

## REFERRAL GUIDELINE

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# MELANOMA AND SKIN SERVICE

**DIRECTOR: PROFESSOR GRANT MCARTHUR**

### TARGET AUDIENCE

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Referrers to the Melanoma and Skin 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.

### MELANOMA AND SKIN 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)
- Histopathology.
- If skin lesions not biopsied, please give information as to location, size and duration it has been present or when/if it has recently changed.
- Molecular pathology [BRAF, CKIT, and NRAS] to be included if performed.
- Reports from any recent scans or X-rays (if completed).
- Operative Reports (if carried out).
- Please advise if there has been any previous treatment of this lesion.
- Would you consider this patient suitable for excision on the same day as initial appointment?
- Please state if the patient is on Immunosuppression.

Please note: that as patients with skin cancer are our priority, we are not able to offer routine skin examinations in otherwise well patients.

We are happy to provide a telephone consultative service about the management of patients with MELANOMA by the patient's primary care practitioner. Please contact the nurse co-ordinators to access this service.

**A RANGE OF MELANOMA AND SKIN SERVICE CLINICS RUN AT PARKVILLE ON VARIOUS DAYS OF THE WEEK. URGENCY AND CLINIC ALLOCATION ARE DETERMINED BY REFERRAL CONTENT: ALL REFERRALS WILL BE TRIAGED WITHIN 48-72 HOURS.**

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- 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. Missing information may lead to delayed triaging of referrals.
- 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 MELANOMA AND SKIN SERVICE ENQUIRIES, CONTACT**

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**For general enquiries please contact the Melanoma and Skin tumours stream administrator:**

Phone: 03 8559 7420

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

Donna Milne

Nurse Coordinator: Melanoma and Skin Service

Phone: 03 8559 5000 (Switch)

Pager: 1110116

Email: [donna.milne@petermac.org](mailto:donna.milne@petermac.org)

Megan Trehwella

Nurse Coordinator: Melanoma and Skin Service

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**AUTHORISED BY**

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Professor Grant McArthur

**AUTHOR/CONTRIBUTORS**

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Donna Milne, June 2016