

Please fax your referral to The Alfred Specialist Clinics on 9076 6938. [The Alfred Outpatient Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred Endocrinology Service can be found [here](#).

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

You will be notified when your referral is received. Your referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

**Referral to Victorian public hospitals is not appropriate for:**

- Clinically stable hypothyroidism
- Primary hypothyroidism (except in patients with cardiac disease, pregnancy or if thyroxine treatment is contraindicated) that has not been treated with replacement therapy
- Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without any complications or comorbidities
- Patients with type 2 diabetes being managed with dietary measures alone
- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- Metabolic bone disease when the person's life expectancy is < 6 months

**The following conditions are not routinely seen at Alfred Health:**

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

Please refer to the Department of Health [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to Endocrinology specialist clinics in public hospitals.

**Please include in your referral:**

<b>Demographic details:</b>	<b>Clinical information:</b>
<ul style="list-style-type: none"><li>• Date of birth</li><li>• Patient's contact details including mobile phone number</li><li>• Referring GP details</li><li>• Interpreter requirements</li><li>• Medicare number</li></ul>	<ul style="list-style-type: none"><li>• Reason for referral</li><li>• Duration of symptoms</li><li>• Relevant pathology and imaging reports</li><li>• Past medical history</li><li>• Current medications</li></ul>

Some clinics offer an MBS-billed service. There is no out of pocket expense to the patient. MBS-billed services require a current referral to a named specialist – please provide your patient with a 12 month referral addressed to the specialist of your choice. Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.

The times to assessment may vary depending on size and staffing of the hospital department.

**If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Endocrinology Registrar on call on 9076 2000.**

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## Pituitary tumour

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is visual impairment, severe headache or cranial nerve involvement**

### Evaluation

#### Key points:

- CT or MRI evidence of the tumour must be provided (CT scan or MRI)
- 0900 cortisol, TFT and PRL
- Hormonal tests if specific suspected hormonal excess or deficiency state

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hyperprolactinaemia

### Evaluation

#### Key Points:

- History –
  - Amenorrhoea, galactorrhoea, infertility
  - Drugs.

#### Investigations:

- Prolactin levels; if elevated, repeat to document persistent elevation
- If available –
  - FBE
  - U&Es
  - TFTs
  - CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Acromegaly

### Evaluation

#### Key Points:

- IGF-1 and growth hormone
- Dynamic testing will be performed at the Alfred if indicated.
- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Cushing's disease and Cushing's syndrome

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition, according to clinical indication.**

### Evaluation

#### Key Points:

- Serum cortisol and ACTH
- 24 hour urine free cortisol.
- Midnight salivary cortisol if available
- Dynamic testing will be performed at the Alfred if indicated.
- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hypopituitarism

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is suspicion of secondary hypoadrenalism.**

### Evaluation

#### Key Points:

- TFTs – must include T4 and TSH
- 0900 cortisol
- FSH, LH
- Prolactin
- GH, IGF-I
- Testosterone or Oestradiol
- Dynamic testing will be performed at the Alfred if indicated.
- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Diabetes insipidus

Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if serum Na > 155 mmol/L

### Evaluation

#### Key Points:

- U&E, Cr
- Serum and urine osmolality
- Blood glucose, serum calcium
- Dynamic testing will be performed at the Alfred if indicated.
- CT if available, but not required – MRI will be performed at the Alfred if necessary for further assessment.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Thyroid mass

DHHS [Statewide Referral Criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Thyroid mass with difficulty in breathing.

### Criteria for referral to public hospital specialist clinic services:

- Assessment of suspected malignancy
- Thyroid mass associated with mild to moderate compressive symptoms
- Thyroid mass associated with hyperthyroidism.

### Information to be included in the referral.

Information that **must** be provided:

- Ultrasound with, or without, fine needle aspiration result\*
- Thyroid stimulating hormone (TSH) and free thyroxine (T4) results.

### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Note: there are also ENT statewide referral criteria for Thyroid Mass.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

\*Please note cystic thyroid nodules <1cm diameter do not require referral

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## Hypothyroidism

DHHS [Statewide Referral Criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Suspected myxoedema coma (impaired conscious state, hypothermia, bradycardia) with high thyroid stimulating hormone level.

### Criteria for referral to public hospital specialist clinic services:

- Persistent hypothyroidism despite adequate replacement treatment
- Pregnant women with thyroid stimulating hormone level (TSH) > 10 mU/L (refer directly to Endocrinology in Pregnancy clinic, Sandringham Hospital)
- Suspected or confirmed secondary hypothyroidism (i.e. low thyroid stimulating hormone level (TSH) and low free thyroxine (T4))
- Persistent thyroiditis that has lasted for more than 6 months.

### Information to be included in the referral.

Information that **must** be provided:

- Free thyroxine (T4) results and thyroid stimulating hormone level (TSH). Please provide series of results over time if the referral is related to persistent thyroiditis
- Thyroid-related history including any history of surgery or Graves' disease
- Details of previous medical management including the course of treatment and outcome of treatment.

Provide if available:

- Anti-thyroid peroxidase (TPO) antibody results.

### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Do not delay treatment initiation or modification where a referral has been made for a pregnant woman with hypothyroidism.

Thyroid ultrasound is not useful in assessing hypothyroidism.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

### Referral to a public hospital is not appropriate for:

- Clinically stable hypothyroidism
- Primary hypothyroidism (except in patients with cardiac disease, pregnancy or if thyroxine treatment is contraindicated) that has not been treated with replacement therapy.

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## Hyperthyroidism

DHHS [Statewide Referral Criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state)
- Neutropenic sepsis in patient taking carbimazole or propylthiouracil
- Hyperthyroidism with hypokalaemia or paralysis

### Criteria for referral to public hospital specialist clinic services:

- Assessment of newly identified or recurring hyperthyroidism (including Graves' disease)
- Advice on, or review of, management plan for stable hyperthyroidism

### Information to be included in the referral.

Information that **must** be provided:

- Onset, characteristics and duration of symptoms
- Current and complete medication history (including non-prescription medicines, herbs and supplements), particularly medicines such as amiodarone, lithium, biotin and kelp products
- Recent free triiodothyronine (T3), free thyroxine (T4) and thyroid stimulating hormone level (TSH)
- If the patient is pregnant.

Provide if available:

- Anti-thyroid peroxidase (TPO) antibodies results
- Thyroid stimulating hormone receptor antibody (TRAb) or thyroid stimulating immunoglobulin (TSI) results
- Current and previous scan results (e.g. nuclear thyroid scan).

### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Thyroid ultrasound is not useful in assessing hyperthyroidism.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

\*Please note: Treatment should not be delayed until the referred patient is seen in Endocrinology clinic. Please contact the Endocrinology registrar via switchboard (9076 2000) for advice.

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## Type 1 diabetes

DHHS [Statewide Referral Criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones)
- Hyperosmolar hyperglycaemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot)
- Foot ulceration with absent pulses.

### Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for:

- New diagnosis of type 1 diabetes
- Pregnancy in woman with known diabetes
- Recent, resolved hypoglycaemic episode resulting in unconsciousness.

### Criteria for referral to public hospital specialist clinic services:

- Diagnosed with type 1 diabetes

### Information to be included in the referral.

Information that **must** be provided:

- Reason for referral
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and previous HbA1c results
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, neuropathy, anxiety, depression)
- Urea and electrolyte results
- Creatinine blood results
- Urinary albumin to creatinine ratio (ACR)
- Liver function results
- Lipid profile results

## Type 1 diabetes, continued.

Information that **must** be provided:

- If the person identifies as an Aboriginal and Torres Strait Islander
- Functional impact of symptoms on daily activities including impact on work, study or carer role.

### **Additional information:**

Please include the essential [demographic details and clinical information](#) in your referral.

If the woman has not already been referred, or does not have an appointment scheduled, referrals for planning for pregnancy are encouraged.

