# General Medicine (Clinics 1–5) Referral Guidelines

**Austin Health General Medicine Clinic holds five sessions per week to discuss and plan the treatment of patients with multiple medical problems**

| Department of Health clinical urgency categories for Specialist Clinics |
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| **Urgent:** More urgent referrals would either be referred to the ED or else to the General Medicine 'Hot Clinics' |
| **Routine:**<br>Complex patients with multiple medical conditions<br>Almost any referral that would not fit the criteria for a specialist clinic |
| **Exclusions:**<br>Psychiatry in the absence of medical issues for management<br>Consider if speciality referral more appropriate with single organ/system involvement |

| Condition / Symptom | GP Management | Investigations Required Prior to Referral | Expected Triage Outcome | Expected Specialist Intervention Outcome | Expected number of Specialist Appointments |
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| Complex patients with multiple medical problems for investigation, consultation and management<br><br>Coordination of patients with general medical problems and one or more specialty consultation | | While dependant on the reason for referral all patients should have recent basic pathology including full blood count, electrolytes and liver function tests.<br><br>For those referrals with cardiac or heart failure for consultation a recent trans-thoracic echo should be performed.<br><br>For those referrals with diabetes for consultation, recent HbA1c and fasting glucose levels should be performed<br><br>Please indicate if interpreter service is required to facilitate bookings | Referrals will be triaged by the Palliative Care Consultancy Service Registrar after which patients will be notified of appointment.<br><br>Where referral is triaged as 'urgent', patient will be contacted to arrange an appointment within 30 days (DHHS Specialist Clinics Access Policy)<br><br>Where referral is triaged as 'routine', current wait list indicates an <1 month wait. | Complex patient management with multiple system involvement. Some patients may be referred back to GPs with care plan or once condition has been stabilised. | Varied dependant on reason for referral |