



Government of **Western Australia**
Department of **Health**

Central Referral Service

Information for Referrers

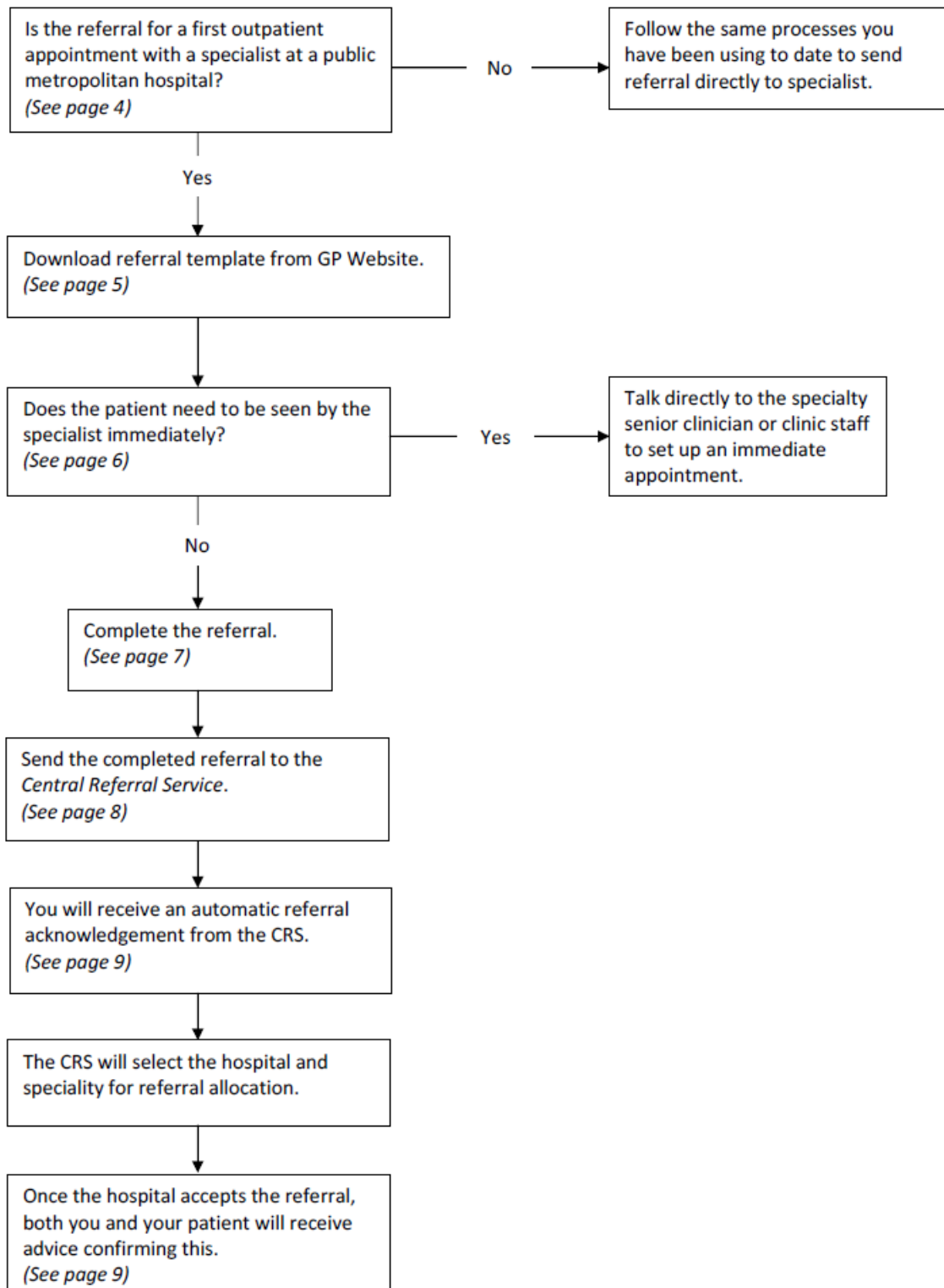
Updated: December 2022

better health • better care • better value

Contents

Outpatient Referral Process to WA Public Hospitals	2
Guide to using the Central Referral Service	3
Step 1: Decide whether you need to refer via the CRS	3
Step 2: Download a referral template	4
Option A: Download to your practice management software	4
Option B: Download electronic form	4
Option C: Download to complete by hand	4
Step 3: For immediate referrals contact the hospital specialist directly	5
Step 4: Complete the referral	6
Step 5: Send the referral	7
Step 6: Acknowledgement receipt	8
Special Circumstances	9
Patient attending at a hospital outside their catchment area	9
Referrals from the WA Country Health Service (WACHS)	9
CRS follow-up	9
Appendix 1	10
Appendix 2 - Minimum Standards for Outpatient Referrals	11
Demographic Data	11
Additional Demographic Data	11
Clinical Information	11
Additional Information	12

Outpatient Referral Process to WA Public Hospitals



Guide to using the Central Referral Service

Step 1: Decide whether you need to refer via the CRS

The CRS has been set up to allocate referrals for a **first outpatient appointment** with a **specialist** at a clinic within a **public metropolitan hospital** (and Gerontology, Haematology, Neurology and Paediatrics in the **South West**). For a list of the doctor-led specialties that the CRS accepts referrals to please see *Appendix 1*. If your referral meets these criteria, please refer using the CRS.

The following referrals should **NOT** be sent to the CRS

- Referrals to a **private specialist**.
- Referrals for **mental health** services.
- Referrals to **regional/country** outpatient clinics (except for public referrals for Gerontology, Haematology, Neurology and Paediatrics in the **South West**).
- Referrals to **allied health** outpatient services.
- Referrals to **non-doctor led** outpatient services.
