

## REFERRAL GUIDELINE

# COLORECTAL SERVICE

**DIRECTOR: PROFESSOR ALEXANDER HERIOT**

### TARGET AUDIENCE

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Referrers to the Colorectal service

### PURPOSE

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- To assist health professionals with the referral process.
- To ensure all relevant clinical and administrative information accompanies referrals to ensure timely referral processing.

### COLORECTAL SERVICE: REFERRAL REQUIREMENTS

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- A completed Peter Mac referral form, addressed to a named clinician – referral form and further information available at [www.petermac.org/referrals](http://www.petermac.org/referrals)

Colorectal	<ul style="list-style-type: none"><li>• Carcinoembryonic Antigen screening (CEA), Faecal Occult Blood Testing results, Liver Function Test [LFTs], FBE</li><li>• If completed staging CT- Chest/Abdomen/Pelvis, endoscopy and biopsy results</li></ul>
Anal	<ul style="list-style-type: none"><li>• Endoscopy report and pathology, Biopsy-histopathology (if available)</li></ul>
Hepatobiliary/ Liver metastases	<ul style="list-style-type: none"><li>• LFT's, Tumour Markers- CA 19.9, Endoscopic ultrasound (EUS)</li><li>• If completed CT Scan Chest/ Abdomen / Pelvis, Biopsy Result</li></ul>

### THE COLORECTAL SERVICE RUNS CLINICS AT THE PARKVILLE CAMPUS

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- Urgency and clinic allocation are determined by referral content; all referrals will be triaged within 48 hours.
- All new patient referrals are assessed by multi-disciplinary teams.
- Referral forms must include all requested information and patients should bring, wherever possible, copies of any diagnostic imaging, preferably on CD, to their first appointment.
- For all appointment enquiries, or if you are concerned with the appointment time allocated to your patient, phone Patient Registrations on 03 8559 5020 or email [referrals@petermac.org](mailto:referrals@petermac.org)

## **REQUESTING A SECOND OPINION**

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Please clearly state on the referral form that you are requesting a second opinion and provide a comprehensive summary of all previous treatment including copies of correspondence from previous treating specialists, operation notes, scan reports etc.

## **FOR ALL COLORECTAL SERVICE ENQUIRIES, CONTACT**

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**For general enquiries please contact the Colorectal tumours stream administrator:**

Phone: 03 8559 7584 or 03 8559 7585

**For clinical enquiries contact the appropriate Nurse coordinator**

Claire Scott

Nurse Coordinator: Colorectal Service

Phone: 03 8559 5000 (Switch)

Pager: 1110020

Email: [claire.scott@petermac.org](mailto:claire.scott@petermac.org)

## **AUTHORISED BY**

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Professor Alexander Heriot

## **AUTHOR/CONTRIBUTORS**

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Claire Scott, June 2016