# General Medicine
## Outpatient Referral Guideline Fraser Coast Only

Please use this guide to complete the appropriate tests so patients can be accurately triaged within the MEDICAL Outpatients Department. Referral should include complete patient/family history relevant to the patient’s condition or complaint and current medication list.

All investigation results are to accompany the patient referral. Test results should be dated within three (3) months of referral date.

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Baseline Investigations</th>
</tr>
</thead>
</table>
| Undifferentiated medical patients | • FBC, ELFT, Baseline CXR, 12-lead ECG  
                                   | • A CLEAR INDICATION OF CLINICAL QUESTION PHYSICIAN REQUIRED TO ANSWER                                   |
| Hypertension (resistant)     | • FBC, ELFT, TFT, serum catecholamines/metanephrines  
                                   | • USS kidneys & Doppler’s renal arteries,  
                                   | • CXR  
                                   | • Echo (over 50 yrs. old)  
                                   | • Renin/Aldosterone ratio (preferably pre-treatment)  
                                   | • 24 hour ambulatory BP monitoring                                                                      |
| Respiratory                  | • CXR; CT Thorax (if clinically indicated)  
                                   | • Spirometry (with reversibility studies, if indicated)  
                                   | (consider referral to Private Visiting Specialist – for private patients or financially capable patients) |
| Sleep Disorders              | Unable to accept these patients  
                                   | Should be referred to Sleep Disorder Clinics at tertiary hospitals or private Sleep Disorder Physicians    |
| Cardiovascular Disease       | • 12-Lead ECG; CXR  
                                   | • FBC, ELFT, fasting Glucose  
                                   | • Echo (if indicated)  
                                   | • Stress Myocardial Perfusion study (if indicated)                                                      |
| Gastroenterology & Inflammatory Bowel Disease | • FBC, ELFT, ESR, CRP, coeliac autoantibodies, autoimmune screen, hepatitis & HIV status (if indicated)  
                                   | • Previous endoscopy reports (if available)  
                                   | • Stool specimens and calprotectin levels (if available)  
                                   | • Hepatitis C patients should not be referred here - please refer direct to SCUH or RBWH Hospitals    |
| Haematology                  | • FBC, clotting profile, haematinic studies, protein electrophoresis, peripheral blood surface markers  
<pre><code>                               | • Previous BMAT (bone marrow examination) reports                                                        |
</code></pre>
<p>| Rheumatology                 | <strong>Consider referral RBWH (no local Rheumatology service)</strong>                                                 |</p>
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<tr>
<td>General Medicine Outpatient Referral Guideline</td>
<td>General cases – FBC, ESR, ELFT, ANA, ENA, ANCA, Rheumatoid factor with CCP Antibodies</td>
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</tbody>
</table>
| Neuro-degenerative Disease & Movement Disorders  | • TFT, B12, folate, FBC, ESR, VDRL  
  • CT Head (non-contrast) 
  • Mini-Mental Test Score (MMTS)  
  • Consider direct referral to Geriatric Clinic |
| Neurology                                         | • General cases – FBC, ELFT, TFT, Fasting Glucose, ESR, CRP, Iron Studies, B12, Folate, Autoimmune Screen, VDRL (if indicated) 
  • CT Head (non contrast) 
  • EEG, MRI, NCS, EMG and LP (to be organised by Physician, if required)  
  Consider direct referral to Public Neurologist RBWH or Private Specialist |
| Endocrine & Thyroid diseases and Complex Diabetes | • Please refer direct to Endocrinology clinics                                                                                                                                                                            |
| Mellitus                                          | All Confirmed or Suspected Tuberculosis and Non-Tuberculous Mycobacterial Disease  
  Either 
  • Fax urgent referral: 43256799 (Attn: Dr…)  
  • Phone Specialist via switch board  
  Contact Respiratory Unit on-call PA Hospital or TPCH |
| Undifferentiated Rash                             | Refer direct to Dermatologist RBWH or Private Dermatologist                                                                                                                                                             |
| Psychiatric conditions (including ethanol        | Refer direct to Psychiatrist or Psychogeriatrician                                                                                                                                                                       |
| dependence and depression)                       | Chronic Medical Conditions                                                                                   
  All relevant clinical history, investigations and care plans.  
  A clear indication of the reason for the referral and desired outcome, including whether Allied Health or Multidisciplinary care is required.  
  For example, acute unexpected decline, not responding as expected multiple comorbidities and complexity. |

All Cardiology referrals from GPs will be assessed first by Specialist Physicians prior to referral to visiting Cardiologist (if required).

Please note there will be considerable waiting list for Category 3 patients. Please re-refer with updated information if your patient’s condition were to deteriorate in the meantime.

**Enquiries**

Monday to Friday, 9am to 4pm

**Phone:** (07) 4325 6470  Hervey Bay and Maryborough Hospitals