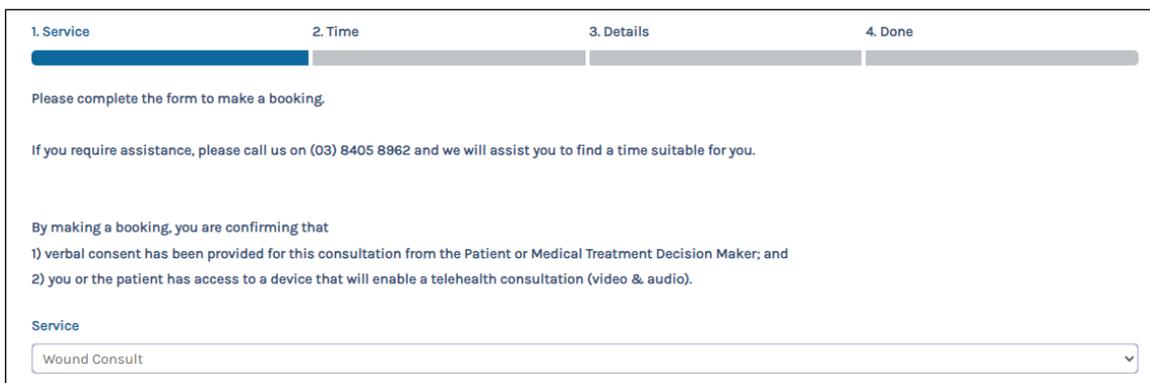


## Referring to VVSC

### How to Book an Appointment

1. Visit [vsc.nh.org.au](http://vsc.nh.org.au) and click 'Book Appointment'.
2. In the 'Service' drop-down menu, select the type of consult required (e.g. *Wound Consult*)
3. Click 'Next'.



1. Service      2. Time      3. Details      4. Done

Please complete the form to make a booking.

If you require assistance, please call us on (03) 8405 8962 and we will assist you to find a time suitable for you.

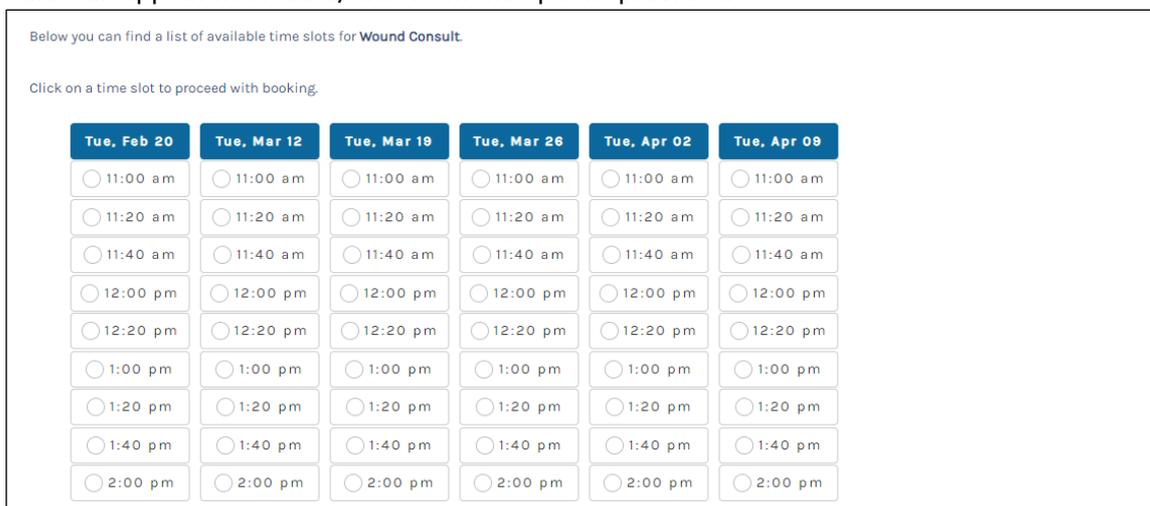
By making a booking, you are confirming that

- 1) verbal consent has been provided for this consultation from the Patient or Medical Treatment Decision Maker; and
- 2) you or the patient has access to a device that will enable a telehealth consultation (video & audio).

