



Dermatology Skin Cancer Assessment Clinic Referral Guidelines

Department of Health clinical urgency categories for specialist clinics

Urgent: A referral is urgent if the patient has a condition that has major functional impairment and/or moderate risk of permanent damage to an organ/bone/tissue/system if not seen within 30 days.

Semi Urgent: Referrals should be categories as Semi Urgent that has the potential to deteriorate within 30-90 days.

Routine: Appointments will be booked according to availability, after urgent and semi urgent patients have been treated. Please note we are experiencing lengthy delays, in excess of 365 days.

Exclusions:

- 1) Skins checks can only be provided where there is biopsy-confirmed concern for malignancy, or a recent history of high-risk malignancy such as melanoma in the last 2 years.
- 2) Removal of benign lesions on cosmetic grounds (i.e. Benign naevi, seborrhoeic keratosis, skin tags, warts, etc.)
- 3) Mild acne not requiring systemic management
- 4) Uncomplicated male pattern hair loss
- 5) Venous ulceration -consider referral to Wound Clinic
- 6) Allergy services including Skin Prick Testing - we do not have this service
- 7) Sexually transmitted diseases - consider referral to Infectious Diseases.
- 8) Patients who are being treated for the same condition at another Victorian public hospital
- 9) Laser or cosmetic procedures
- 10) Keratosis pilaris

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information
Acute ulcers – Mouth or Genital	When to Refer: If management issues	To be included in referral: Clinical history and examination. Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: Painful lasting more than 4 weeks Routine: All other patients

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information
Acne: Moderate to Severe	When to Refer: Treatment failure Previous treatment: Oral therapy for at least 12 weeks	To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Cystic scarring Acne Routine: All other patients
Allergic contact Dermatitis	When to Refer: If management issues	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: If interference with work attendance Routine: All other patients
Cutaneous Lupus requiring systemic therapy	When to Refer: Biopsy proven Previous treatment already tried: Sun protection Potent topical steroid therapy for 4 weeks	To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.	Urgent: Acute onset and/or systemically unwell Routine: All other patients
Dermatomyositis	When to refer: All patients with rash and weakness	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: All patients
Dry Skin	When to Refer: Treatment failure Previous treatment already tried: Daily use of emollients	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information
Eczema	<p>When to Refer: Moderate to severe requiring systemic therapy</p> <p>Previous treatment already tried: Regular emollients and topical cortisone applied twice daily for 4 weeks</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: if Erythrodermic or more than 80% coverage. Eczema Herpeticum.</p> <p>Routine: All other patients</p>
Erythema multiforme, bullous pemphigoid, pemphigus	<p>When to Refer: ACTIVE blistering</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: All patients with active blistering disorders</p>
Erythema nodosum or similar lumps on legs	<p>When to Refer: Painful lumps for more than 4 weeks. Non responsive to rest and NSAID</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: If lasts more than 6 weeks</p> <p>Routine: All other patients</p>
Excess hair growth	<p>When to Refer: Sudden onset. Not for cosmetic purposes</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: If sudden onset</p> <p>Routine: All other patients</p>

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Excessive sweating	When to Refer: Long history > 6 months. No response to topical agents.	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients
Haemangioma	When to Refer: Adult patients only	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients
Immunosuppressed patients	When to Refer: If unwell. Rapidly progressive skin lesions	To be included in referral: Clinical history and examination Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment	Urgent: If systemically unwell. Rapidly progressive skin lesions Routine: All other patients
Itch and pruritus	When to Refer: Sleep disturbance and failure to respond to treatment Previous treatment already tried: Emollients, topical steroids , anti- histamines	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients

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Keloid scars	When to Refer: Patient request	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients
Melanoma not excised	When to Refer: Biopsy proven	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment	Urgent: All
Melasma	When to Refer: Patient request Treatment failure Previous treatment already tried: 3 month trial of sun protection and Hydroquinone	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients
Nail Problems	When to Refer: Culture of nail plate is negative	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome information
Other auto immune disorders requiring systemic therapy	When to Refer: If diagnostic or Management issue	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: Acute onset and/or systemically unwell Routine: All other patients
Patchy hair loss or sudden severe hair loss (NOT increased hair shedding)	When to Refer: If sudden onset and extensive involvement	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: If rapidly progressive and involves more than one site Routine: All other patients
Photosensitivity	When to Refer: Treatment failure Previous treatment already tried: Sun protection, Medication reviewed	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: Sudden onset Routine: All other patients
Pigmentation problems	When to Refer: Patient request – warn no cosmetic procedures are offered	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients

