex: ☐ M ☐ F ☐ I

ID: Exp:

Current medications (inc. dosage, frequency and date commenced)

Identified risk factors

If relevant reports/specific investigations, e.g. blood tests, CT scan, psychology reports, etc. can be provided, please identify here and fax copies with this referral.

If there are any other services involved with the patient such as ACAT, HACC, Headspace, private mental health practitioners, other NGOs, please give details:

Signature of referring doctor:

FAX this form to the appropriate service below, and telephone * if you wish to discuss this referral:

| | | Fax Number | * Phone Number |
|-----------------------------|-----------------|------------|----------------|
| A. South Burnett (Kingaroy) | | 4162 9221 | 4162 9220 |
| B. Southern Downs (Warwick) | | 4660 3727 | 4660 3901 |
| C. Western Downs (Dalby) | | 4669 0794 | 4669 0501 |
| D. Toowoomba | Acute Care Team | 4616 5388 | 4616 5210 |
| | Child & Youth | 4616 5399 | 4616 6843 |
| | Older Persons | 4616 5244 | 4616 5666 |

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Queensland
Government

Referral to Toowoomba Hospital Urology Service

Facility:

(Affix identification label here)

URN:

Family name:

Given names:

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Patient address (including postcode):

Home phone:

Mobile phone:

Medicare eligible? ☐ Yes ☐ No Medicare no: Private Health Insurance? ☐ Yes ☐ No

Compensable status: ☐ 3rd Party Ins. ☐ Personal injury ☐ Workcover (Q) ☐ DVA ☐ Other:

Interpreter required? ☐ Yes ☐ No Language:

Date of referral: / / **Duration of referral:** ☐ 3 months ☐ 12 months ☐ Indefinite

Patient Referral Options

☐ **UPDATED REFERRAL**

Please select from the list below the specialist you wish to refer your patient to. The cost of this consultation may be bulk-billed to Medicare Australia; if so, there will be no out-of-pocket expense for the patient. To improve efficiency and reduce waiting times, this named referral may be shared with other specialists.

Referral Details

I have discussed the options for care with my patient and elect the following:

Toowoomba Hospital ▼

☐ Dr J Gleeson ☐ Dr H Yap ☐ Dr J Hempenstall ☐ Dr D Desai

Reason for referral: (include or attach any relevant supporting information to assist appropriate triage).

Provisional diagnosis / presenting condition

Relevant clinical history / examination

Allergies

Relevant investigations (please attach copies)

Medications

Referring Clinician (complete all fields clearly)

Name:

Signature:

Practice address:

Provider number:

Ph:

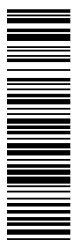
Fax:

Email:

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v3.00 - 06/2017



00104:50ai

Referral to Toowoomba Hospital Urology Service

Appendix C: Database Update

In order for Toowoomba Hospital to be able to effectively communicate with General Practitioners regarding their patients, it is vital that the contact details of GPs are kept up to date.

If there is a change to GPs working in your practice, please email dd_his@health.qld.gov.au or phone Health Information Services at Toowoomba Hospital on 4616 5576.

If there are a large number of doctor changes to be made e.g. new practice, then please fill out the STS Address Book Update form with all the doctors at the practice and fax to 07 3872 0371.

STS AddressBook Update Form

This document is used for General Practices to update their information within the Queensland Health - STS (Secure Transfer Services) AddressBook for the delivery of Discharge Summaries and Clinical Letters.

How to complete form:

STS AddressBook Update Type - Select the type of update from the drop down menu tab.

"New" - Select to add a General Practice to the STS AddressBook.

"Update" - Update General Practice details and Practitioner details within a General Practice.

"Remove" - Select to remove a General Practice from the STS AddressBook. (General Practice is closing down).

Section 1 - Organisation Details

This section is used to confirm the General Practice Address and Contact details. Please note that all fields within this section are mandatory except for the website and fax number.

Section 2 - EDS / Clinical Letters

This section is used for determining the method for delivery of EDS (Electronic Discharge Summary) and Clinical Letters.

Preferred Delivery Method - From the dropdown menu select a preferred method to be able to receive EDS and Clinical Letters - **"Electronic"**, **"Post"** or **"Fax"**.

Medicare Site Certificate ID - Required for Argus and Medical Objects.

Electronic Messaging Provider - If selecting delivery method **"Electronic"** select your messaging provider from the dropdown menu.

Please indicate Argus - Email Address, Health Link - EDI Account or Other - If selecting electronic for delivery method we require your messaging agent account details.

