



Mercy Health
Care first

REFERRAL GUIDELINES: PERINEAL CLINIC

In order for us to be able to accept your patient for the perineal clinic, referring GPs/medical specialists are required to provide:



Essential Referral Content

Demographic

- Full name
- Address
- Date of birth
- Referring GP details and provider number
- Preferred language and interpreter requirements
- Medicare number
- Mobility needs

Clinical

- Date of delivery
 - Details of perineal injury
 - Associated symptoms
 - Obstetric/ Gynaecological/ Surgical history
- If injury occurred elsewhere please request delivery information and information regarding the repair

Results

- Results of any previous investigations
- Referral to pelvic floor physiotherapy prior to attendance desirable

Populate required information on the [Perineal clinic referral form](#), then print and fax to the relevant outpatient department on **03 8458 4878**.



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REFERRAL PROCESS: PERINEAL CLINIC



STEP 1

Essential referral content will be checked. You will be contacted if further information is required.

Acknowledgement of referral receipt will occur within **eight** working days.



STEP 2

The referral will be triaged by the specialist unit according to clinical urgency.

This determines how long the patient will have to wait for an appointment.



STEP 3

Patients with routine conditions are given the next available appointment according to clinical need.

Both the referrer and patient are notified.

Please be advised that referrals are triaged and the waiting list for non-urgent patients can be as long as three to nine months. Upon receipt of an accepted referral, the patient will be placed on the waiting list and receive an acknowledgement letter in the mail. The patient will then be contacted for an appointment in due course.



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If you have any queries please contact us:

Department of Urogynaecology - Perineal Clinic Phone: 03 8458 4500 Fax: 03 8458 4878

REFERRAL PRIORITY: PERINEAL CLINIC

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Referral priority

Appointment timeframe

Urgent

Within 30 days

Routine

Longer than 30 days depending on clinical need



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OTHER INFORMATION: PERINEAL CLINIC

The role of the specialist clinic is to diagnose the condition (or to confirm the diagnosis already made by the GP) and to formulate a treatment plan. This may include allied health input, diagnostic testing, conservative management or surgical intervention. It will also include a plan for any ongoing GP input and guidance of obstetric management.

INTERPRETING SERVICES

A proportion of our patients have limited or no proficiency in English. In these cases, we engage professional interpreters for communication with our clinicians. To enable access to an appropriate interpreting service, please ensure that your referral includes information on the preferred language spoken by the patient and their need for an interpreter.

Perineal clinic

Mercy Health Department of Urogynaecology

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Fax: 03 8458 4878