

REFERRAL GUIDELINE

LUNG SERVICE

DIRECTOR: PROFESSOR DAVID BALL

TARGET AUDIENCE

Referrers to the Lung 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.

LUNG 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
- All available imaging.
- All available pathology results.
- Operation notes (if available)

LUNG SERVICE CLINICS RUN AT PARKVILLE EACH MONDAY AND THURSDAY MORNING, AND SMOKING CESSATION CLINICS FRIDAY MORNING.

- Urgency and clinic allocation are determined by referral content; all referrals will be triaged within 48 hours.
- All new patient referrals are assessed by the multi-disciplinary Lung Cancer Team (respiratory medicine, thoracic surgery, radiation and medical oncology).
- 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 LUNG SERVICE ENQUIRIES, CONTACT

For general enquiries please contact the Lung tumours stream administrator:

Phone: 03 8559 7421

For clinical enquiries contact the appropriate Nurse coordinator

Mary Duffy

Nurse Coordinator: Lung Service

Phone: 03 8559 5000 (Switch)

Pager: 1110119

Email: mary.duffy@petermac.org

Sarah McLean (Mon, Weds, Fri)

Nurse Coordinator: Lung Service

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AUTHORISED BY

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