- Referrals to **obstetric** services

In these instances, please use your usual referral processes.

Step 2: Download a referral template

To begin, you need to download either a General Adult, Paediatric or Direct Access Gastrointestinal Endoscopy referral form. You can do this in one of three ways, depending on which is most convenient for you:

Option A: Download to your practice management software

If your practice uses *Medical Director*, *Best Practice*, *Zedmed*, *Medtech* or *Genie* software you can download the referral form into this software. This way, your patient's information can automatically be uploaded to the referral form. For further instructions and to download the referral form, go to: http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates
Once the referral form is completed electronically it can be sent to CRS via secure messaging preferably/ faxed or posted (see page 8 for sending options).

Option B: Download electronic form

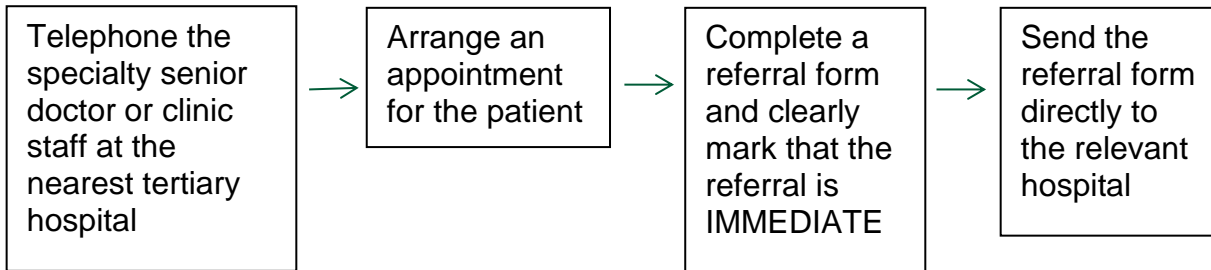
If you do not have the above software you can still fill out the referral form electronically. You can download the electronic referral form at:
http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates
Once the referral form is completed electronically it must be printed and sent to the CRS (see page 8 for sending options).

Option C: Download to complete by hand

If you want to complete the referral form by hand, you can download a PDF version and print it. Please note, that we would prefer the electronic form to avoid problems with interpreting handwriting. We will accept handwritten forms providing the hand writing is legible. You can download a PDF of the referral form at:
http://ww2.health.wa.gov.au/Articles/N_R/Referral-form-templates

NB: If you choose to refer a patient using an alternate form, the mandatory information detailed on page 7 must be included. If the minimum required information is not included, the CRS will contact you and request that a completed referral be provided.