Referrals may be directed to a range of endocrinology services including: young adult diabetes, diabetes in pregnancy services, diabetic education, high risk foot service.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Type 2 diabetes

DHHS [Statewide Referral Criteria](#) apply for this condition.

### Direct to the Emergency Department for:

- Diabetic ketoacidosis or suspected ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting)
- Hyperosmolar hyperglycaemic state
- Diabetes and severe vomiting
- Acute, severe hyperglycaemia
- Acute, severe hypoglycaemia
- Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot)
- Foot ulceration with absent pulses.

### Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for:

- Pregnancy in woman with known diabetes
- Recent, resolved hypoglycaemic episode resulting in unconsciousness.

### Criteria for referral to public hospital specialist clinic services:

- Type 2 diabetes not responding to a combination of dietary and medical management (i.e. has tried at least three glucose-lowering medicines) with HbA1c > 64 mmol/mol or 8%
- Patients with type 2 diabetes with complications (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, neuropathy)
- Planning for pregnancy
- Management of unstable glycaemic control due to concomitant use of medicines that impact on glycaemic control (e.g. corticosteroids, chemotherapy protocols)
- Assessment for commercial driver's licence
- Diagnosis of type of diabetes.

### Information to be included in the referral.

Information that **must** be provided:

- Reason for referral
- All medicines previously tried, duration of trial and effect
- Current and previous HbA1c results
- Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebrovascular disease, nerve damage in the lower limbs, anxiety, depression, foot ulcers)

## Type 2 diabetes, continued.

Information that **must** be provided:

- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Urea and electrolyte results
- Creatinine blood results
- Urinary albumin to creatinine ratio (ACR)
- Liver function results
- Lipid profile results
- Functional impact of symptoms on daily activities including impact on work, study or carer role
- If the person identifies as Aboriginal and Torres Strait Islander
- If the person is part of a vulnerable population.

### **Additional information:**

Please include the essential [demographic details and clinical information](#) in your referral.

Vulnerable populations include:

- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with a disability
- People with mental illness
- People who are, or have been, incarcerated.

Vulnerable patient groups also include: terminally ill patients, patients with experiences of family violence, in out-of-home care, foster care and those in state care.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

### **Referral to a public hospital is not appropriate for:**

- Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without any complications or comorbidities
- Patients being managed with dietary measures alone.

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## Hypoglycaemia unrelated to diabetes, including insulinoma

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if hypoglycaemia has been biochemically confirmed.**

### Evaluation

#### Key Points:

- Blood glucose and concomitant insulin and C-peptide levels.

Information that **must** be provided:

- History of symptoms suggestive of hypoglycaemia
- Current and complete medication history (including non-prescription medicines, herbs and supplements)

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Addison's disease

### Direct to the Emergency Department:

- Addisonian crisis
  - Addisonian crisis is a medical emergency, and treatment should not be delayed by awaiting pathology testing.

### Evaluation

#### Key Points:

- ACTH, serum cortisol. Preferably early morning (0800-1000).
- U&E, glucose, calcium
- Dynamic testing will be performed at the Alfred if indicated.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Conn's syndrome

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is significant hypokalaemia**

### Evaluation

#### Key Points:

- History –
  - Hypertension
  - Full details of medications
  - Muscle weakness.

#### Investigations:

- U&Es (hypokalaemia)
- Aldosterone: renin ratio

#### Management:

- Routine referral appropriate according to clinical indication.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Adrenal tumour/mass lesion

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition if there is a suggestion of hormone excess, or a concern about malignancy.**

### Evaluation

#### Key Points:

- USS/CT results.
- U&E, cortisol, metanephrines, aldosterone:renin ratio if available

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Phaeochromocytoma

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for this condition.**

### Evaluation

#### Key Points:

- Suspected endocrine HPT
- Plasma metanephrines, 24 hour urinary catecholamines and metanephrines.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Renovascular hypertension

**Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment for:**

- Malignant hypertension
- Severe hypertension, depending on severity and circumstances.

