

# REFERRAL GUIDELINES: Rapid Access Colonoscopy Clinic

All patients referred to specialist clinics are assigned to a priority category based on their clinical need and related psychosocial factors. The examples given are indicative only and the clinician reviewing the referral will use their clinical judgement to determine the best service response for the patient.

## REFERRAL GUIDELINES: RAPID ACCESS COLONOSCOPY CLINIC

In order for us to be able to accept your patient for surgical review and treatment referring GP's / Medical Specialists are required to provide:

### Essential information

- Full name
- Address and phone numbers
- Date of birth
- Indigenous status
- Referring GP details
- BMI
- Health insurance details
- Preferred language and interpreter requirements
- Medicare number
- Mobility needs
- **National Bowel Cancer Screening number**

### Clinical

- Presenting problem and duration of symptoms
- GP diagnosis or provisional diagnosis, if known
- Relevant medical history
- Relevant social history or special needs
- Current medications
- **Pathology and other investigation reports**
- Allergies or warnings
- Physical examination results
- List of medication
- Past surgery
- Management to date and response to treatment

### Referrer details

- Name, address and contact information
- Provider number
- Signature

### Referral details

- Date of referral
- Clinic name – Surgical Clinic
- Name of speciality to whom the patient is being referred – as per below *(for MBS billed clinics)*



Essential  
referral  
content

Please populate the required information on the referral form, **addressing it to Dr Shaukat Esufali**, Rapid Access Colonoscopy Clinic. Fax to the outpatient department on **03 8754 6710**.

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## REFERRAL PROCESS: RAPID ACCESS COLONOSCOPY CLINIC

**ONLY REFERRALS FOR A POSITIVE FAECAL OCCULT BLOOD TEST ARE ACCEPTED IN THIS CLINIC.**

**REFERRALS FOR ROUTINE SURVEILLANCE ARE NOT ACCEPTED IN THIS CLINIC.**

 **STEP 1**

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

 **STEP 2**

The referral will be triaged by the specialist areas according to clinical urgency.  
This determines how long the patient will have to wait for an appointment.

 **STEP 3**

Patients are scheduled to be seen within **fourteen** working days.  
Both the referrer and patient are notified.

**Please Note:** The times to assessment may vary depending on size and staffing of the hospital department.

If you have any queries, please contact us:

**Werribee Mercy Hospital Outpatient Clinics: Phone: 03 8754 6700 Fax: 03 8754 6710**

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## REFERRAL PROCESS: RAPID ACCESS COLONOSCOPY CLINIC

All referrals are treated as URGENT.

If the patient requires immediate assessment or admission a referral to the Emergency Department (ED) should be attended to.

### Immediate assessment or admission criteria (not an exhaustive list)

#### Step 1: Check criteria for immediate assessment or admission

- Heavy PR bleeding
- Acute Melena
- Hemodynamically compromised

#### Step 2:

- Contact the Emergency Department Admitting Officer (AO) via the switchboard: 03 8754 3000.

#### Step 3:

- Follow up your phone call by faxing a referral to the emergency department including all relevant investigations to the number the AO provides.

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## 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 patient's preferred spoken language and their need for an interpreter.

### **Werribee Mercy Hospital - Outpatient Clinics**

**300 Princes Hwy, Werribee VIC 3030**

**Phone 03 8754 6700 Fax: 03 8454 6710**