Step 3: For immediate referrals contact the hospital specialist directly



Immediate referrals require you to contact the specialty senior clinician or clinic staff at the nearest tertiary hospital by telephone to arrange an appropriately timed presentation. You should complete a referral form (following the telephone discussion), clearly indicate '**Immediate**' and include:

- The name of the clinician or clinical staff member you spoke to
- The hospital
- The telephone number of the staff member you spoke to
- The details of any telephone clinical advice received on the referral.

The referral is to be **forwarded directly to the relevant hospital** (usually by fax to the department/clinic as directed) to be available for the 'immediate' outpatient appointment.

Step 4: Complete the referral

To ensure patients are directed to the most appropriate level and place of care in a timely manner, WA Health has **minimum standards** for outpatient referrals. These standards are reflected in the fields of the **referral template** and include the following:

- Patient's full name (or alias), maiden name and where appropriate (e.g. for a child) the name of parent or caregiver
- Patient's address
- Patient's mobile number and any alternative numbers
- Patient's date of birth
- Next of kin/carer/guardian/local contact for paediatric referrals
- For a child, the mother's surname at the time of birth, especially if child born in a public hospital.
- Hospital Unit Medical Record Number (UMRN) (if known)
- Medicare number, reference number and expiry date
- Past health history including details of previous treatment, investigations including radiology, pathology, procedures and other relevant results. Copy of reports need to be included with the referral.
- Presenting symptoms, their duration and details of any associated medical conditions which may affect the presenting condition, or its treatment (e.g. diabetes)
- Physical findings (e.g. haematoma on right lower leg)
- Height and weight OR BMI (or percentile if referring infant/child with weight gain/loss issues)
- Details of current medications
- Any known allergies
- Date of referral
- Referrer name and Provider number
- Referrer Contact details including **facsimile number**¹
- The name of the specialty to which the patient is being referred
- GP diagnosis and urgency, where appropriate

NB: If the above information is not provided the referral will be returned.

If you are not using a WA Health referral form you must still satisfy these minimum standards. An explanation for why each field on the referral form is significant can be found at *Appendix 2*.

¹ This is a requirement as a fax number is needed for practitioner to receive an acknowledgment of referral from the CRS

Step 5: Send the referral

You can find the options for sending the referral to the CRS listed on the referral form. They are:

<p style="text-align: center;">Secure Messaging</p> <p>Via HealthLink send to: crefserv Via MMEEx send to: central@mmex.gsmhn.com.au</p> <p style="text-align: center;">Fax</p> <p>Print out referral form and fax to 1300 365 056</p> <p style="text-align: center;">Mail</p> <p>Print out referral form and mail to:</p> <p style="text-align: center;">Central Referral Service GPO Box 2566 St Georges Terrace, WA 6831</p>

Our preferred method for receiving referrals is via secure messaging as this preserves the integrity of the document sent and ensures the referral is legible. Copies of blood/radiology reports when faxed frequently require resending due to blurring in transmission which creates additional work for both Central Referral Service and GPs reception staff. Where necessary, we will accept referrals by fax or post.

Step 6: Acknowledgement receipt

When the CRS receives your referral you will be sent an automatic referral acknowledgement from CRS by secure messaging, fax or post (depending on the method your referral was sent). The CRS will then allocate your referral to the most appropriate hospital as soon as possible.

Once the hospital accepts the referral, both you and your patient will receive a notification of which hospital has accepted the referral. You will receive a secure message or fax; and your patient will receive an SMS message. If the patient does not have a mobile number, a letter will be posted instead.

The hospital will contact your patient to provide details of the date and time of their appointment closer to the time.

Once you have received notification that the referral has been accepted by a hospital, all further communication about the referral should be directed to that site.

Special Circumstances

Patient attending at a hospital outside their catchment area

Patients may receive outpatient care at a hospital that is not within their catchment area. This may occur for a variety of reasons including the patient's need for a state-wide service, wait times, and clinical need.