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Psoriasis: Moderate to Severe	<p>When to Refer: Treatment failure</p> <p>Previous treatment already tried: Two topical agents applied copiously for 4 weeks each.</p>	<p>To be included in referral: Clinical history and examination</p> <p> Instruct patient to bring films & diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: Widespread pustular, erythrodermic or PASI score over 15</p> <p>Routine: All other patients</p>
Pyoderma gangrenosum	<p>When to Refer: Painful ulcers rapidly increasing in size</p>	<p>To be included in referral: Clinical history and examination</p> <p> Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: Patients with active PAINFUL disease</p> <p>Routine: All other patients</p>
Rashes – widespread, severe, painful	<p>When to Refer: If diagnostic or management issues</p>	<p>To be included in referral: Clinical history and examination</p> <p> Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p>	<p>Urgent: All</p>

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Rosacea	<p>When to Refer: Treatment failure</p> <p>Previous treatment already tried: Systemic Tetracycline for 6 weeks</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Routine: All patients</p>
SCC, BCC and other tumours growths or lesions	<p>When to Refer: Biopsy proven</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p>	<p>Urgent: To direct Skin Cancer Pathway if appropriate</p>
Scleroderma	<p>When to Refer: On presentation</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment</p>	<p>Urgent: If new diagnosis</p> <p>Routine: All other patients</p>
Seborrheic keratoses	<p>When to Refer: If Melanoma cannot be ruled out. Inform patients that no cosmetic procedures will be offered for Seborrheic keratoses</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: Suspected Melanoma to Skin Cancer Procedure Clinic</p> <p>Routine: All other patients</p>

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Suspected scabies	<p>When to Refer: Treatment failures</p> <p>Previous treatment already tried: Lyclear applied appropriately</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	Routine: All patients
<p>Suspicious lesions (onset in last six months)</p> <p>Recently biopsy-proven skin cancer (can be removed by simple ellipse)</p>	<p>When to Refer: If biopsy has proven skin cancer</p> <p>Following GP examination and assessment of lesion/s.</p>	<p>To be included in referral: Clinical history and examination</p> <p>Diagnostics: Biopsy result (current at time of referral)</p> <p>Instruct patient to bring diagnostic results to the appointment</p>	<p>Urgent: Skin Cancer Pathway if biopsy proven and criteria met</p> <p>Urgent: to General Clinic, If clinically suspicious and biopsy not performed</p>
Tinea (Mild)	<p>When to Refer: Treatment failure</p> <p>Previous treatment already tried: Failure to respond to Griseofulvin (4 weeks)</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	Routine: All patients

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Tinea (Scalp)	<p>When to Refer: If causing hair loss and is clinically suspicious. When culture of scalp scales positive</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: Patients with proven positive culture</p> <p>Routine: All other patients</p>
Transplant Patient with suspected skin cancers	<p>When to Refer: Diagnosed or suspected skin cancer</p> <p>Previous treatment already tried: N/A</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: All patients</p>
Vasculitis	<p>When to Refer: If diagnostic or management issues</p>	<p>To be included in referral: Clinical history and examination</p> <p>Instruct patient to bring diagnostic results to the Specialist Clinic appointment.</p>	<p>Urgent: If evidence of systemic involvement. Severe extensive skin involvement with ulceration</p> <p>Routine: All other patients</p>

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Vitiligo	When to Refer: Patient request	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Routine: All patients
Warts: Present for more than two years, Immunosuppressed patients	When to Refer: Treatment failure Previous treatment already tried: Application of 2 different Wart paints nightly for 6 weeks each.	To be included in referral: Clinical history and examination Instruct patient to bring diagnostic results to the Specialist Clinic appointment.	Urgent: Immunosuppressed patients Routine: All other patients