Service

Wound Consult

4. Select an appointment date/time from the options provided.

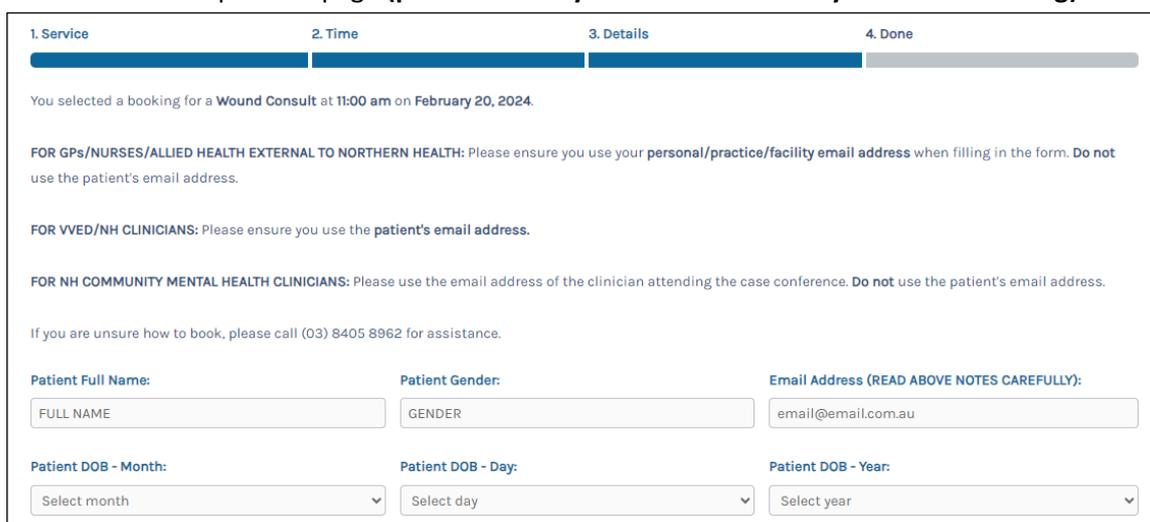


Below you can find a list of available time slots for **Wound Consult**.

Click on a time slot to proceed with booking.

Tue, Feb 20	Tue, Mar 12	Tue, Mar 19	Tue, Mar 26	Tue, Apr 02	Tue, Apr 09
<input type="radio"/> 11:00 am					
<input type="radio"/> 11:20 am					
<input type="radio"/> 11:40 am					
<input type="radio"/> 12:00 pm					
<input type="radio"/> 12:20 pm					
<input type="radio"/> 1:00 pm					
<input type="radio"/> 1:20 pm					
<input type="radio"/> 1:40 pm					
<input type="radio"/> 2:00 pm					

5. Enter the patient's full name, gender, date of birth and the appropriate email address as outlined at the top of this page (**please ensure you read this carefully before continuing**).



1. Service      2. Time      3. Details      4. Done

You selected a booking for a **Wound Consult** at 11:00 am on February 20, 2024.

**FOR GPs/NURSES/ALLIED HEALTH EXTERNAL TO NORTHERN HEALTH:** Please ensure you use your **personal/practice/facility email address** when filling in the form. **Do not** use the patient's email address.

**FOR VVED/NH CLINICIANS:** Please ensure you use the **patient's email address**.

**FOR NH COMMUNITY MENTAL HEALTH CLINICIANS:** Please use the email address of the clinician attending the case conference. **Do not** use the patient's email address.

If you are unsure how to book, please call (03) 8405 8962 for assistance.

Patient Full Name:      Patient Gender:      Email Address (READ ABOVE NOTES CAREFULLY):

FULL NAME      GENDER      email@email.com.au

Patient DOB - Month:      Patient DOB - Day:      Patient DOB - Year:

Select month      Select day      Select year

*Referring to VVSC (cont'd)*

6. Check the box indicating you have consent to case conference this patient's care.
7. In the 'Referred by' drop-down menu, select one of the following options:
  - **General Practitioner** (for GPs external to Northern Health)
  - **Nurse / Allied Health** (for Nursing/Allied Health clinicians external to Northern Health)
  - **Victorian Virtual Emergency Department (VVED)**
  - **Northern Health** (for all Northern Health internal referrals incl. Community Mental Health)

Do you have consent to case conference this patient's care?

Yes

Referred by\*

General Practitioner

Nurse / Allied Health

Victorian Virtual Emergency Department (VVED)

Northern Health

8. Complete all required fields.
9. Click 'Next'.

Referring Clinician Name\*

Clinic/Facility Name\*

Clinic/Facility Phone Number\*

Patient Address\*

Patient Phone Number\*

Patient Medicare Number\*

Patient Medicare IRN\*

Patient Medicare Expiry\*

10. A confirmation email has now been sent to the email address used earlier, including appointment date/time and other instructions.

**Note:** If you have not received a confirmation email, please check your junk/spam folder.

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*If you require any further assistance please call (03) 8405 8962  
or email [VVSC@nh.org.au](mailto:VVSC@nh.org.au) and a team member will assist you.*

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