

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
Diabetes related foot complications	<ul style="list-style-type: none"> • Sepsis or acutely unwell due to foot infection • Tissue loss - absent pulses • Suspected acute limb ischaemia • Rapidly deteriorating ulceration or necrosis • Suspected infection from a foreign body in the foot • Rapidly deteriorating ulceration or necrosis • Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot). 	Not applicable: patients should be referred to a multidisciplinary high-risk foot service	Not applicable	Patients with any of the following should be referred to a high-risk foot service: <ul style="list-style-type: none"> • deep ulcers (probe to tendon, joint or bone) • ulcers not reducing in size after 4 weeks despite appropriate treatment • the absence of foot pulses • ascending cellulitis
Hyperthyroidism	<ul style="list-style-type: none"> • Hyperthyroidism complicated by cardiac, respiratory compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state) 	<ul style="list-style-type: none"> • Assessment of newly identified or recurring hyperthyroidism (including Graves' disease) • Advice on, or review of, management plan for stable hyperthyroidism. 	Mandatory <ul style="list-style-type: none"> • Onset, characteristics and duration of symptoms • Current and complete medication history (including non-prescription medicines, herbs and supplements), particularly medicines such as amiodarone, 	Not applicable

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
	<ul style="list-style-type: none"> • Neutropenic sepsis in patient taking carbimazole or propylthiouracil • Hyperthyroidism with hypokalaemia or paralysis 		<p>lithium, biotin and kelp products</p> <ul style="list-style-type: none"> • Recent free triiodothyronine (T3), free thyroxine (T4) and thyroid stimulating hormone level (TSH) • If the patient is pregnant <p>Desired</p> <ul style="list-style-type: none"> • 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) 	
<p>Hypothyroidism</p>	<ul style="list-style-type: none"> • Suspected myxoedema coma (impaired conscious state, hypothermia, bradycardia) with high thyroid stimulating hormone level. 	<ul style="list-style-type: none"> • Persistent hypothyroidism despite adequate replacement treatment • Pregnant women with thyroid stimulating hormone level (TSH) > 10 mU/L with a history of Graves' disease or 	<p>Mandatory</p> <ul style="list-style-type: none"> • Free thyroxine (T4) results and thyroid stimulating hormone level (TSH). Please provide series of results over time if the referral is 	<ul style="list-style-type: none"> • Clinically stable hypothyroidism • Primary hypothyroidism (except in patients with cardiac disease, pregnancy or if thyroxine

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
		<p>treatment with radioactive iodine</p> <ul style="list-style-type: none"> • 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 	<p>related to persistent thyroiditis</p> <ul style="list-style-type: none"> • 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. <p>Desired</p> <ul style="list-style-type: none"> • Anti-thyroid peroxidase (TPO) antibodies results 	<p>treatment is contraindicated) that has not been treated with replacement therapy</p>
<p>Metabolic bone disease</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> • 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: 	<p>Mandatory</p> <ul style="list-style-type: none"> • 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): 	<ul style="list-style-type: none"> • Osteoporosis that has not been treated • Age appropriate osteopenia without fracture(s) • When the person’s life expectancy is < 6 months

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
		<ul style="list-style-type: none"> ○ treatment with glucocorticoid medicines ○ chronic kidney disease ○ post-transplant. ● Osteoporosis in women < 50 years or men < 60 years ● Secondary osteoporosis due any of the following: <ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> ○ 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 <p>Desired</p> <ul style="list-style-type: none"> ● Current or previous bone densitometry results ● Current or previous radiological reports of any fractures ● Parathyroid (PTH) blood test result 	
Thyroid mass (Endocrine)	<ul style="list-style-type: none"> ● Thyroid mass with difficulty in breathing 	<ul style="list-style-type: none"> ● Assessment of suspected malignancy 	Mandatory	Not applicable

