



Oestrogen Implant Referral Pathway

PATIENT REQUESTS IMPLANT

First implant

Are they suitable for implants?:

- * already on oestrogen
 - * on a stable or max. dose of current oestrogen
- AND**
- * does not wish to take a daily medication / prefers the convenience of implants,
- OR**
- * does not tolerate other forms of oestrogen
- OR**
- * is unable to achieve therapeutic (< 250 nmol/L or poor clinical response or ongoing virulisation)
- AND**
- * can tolerate a minor medical procedure under local anaesthetic

Yes, please refer for implant

No, can refer for other gender affirming hormonal care

Subsequent implant

Current oestrogen levels

< 400 pmol/L

Refer to RCC or patient can contact clinic for appt.

> 400 pmol/L

Monitor until < 400 Refer to RCC if other concerns

Referral

RCC kindly requests that the following are included:

- Patient details
- Patient medical background and gender affirming hormonal care treatment history
- Reason for change to implant
- Recent FBC, EUC, LFTs, oestrogen & testosterone levels (where possible but RCC can arrange)
- Whether the referral is for implant insertion only or for all hormonal care needs

Detailed referrals will facilitate the pre-assessment appointment and reduce costs for patients.

Patients can register for appointments via the website and are sent upload links.

Otherwise please send referrals to:

Healthlink: rainbowc (preferred)

Email: admin@rainbowcareclinic.com.au

Fax: (03) 8779 8991

Mail: 71 Bathurst Street, Hobart TAS 7000

Template referrals (PDF, BestPractice) are available on the clinic website:

www.rainbowcareclinic.com.au/information-for-your-gp