### Evaluation

#### Key Points:

- HPT details
- Full medication details
- U&E
- Renin/aldosterone.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Metabolic bone disorders

DHHS [Statewide Referral Criteria](#) apply for this condition.

### Criteria for referral to public hospital specialist clinic services:

- Suspected metabolic bone disease that is not osteoporosis (for example: Paget's disease, fibrous dysplasia, osteomalacia, osteogenesis imperfecta)
- Persistent osteoporosis despite 3 years of maximum antiresorptive treatment
- Intolerance to, or contraindication for, maximum antiresorptive treatment
- Metabolic bone disease associated with:
  - Treatment with glucocorticoid medicines
  - Chronic kidney pain
  - Post-transplant.
- Osteoporosis in women < 50 years or men < 60 years
- Secondary osteoporosis due to any of the following:
  - Hyperthyroidism
  - Primary hyperparathyroidism
  - Male hypogonadism
  - Amenorrhea in women < 40 years
  - Advice on, or review of, management plan in patients with stable metabolic bone disease after 5 years of treatment.

## Metabolic bone disorders, continued.

### Information to be included in the referral.

Information that **must** be provided:

- Details of all fractures, including location
- Details of previous medical management including the course of treatment and outcome of treatment
- Current and complete medication history (including non-prescription medicines, herbs and supplements)
- Recent (preferably in last 3 months):
  - Serum calcium result
  - Serum 25-hydroxy vitamin D (25(OH)D)
  - Phosphate blood test result
  - Creatinine and electrolytes result
  - Albumin blood test result
  - Alkaline phosphate (ALP) blood test result
- Relevant comorbidities.

Provide if available:

- Current or previous bone densitometry results
- Current or previous radiological reports of any fractures
- Parathyroid (PTH) blood test result if calcium elevated

### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

### Referral to a public hospital is not appropriate for:

- Osteoporosis that has not been treated
- Age appropriate osteopenia without fracture(s)
- When the person's life expectancy is < 6 months.

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## Hypercalcaemia

### Direct to the Emergency Department:

- If unwell.

### Immediately contact the endocrinology registrar to arrange urgent endocrinology assessment:

- If asymptomatic and serum Ca > 3.0 mmol/L

## Evaluation

### Key Points:

- History -
  - Malignancy (bony metastases, lung, renal, pancreas)
  - Multiple myeloma
  - Immobility
  - Thyrotoxicosis
  - Renal calculi

### Investigations:

- U&E, Cr
- Ca (total and corrected), PO4
- Serum albumin
- LFTs
- FBE, ESR
- PTH

### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hypocalcaemia

### Direct to the Emergency Department:

- If acutely unwell/acute tetany
- If symptomatic.

### Evaluation

#### Key Points:

- History –
  - Cramps
  - Tetany

#### Investigations:

- Ca, PO4
- Se Albumin
- U&E
- ALP
- 25(OH)Vit D3
- PTH

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hyponatraemia

### Direct to the Emergency Department:

- If serum Sodium < 120 mmol/L.

### Evaluation

#### Key Points:

- U&Es, Creatinine
- TFTs – Free T4, TSH
- Cortisol (0900h)
- Serum, urine osmolality and Na
- Full medication list.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hypogonadism – males

### Evaluation

#### Key Points:

- FSH, LH
- Prolactin
- Serum testosterone
- Sex hormone binding globulin (SHBG).

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hypogonadism – females

### Evaluation

#### Key Points:

- FSH, LH
- Prolactin
- Serum oestradiol, progesterone.

#### Additional information:

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Polycystic ovarian disease

**Please address referrals to a named specialist:**

- Prof Susan Davis
- Dr Shoshana Sztal-Mazer

### Evaluation

**Key Points:**

- FSH, LH
- Prolactin
- Sex hormone binding globulin (SHBG)
- Testosterone, DHEA-S
- Fasting blood glucose
- Lipids

**Management:**

- Consider ovarian USS – can be performed at the Alfred
  - [Alfred Radiology request form](#)

**Additional information:**

Please include the essential [demographic details and clinical information](#) in your referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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