

Gender Clinic Referral Guidelines



The Austin Health Gender Clinic offers time-limited specialist endocrinology support for adults (18+) seeking gender-affirming hormone therapy or experiencing issues with ongoing hormone management. Care is delivered within a shared care model in collaboration with the patient's general practitioner.

Department of Health clinical urgency categories for specialist clinics

For all emergency cases that require immediate review, or pose an immediate risk to life or limb, please dial 000 or send the patient to the Emergency Department.

Urgent: Referrals should be categorised as urgent if the patient is experiencing severe complications from hormone therapy or has an imminent medical issue impacting hormone dosing or effectiveness. These patients should be seen within 30 days of referral receipt.

Routine: Referrals should be categorised as routine for general hormone therapy commencement, monitoring, or non-urgent complications.

Referral Process

GP Referral Guide: Please see below conditions accepted into this clinic and provide the relevant investigations as requested below to aid in the appropriate triaging of your patient.

Patient instructions: Patients should bring ALL relevant investigation results and documents to their clinic appointment.

Exclusions: The Gender Clinic does not provide the following services:

- Gender-affirming care for patients under 18 years
- Ongoing long-term management beyond three appointments
- Access to surgical services
- Co-located mental health or allied health services.

Patients with complex psychological or psychiatric conditions requiring multidisciplinary support should be referred to services offering gender-affirming mental health care prior to endocrine input.

Condition / Symptom	GP Management	Investigations Required Prior to Referral	Expected Triage Outcome	Expected Specialist Intervention Outcome	Expected number of Specialist Appointments
Commencement of gender-affirming hormone therapy	Assess mental and physical readiness for hormone therapy; confirm capacity for informed consent	FBC, EUC, Ca, Mg, Phosphate, LFTs, LH, FSH, Testosterone, Estradiol	Routine	<ul style="list-style-type: none">• Assessment, initiation plan, education, discharge to GP	Up to 3

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Complications or concerns with existing hormone therapy	Manage acute symptoms; stabilise where possible	As above + relevant recent hormone levels	Urgent (if severe) or Routine (if stable)	Assessment, adjustment of therapy, discharge to GP	Up to 3