A CRS Clinical Nurse will make the referral allocation decision to a particular hospital. Whilst it is preferable for a patient to be seen at the hospital that corresponds to the patient's catchment area, the Clinical Nurse may make the decision for the patient to be seen out of catchment. In those circumstances the Clinical Nurse may contact the patient, referrer or hospital specialty for further information to facilitate the allocation decision.

Referrals from the WA Country Health Service (WACHS)

Referrals from WACHS will be accepted by the CRS from rural GPs, hospital specialists and nurse practitioners for doctor-led public metropolitan services or for Gerontology, Haematology, Neurology and Paediatrics in the South West.

CRS follow-up

Some referrals may require the name of a specialist on the referral for billing purposes. If this is relevant to your referral and you have not provided a name, the CRS will contact you.

Appendix 1 – In Scope CRS Specialties

Anaesthetics	Medical Oncology
Adolescence Medicine	Neonatal
Bariatric Surgery	Neurology
Burns (post injury issues only)	Nephrology
Breast Surgery	Neurosurgery
Cardiology	Ophthalmology
Cardiothoracic	Oral Maxillofacial Surgery
Dermatology	Orthopaedics
Ear, Nose and Throat	Paediatrics
Endocrinology	Pain Management
Gastroenterology	Palliative Care
General Medicine	Plastic Surgery
General Surgery	Radiation Oncology
Genetics	Rehabilitation
Gerontology	Renal
Gynaecology	Respiratory Medicine
Haematology	Rheumatology
Hepatobiliary	Spinal Surgery
Hyperbaric Medicine	Urology
Immunology	Vascular Surgery
Infectious Diseases	

Appendix 2 - Minimum Standards for Outpatient Referrals

Demographic Data

- **Patient's full name** and **maiden name** (if applicable)
- **Patient's contact address** and **telephone numbers** (mobile number is important for SMS)
- **Patient's date of birth, country of birth, and hospital of birth** (for paediatrics)

The above details are required in order to register the patient on WA Health administration systems.

Additional Demographic Data

- **Title (Mr, Mrs, Dr etc.)**
- **Gender**
- **Indigenous Status**
- **Residency**
- **Interpreter required /language spoken**
- **Medicare number, Sequence Number, Expiry Date**
- **GP Practice and location**
- **Next of Kin** and relationship to patient
- For a paediatric referral, the **mother's surname** at time of birth and at which **hospital** the child was born
- **Religion**

The above details are required for registering a new patient on the Central patient Index (CPI) and the Patient master Index (PMI).

Clinical Information

- **Past medical history** including details of previous treatment, investigations including radiology, pathology, procedures and other relevant results.
- **Presenting symptoms**, their duration and details of any associated medical conditions which may affect the presenting condition or its treatment (e.g. diabetes).
- **Physical findings** (e.g. haematoma on right lower leg)
- **Height, weight or body mass index** (or percentile if referring an infant/child with weight gain or loss issues).
- **Current medications**
- **Allergies**

The above details enable the CRS to determine the most appropriate hospital for your patient to be seen at and will also assist the hospital staff to triage the referral.

Limited clinical information makes it difficult to ascertain the clinical acuity and priority of the referral. If there is insufficient information to make an allocation decision, or for the hospital to triage the referral, you may be contacted by the CRS.

Additional Information

- **Date of referral** - some referrals are only valid for a period of time e.g. specialist three months, GP/NP 12 months. CRS processes referrals according to date received.
- **Details of referring practitioner and provider number** - required to ensure validity of referral and to register practitioner as a referrer on the WA Health patient administration systems.
- **Contact details of referring practitioner including facsimile number** - enables CRS/Hospital to contact practitioner if required.
- **The name of specialty** - so referral can be allocated appropriately
- **GP/Practitioner diagnosis** and **urgency** - to ensure diagnosis and specialty correlate. Urgency ensures that patient referral is appropriately triaged at the hospital.
- **Hospital Unit Medical Record Number (UMRN)** - if known - assists hospital to verify patient and quickly locate patients' records.

This document can be made available in alternative formats on request for a person with a disability.

© Department of Health 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.