REFERRAL GUIDELINE

GYNAE-ONCOLOGY SERVICE

TARGET AUDIENCE
Referrers to the Gynae-oncology service

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

GYNAE-ONCOLOGY SERVICE: REFERRAL REQUIREMENTS
• A completed Peter Mac referral form, addressed to a named clinician – referral form and further information available at www.petermac.org/referrals
• Results of all relevant investigations, in particular, all current imaging scans and reports
• Operation notes (if applicable)
• Anatomical pathology report
• Notes outlining any multidisciplinary meeting discussion and recommendation/s
• Patient’s record number from referring hospital
• Patient’s current contact details including mobile phone number; where appropriate, please nominate an alternative contact person and their best contact number (e.g. where language is an issue)

GYNAE-ONCOLOGY SERVICE CLINICS RUN AT PARKVILLE AND MOORABBIN
• All new patients are to be seen within 14 days of receipt of referral.
• All patients for definitive therapy (Surgery, Radiation Therapy, Chemotherapy, or a combination thereof) to be seen within 10 days of receipt of referral.
• All patients to be considered for trial therapies to be seen within 10 days of referral.
• Any patient constituting an “urgent” referral (e.g. with active bleeding, pain or renal obstruction), will be seen as soon as possible – to be arranged directly between unit staff and referrer.
• Appointments may be required for a complex multi-disciplinary review i.e. more than one practitioner type. A valid referral is required for each practitioner. On the Peter Mac referral form, please select the service or services, to which you wish to refer the patient. If unsure of which service, please select “All Services”. Where possible these appointments will occur on the same day – please be aware that this may require your patient to be in the clinic for a long period of time.
Urgency and clinic allocation are determined by referral content; all faxed referrals will be triaged within 48 hours.

All new referrals are assessed by the multi-disciplinary team.

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

REQUESTING A SECOND OPINION

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 GYNAE-ONCOLOGY SERVICE ENQUIRIES, CONTACT

For general enquiries please contact the Gynae-oncology tumours stream administrator:
Phone: 03 8559 6207

For clinical enquiries contact the appropriate Nurse coordinator
Taryn Robinson
Nurse Coordinator, Gynae-oncology Service
(Tuesday – Friday)
Phone: 03 8559 5000
Pager 1110123
Email: taryn.robinson@petermac.org

Nicole Kinnane
Nurse Coordinator, Gynae-oncology Service
(Monday - Tuesday)
Phone: 03 8559 5000
Pager 1110139
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Tracey Dryden
Nurse Coordinator, Gynae-oncology Service
(Mondays)
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Pager 1110123
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