

Booking an Ophthalmology Consult

1. Visit vvsc.org.au and select your location.



VICTORIAN VIRTUAL
SPECIALIST CONSULTS

Victorian Virtual Specialist Consults (VVSC) is a statewide service supporting healthcare professionals by providing access to timely specialist advice via virtual appointments.

Designed to complement existing referral pathways, VVSC offers an alternative where appropriate—helping to reduce delays, support decision-making in the community, and ease pressure on specialist and outpatient services across Victoria.

Please select your location to continue:

METROPOLITAN (MM1 only)

based on the Modified Monash Model (MMM)

REGIONAL / RURAL (MM2-MM7)

based on the Modified Monash Model (MMM)

Unsure? Use the Department of Health and Aged Care's [Health Workforce Locator](#).

2. Select **Adult Specialties > Ophthalmology**, then select your desired consult type:

Victorian Virtual Specialist Consults (VVSC) supports general practitioners, nurses, allied health professionals and other primary care providers in metropolitan areas by providing timely access to specialist expertise. VVSC aims to support the management of complex patients in the community, strengthen continuity of care, and ease pressure on outpatient departments across Victoria.

Three consult types are available (availability varies by specialty):

- **Case Conferences** – involving the referring clinician, a VVSC specialist, and an additional healthcare provider.
- **Co-consults** – involving the referring clinician, patient, and VVSC specialist.
- **Direct Patient Consults** – involving the patient and VVSC specialist only.

VVSC enhances the capacity of primary care providers to deliver comprehensive care, offering an alternative to traditional outpatient referrals where timely in-community support is appropriate.

For a full list of available specialties and consult types, please select an option below:

+ Adult Specialties

+ Paediatric Specialties

+ Nephrology

+ Neurology

- Ophthalmology

+ Palliative Care

Case conference / Co-consult:

BOOK A CONSULT

←

Direct patient consult:

BOOK A CONSULT

←

3. Select a date and time from the options below.

Mon, Jun 16	Mon, Jun 30	Mon, Jul 07	Mon, Jul 14	Mon, Jul 28	Mon, Aug 04	Mon, Aug 11	Mon, Aug 25
<input type="radio"/> 1:30 pm							
<input type="radio"/> 2:00 pm							
<input type="radio"/> 2:30 pm							
<input type="radio"/> 3:00 pm							
<input type="radio"/> 3:30 pm							
<input type="radio"/> 4:00 pm							
<input type="radio"/> 4:30 pm							

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4. Read the information carefully and complete all fields. Then, click 'Next'.

Note: The **email address** required differs between consult types. Please double-check the information before submitting.

IMPORTANT:

- Please ensure you have confirmed and use the [patient's email address](#) when booking in order for them to receive their appointment information and joining link.
- If you need to amend any of the details (e.g. date, time, email address etc.) after booking, please refrain from submitting an additional booking and email VSC.bookings@nh.org.au or call (03) 8405 8962 for assistance.

Patient Full Name:	Patient Gender:	Email Address (READ ABOVE NOTES CAREFULLY):
<input type="text" value="Name SURNAME"/>	<input type="text" value="Man / Woman / Non-binary / Not Specified"/>	<input type="text" value="email@email.com"/>
Patient DOB - Day:	Patient DOB - Month:	Patient DOB - Year:
<input type="text" value="1"/>	<input type="text" value="January"/>	<input type="text" value="1990"/>

Patient Residential Address*

Patient Phone Number*

Patient Medicare Number*

Patient Medicare Reference Number*

Patient Medicare Expiry*

Patient's Regular GP*

Please provide the GP's full name and the name of the medical centre.

Referrer Information

Referring Clinician*

Please provide the referring clinician's full name.

Referrer's Location*

Please specify the location of the referring clinician.

- For **Primary Care Health Professionals**, this can be the name of the medical centre/clinic/facility.
- For **Hospital Clinicians**, this can be the name of the hospital and the department/unit.

Designation / Role*

Doctor
 Registered Nurse
 Allied Health Professional
 Other

Phone Number*

Fax Number*

Clinical Referral Information

Reason For Referral*

Please provide as much detail as possible, incl. previous medical/social/family history

Current Medications (incl. OTC)

If none, please type "N/A"

Allergies

If none, please type "N/A"

Supporting Documentation

Please forward copies of supporting documentation to VSC.bookings@nh.org.au or fax to (03) 8468 0530

By ticking this box, I confirm the above details are accurate and I have consent to discuss this patient's care (as the patient/guardian/healthcare provider)

BACK
NEXT

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5. You should have now reached the confirmation page. An email will be sent momentarily containing appointment details, **healthdirect** link to join the consult, and other useful information.

Note: If you have not reached this page, your booking may not have been successful. Please contact VVSC Administration on (03) 8405 8962 or email VVSC.bookings@nh.org.au



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Your booking was successful!

[RETURN TO VVSC HOME PAGE](#)



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For further assistance, please contact the VVSC Administration Team on (03) 8405 8962 or via email:

Booking Enquiries: VVSC.bookings@nh.org.au | General Enquiries: VVSC@nh.org.au