Health Link - EDI

Argus - Email Address and Medicare Certificate ID

Medical Objects - Medicare Certificate ID

(Please note if you are unsure of these details please contact your messaging agent)

In the event we cannot send you an electronic message, which method of delivery would you prefer: Select **"Post"** or **"Fax"**. Note: For Fax enter the fax number under "Organisation Details" **"fax"**.

If you have 2 Message Providers, In the event we cannot contact you using your preferred Messaging Provider, can we use another - If another messaging provider is selected from the dropdown menu please provide account details as above - This can be added in the **"Please indicate Argus - Email Address, Health Link - EDI Account or Other"** field.

Clinical Software - Select your clinical software from the dropdown menu. If selecting other please enter details under **"Other Software"**.

Section3 - Health Practitioner Details:

This section is used for listing ALL current Practitioners working within a General Practice.

Please note: If updating general practitioner details enter **ALL current practitioners**.

Practitioners not provided on the form will be removed from the General Practice within the STS AddressBook.

When complete select the "Submit By Email" bottom of page 2 - STS_External-Alerts@health.qld.gov.au or print and fax to 07 3872 0371

STS Addressbook Update Type:

Section 1 - Organisation Details

* = mandatory fields

| | | | |
|---|-----------------------------------|------------------|-----------------------------------|
| Organisation name* | <input type="text"/> | | |
| Organisation address* | <input type="text"/> | Postcode* | <input type="text"/> |
| Health Services Offered <i>e.g. General Practice; Specialist; Aged Care; Community Health; as well as a description of the Organisation Specialty e.g. Rheumatology; Neurology; Oncology etc</i> | <input type="text"/> | | |
| Phone* | eg 07xxxxxxx <input type="text"/> | Fax | eg 07xxxxxxx <input type="text"/> |
| Contact name* | <input type="text"/> | Position* | <input type="text"/> |
| Website | <input type="text"/> | | |
| Contact email* | <input type="text"/> | | |

Section 2 - EDS / Clinical Letters

| | | | |
|--|--|--|--|
| Organisation Electronic Information | Preferred Delivery Method <input type="text"/> | Medicare Site Certificate ID (Medical Objects and Argus) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Electronic Messaging Provider | <input type="text"/> | Please indicate Argus - Email Address, Healthlink - EDI Account or Other <input type="text"/> | |
| Other relevant information | In the event we cannot send you an electronic message, which method of delivery would you prefer? <input type="checkbox"/> Post <input type="checkbox"/> Fax | If you have 2 Message Providers, In the event we cannot contact you using your preferred Messaging Provider, can we use another? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Clinical software | <input type="text"/> | Clinical Software Version <input type="text"/> | <input type="text"/> |
| Other software | <input type="text"/> | CDA Ready | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| HPI-O Number | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |

Health Practitioner Details:

Please List **ALL** Practitioners in this section - Practitioners not listed will be removed from your Practice within the STS AddressBook.

| Title | First Name | Middle Name | Last Name | Provider Number |
|----------------------|--|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HPI-I Number | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HPI-I Number | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| HPI-I Number | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | |

| Title <small>If your Title does not appear in the drop down box below, please type in your title</small> | First Name | Middle Name | Last Name | Provider number |
|---|--|-------------|-----------|-----------------|
| <input type="text"/> | | | | |
| HPI-I Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
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| HPI-I Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
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| <input type="text"/> | | | | |
| HPI-I Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |

All Users

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

SUBMIT by Email

PRINT Form

[illegible]

All Users

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

SUBMIT by Email

PRINT Form

[illegible]**All Users**

Once you have completed filling out this form please click on the **SUBMIT** button (in the above page) to send this electronically to Queensland Health. If you are having difficulties sending this via the SUBMIT button, please click on the **PRINT** button and fax or mail your form to the correct area below:

SUBMIT by Email

PRINT Form

General Information

Please complete ALL relevant sections of the registration form. Following is a Reference Guide to assist with completing this application form.

If you have any further questions, please email STS_External-Alerts@health.qld.gov.au

What is a Medicare Site Certificate ID?

This is the 10 digit certificate number (also known as a site certificate registration number or PKI certificate ID) of your Digital Location/Site certificate that you must request from Medicare Australia.

If your practice has a Site/Location certificate you can look it up on http://www.certificates-australia.com.au/general/cert_search_health.shtml

If your practice does not have a Medicare site certificate then contact Medicare Australia.

Which Electronic Messaging Method can you choose from?

This is how you receive electronic patient documents such as Pathology results. There are three (3) options:

| | |
|-----------------|----------------|
| Health Link | 1800 125 036 |
| Medical Objects | (07) 5456 6000 |
| Argus | (03) 5335 2221 |

Queensland Health can operate with all of the messaging agents. The delivery method is up to the individual practice.

For a electronic messaging subscription contact your Medicare Local Team.