

REFERRAL GUIDELINES: GENETICS SERVICE

In order for us to be able to accept your patient for genetic counselling, referring GP's / medical specialists are required to provide:

Demographics	Clinical		Investigations & results
<ul style="list-style-type: none"> • Full name • Address and phone numbers • Date of birth • Indigenous status • Referring GP details • Health insurance details • Preferred language and interpreter requirements • Medicare eligibility & number • Mobility needs 	<p>Current history</p> <ul style="list-style-type: none"> • LNMP • Multiple pregnancies • BMI • EDD • Parity and gravida 	<p>Medical history</p> <ul style="list-style-type: none"> • Diabetes • Thalassaemia / haemoglobinopathy • Current smoker • Anaemia • DVT or pulmonary • Psychiatric disorders • Heart disease • Illicit drug use • Alcohol and other drugs • Allergies 	<p>Required</p> <ul style="list-style-type: none"> • Hepatitis B and C • Blood group and • Antibodies • Dating ultrasound • HIV serology • Morphology 20-week ultrasound • Screening for Down syndrome
	<p>Past History</p> <ul style="list-style-type: none"> • Pre-eclampsia • Small baby <2500g at term • Preterm birth • Previous caesareans • Rhesus isoimmunisation • Mid trimester loss or miscarriage • Miscarriage > 3 		



Essential Referral Content

Populate required information on the [Genetics referral form](#) or the [Genetic MBS referral form](#) then print and fax to the relevant outpatient department on **03 8458 4254**.

Referral Process: **GENETICS SERVICE**

Fax to the Mercy Hospital for Women Genetics Department on **03 8458 4254**

 **STEP 1**

Essential referral content will be checked. You will be contacted if further information is required.

If requesting a review please include relevant detail and results.

Acknowledgment of referral receipt will occur within **eight** working days.

 **STEP 2**

The referral will be triaged by the specialist unit according to clinical criteria.

This determines how long the patient will have to wait for their genetics appointment.

 **STEP 3**

Patients with urgent referrals are scheduled to be seen within one to two days.

Patients are allocated a genetics clinic appointment.

The date for the appointment will depend on the urgency of the referral.

Both the referrer and patient are notified.

If you wish to speak to a genetic counsellor to determine urgency call Mercy Hospital for Women on **03 8458 4444** and ask to speak to the Genetics Department Reception.

REFERRAL PRIORITY: GENETICS SERVICE

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.

Referral Priority	Appointment Timeframe
Urgent	Within one - two days depending on clinical need
Routine	Greater than 30 days depending on clinical need

INTERPRETING SERVICES

A proportion of our patients have limited or no proficiency in English. In these cases, we engage professional interpreters for communication with our clinicians. To enable access to an appropriate interpreting service, please ensure that your referral includes information on the preferred language spoken by the patient and their need for an interpreter.



Mercy Health

Care first

REFERRAL GUIDELINES: GENETICS SERVICE

For queries please contact the Genetics Department:

Mercy Hospital for Women Genetics Department

163 Studley Road, Heidelberg Vic 3084

Phone: 03 8458 4346

Fax: 03 8458 4254