# Rapid Access Request



## Shared follow-up care for early breast cancer

**The Rapid Access Request is designed to be used by the GP and specialist when follow-up raises a clinical issue requiring urgent specialist consultation or advice.**

The Rapid Access Request is not to be used as a substitute for existing referral arrangements between GPs and specialists. Additional forms can be downloaded from [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)

**From:**

**GP name:**

Practice address:

State:

Postcode:

Phone no.:

Fax no.:

Email address:

**To:**

**Specialist name:**

Specialty:

Address:

State:

Postcode:

Phone no.:

Fax no.:

Email address:

**Patient details:**

**Patient name:**

Date of birth:

Address:

State:

Postcode:

Mobile no.:

Home / Work no.:

**Specialist input required:**

[ ]  Urgent consultation

[ ]  Urgent advice

**Clinical concerns** *(description of symptoms and/or test results triggering rapid access request)*:

GP’s signature:

Date:

### Outcome of Specialist Consultation

Usually to be completed by the specialist, but may be completed by the GP at the time of phone conversation if phone advice only is received.

**Outcome** – further action required:

[ ]  Yes

[ ]  No

If yes, detail further action:

**Continue shared care?**

[ ]  Yes

[ ]  No

If no, care transferred to:

**Specialist’s name and signature** (if appropriate):

Date:

**Contact option:**

GP to specialist:

[ ]  Phone

[ ]  Letter

[ ]  Fax

[ ]  Email

Specialist to GP:

[ ]  Phone

[ ]  Letter

[ ]  Fax

[ ]  Email