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
		<ul style="list-style-type: none"> • Thyroid mass associated with mild to moderate compressive symptoms • Thyroid mass associated with hyperthyroidism 	<ul style="list-style-type: none"> • Ultrasound with, or without, fine needle aspiration results • Thyroid stimulating hormone (TSH) and free thyroxine (T4) results 	
<p>Type 1 Diabetes</p>	<ul style="list-style-type: none"> • Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones) • Hyperosmolar hyperglycemic state • Diabetes & 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 	<ul style="list-style-type: none"> • Diagnosed with type 1 diabetes 	<p>Mandatory</p> <ul style="list-style-type: none"> • Reason for referral • Details of previous medical management and outcome • 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, cerebral vascular disease, neuropathy, anxiety, depression) • Urea & electrolyte results • Creatinine blood results • Albumin to creatinine ratio (ACR) urine results 	<p>Not applicable</p>

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
	<p>Immediately contact the Endocrinology registrar to arrange urgent endocrinology assessment for:</p> <ul style="list-style-type: none"> • New diagnosis of type 1 diabetes • Pregnancy in known diabetic woman • Recent, resolved hypoglycaemia episode resulting in unconsciousness 		<ul style="list-style-type: none"> • Liver function results • Lipid profile results • ATSI status • Functional impact of symptoms on daily activities including impact on work, study or carer role. 	
<p>Type 2 Diabetes</p>	<ul style="list-style-type: none"> • Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting) • Hyperosmolar hyperglycemic state • Diabetes and severe vomiting • Acute, severe hyperglycaemia • Acute, severe hypoglycaemia • Suspected Charcot’s neuroarthropathy (e.g. unilateral, red, 	<ul style="list-style-type: none"> • 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% • Type 2 diabetes with complications (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, neuropathy) • Planning for pregnancy • Management of unstable glycaemic control due to 	<p>Mandatory</p> <ul style="list-style-type: none"> • Reason for referral • All medicines previously tried, duration & effect • Current and previous HbA1c results • Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, nerve damage in the lower limbs, anxiety, depression, foot ulcers) • Current & complete medication history (including non- 	<ul style="list-style-type: none"> • Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without complications or comorbidities • Patients being managed with dietary measures alone

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
	<p>hot, swollen, possibly aching foot)</p> <ul style="list-style-type: none"> • Foot ulceration with absent pulses <p>Immediately contact the Endocrinology registrar to arrange urgent endocrinology assessment for:</p> <ul style="list-style-type: none"> • Pregnancy in known diabetic woman • Recent, resolved hypoglycaemia episode resulting in unconsciousness 	<p>concomitant use of medicines that impact on glycaemic control (e.g. corticosteroids, chemotherapy protocols)</p> <ul style="list-style-type: none"> • Assessment for commercial driver’s licence • Diagnosis of type of diabetes. 	<p>prescription medicines, herbs and supplements)</p> <ul style="list-style-type: none"> • Urea & electrolytes • Creatinine blood results • Albumin to creatinine ratio (ACR) urine results • Liver function results • Lipid profile results • Functional impact of symptoms on daily activities including impact on work, study or carer role • ATSI status <ul style="list-style-type: none"> ○ If the person is part of a <u>vulnerable population</u> defined by: <ul style="list-style-type: none"> ○ <u>from culturally and linguistically diverse backgrounds</u> ○ <u>older Australians</u> ○ <u>carers of people with chronic conditions</u> ○ <u>experiencing socio-economic disadvantage</u> ○ <u>living in remote, or rural and regional locations</u> ○ <u>people with a disability</u> ○ <u>people with mental illness</u> 	

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
			<ul style="list-style-type: none"> ○ <i>is or has been incarcerated</i> 	
Diabetes related foot complications	<ul style="list-style-type: none"> • Sepsis or acutely unwell due to foot infection • Tissue loss - absent pulses • Suspected acute limb ischaemia • Rapidly deteriorating ulceration or necrosis • Suspected infection from a foreign body in the foot • Rapidly deteriorating ulceration or necrosis • Suspected Charcot's neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot). 	Not applicable: patients should be referred to a multidisciplinary high-risk foot service	Not applicable	Patients with any of the following should be referred to a high-risk foot service: <ul style="list-style-type: none"> • deep ulcers (probe to tendon, joint or bone) • ulcers not reducing in size after 4 weeks despite appropriate treatment • the absence of foot pulses • ascending cellulitis
Hyperthyroidism	<ul style="list-style-type: none"> • Hyperthyroidism complicated by cardiac, respiratory 	<ul style="list-style-type: none"> • Assessment of newly identified or recurring 	Mandatory <ul style="list-style-type: none"> • Onset, characteristics and duration of symptoms 	Not applicable

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
	<p>compromise or other indications of severe illness (fever, vomiting, labile blood pressure, altered mental state)</p> <ul style="list-style-type: none"> • Neutropenic sepsis in patient taking carbimazole or propylthiouracil • Hyperthyroidism with hypokalaemia or paralysis 	<p>hyperthyroidism (including Graves' disease)</p> <ul style="list-style-type: none"> • Advice on, or review of, management plan for stable hyperthyroidism. 	<ul style="list-style-type: none"> • 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 <p>Desired</p> <ul style="list-style-type: none"> • 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) 	

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
<p>Hypothyroidism</p>	<ul style="list-style-type: none"> Suspected myxoedema coma (impaired conscious state, hypothermia, bradycardia) with high thyroid stimulating hormone level. 	<ul style="list-style-type: none"> Persistent hypothyroidism despite adequate replacement treatment Pregnant women with thyroid stimulating hormone level (TSH) > 10 mU/L with a history of Graves' disease or treatment with radioactive iodine 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 	<p>Mandatory</p> <ul style="list-style-type: none"> 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. <p>Desired</p> <ul style="list-style-type: none"> Anti-thyroid peroxidase (TPO) antibodies results 	<ul style="list-style-type: none"> 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
<p>Metabolic bone disease</p>	<p>Not applicable</p>	<ul style="list-style-type: none"> Suspected metabolic bone disease that is not osteoporosis (for example: Paget's disease, fibrous dysplasia, osteomalacia, osteogenesis imperfecta) Persistent osteoporosis despite 3 years of 	<p>Mandatory</p> <ul style="list-style-type: none"> Details of all fractures, including location Details of previous medical management including the course of treatment and outcome of treatment 	<ul style="list-style-type: none"> Osteoporosis that has not been treated Age appropriate osteopenia without fracture(s) When the person's life expectancy is < 6 months

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
		<ul style="list-style-type: none"> maximum antiresorptive treatment • Intolerance to, or contraindication for, maximum antiresorptive treatment • Metabolic bone disease associated with: <ul style="list-style-type: none"> ○ treatment with glucocorticoid medicines ○ chronic kidney disease ○ post-transplant. • Osteoporosis in women < 50 years or men < 60 years • Secondary osteoporosis due any of the following: <ul style="list-style-type: none"> ○ hyperthyroidism ○ primary hyperparathyroidism ○ male hypogonadism ○ amenorrhea in women < 40 years. • Advice on, or review of, management plan in patients with stable 	<ul style="list-style-type: none"> • Current and complete medication history (including non-prescription medicines, herbs and supplements) • Recent (preferably in last 3 months): <ul style="list-style-type: none"> ○ 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 <p>Desired</p> <ul style="list-style-type: none"> • Current or previous bone densitometry results • Current or previous radiological reports of any fractures 	

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
		metabolic bone disease after 5 years of treatment	<ul style="list-style-type: none"> Parathyroid (PTH) blood test result 	
Thyroid mass (Endocrine)	<ul style="list-style-type: none"> Thyroid mass with difficulty in breathing 	<ul style="list-style-type: none"> Assessment of suspected malignancy Thyroid mass associated with mild to moderate compressive symptoms Thyroid mass associated with hyperthyroidism 	Mandatory <ul style="list-style-type: none"> Ultrasound with, or without, fine needle aspiration results Thyroid stimulating hormone (TSH) and free thyroxine (T4) results 	Not applicable
Type 1 Diabetes	<ul style="list-style-type: none"> Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting, raised ketones) Hyperosmolar hyperglycemic state Diabetes & severe vomiting Acute, severe hyperglycaemia Acute, severe hypoglycaemia Suspected Charcot's neuroarthropathy 	<ul style="list-style-type: none"> Diagnosed with type 1 diabetes 	Mandatory <ul style="list-style-type: none"> Reason for referral Details of previous medical management and outcome 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, cerebral vascular disease, 	Not applicable

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria				
	<p>(e.g. unilateral, red, hot, swollen, possibly aching foot)</p> <ul style="list-style-type: none"> • Foot ulceration with absent pulses <p>Immediately contact the Endocrinology registrar to arrange urgent endocrinology assessment for:</p> <ul style="list-style-type: none"> • New diagnosis of type 1 diabetes • Pregnancy in known diabetic woman • Recent, resolved hypoglycaemia episode resulting in unconsciousness 		<p>neuropathy, anxiety, depression)</p> <ul style="list-style-type: none"> • Urea & electrolyte results • Creatinine blood results • Albumin to creatinine ratio (ACR) urine results • Liver function results • Lipid profile results • ATSI status • Functional impact of symptoms on daily activities including impact on work, study or carer role. 	
Type 2 Diabetes	<ul style="list-style-type: none"> • Diabetic ketoacidosis or suspected diabetic ketoacidosis (e.g. abdominal pain, dehydration, confusion, nausea and vomiting) • Hyperosmolar hyperglycemic state • Diabetes and severe vomiting • Acute, severe hyperglycaemia 	<ul style="list-style-type: none"> • 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% • Type 2 diabetes with complications (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral 	<p>Mandatory</p> <ul style="list-style-type: none"> • Reason for referral • All medicines previously tried, duration & effect • Current and previous HbA1c results • Known complications or comorbidities (e.g. cardiovascular disease, kidney disease, retinopathy, cerebral vascular disease, nerve damage in the lower 	<ul style="list-style-type: none"> • Well controlled type 2 diabetes (responding to dietary and medical management with HbA1c < 64 mmol/mol or 8%) without complications or comorbidities • Patients being managed with

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
	<ul style="list-style-type: none"> • Acute, severe hypoglycaemia • Suspected Charcot’s neuroarthropathy (e.g. unilateral, red, hot, swollen, possibly aching foot) • Foot ulceration with absent pulses <p>Immediately contact the Endocrinology registrar to arrange urgent endocrinology assessment for:</p> <ul style="list-style-type: none"> • Pregnancy in known diabetic woman • Recent, resolved hypoglycaemia episode resulting in unconsciousness 	<p>vascular disease, neuropathy)</p> <ul style="list-style-type: none"> • 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. 	<p>limbs, anxiety, depression, foot ulcers)</p> <ul style="list-style-type: none"> • Current & complete medication history (including non-prescription medicines, herbs and supplements) • Urea & electrolytes • Creatinine blood results • Albumin to creatinine ratio (ACR) urine results • Liver function results • Lipid profile results • Functional impact of symptoms on daily activities including impact on work, study or carer role • ATSI status <ul style="list-style-type: none"> ○ If the person is part of a <i>vulnerable population</i> defined by: <ul style="list-style-type: none"> ○ <i>from culturally and linguistically diverse backgrounds</i> ○ <i>older Australians</i> ○ <i>carers of people with chronic conditions</i> ○ <i>experiencing socio-economic disadvantage</i> 	<p>dietary measures alone</p>

STATEWIDE REFERRAL CRITERIA – ENDOCRINOLOGY

CONDITION	URGENT REVIEW – ED OR CONSULTANT	OUTPATIENT REFERRAL CRITERIA	INFORMATION REQUIRED WITH REFERRAL	REFERRAL NOT ACCEPTED
<p>All outpatient referrals for these conditions should be triaged according to the criteria and should be declined if they do not meet the criteria</p>				
			<ul style="list-style-type: none"> ○ <i>living in <u>remote</u>, or <u>rural</u> and <u>regional locations</u></i> ○ <i>people with a <u>disability</u></i> ○ <i>people with <u>mental illness</u></i> ○ <i><u>is or has been</u> <u>incarcerated</u></i> 	