

Rapid access request

Rapid access request is designed to be used by the General Practitioner (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 canceraustralia.gov.au

FROM					
GP name					
Practice address			Phone no.		
	State	Postcode	Fax no.		
Email address					
TO					
Specialist name			Specialty		
Address			Phone no.		
	State	Postcode	Fax no.		
Email address					
PATIENT DETAILS					
Patient name			Date of birth	/ /	
Address			Mobile no.		
	State	Postcode	Home/Work no.		
Electronic Medical Record (eMR) number					
Specialist input required	<input type="checkbox"/> Urgent consultation	<input type="checkbox"/> Urgent advice			
Clinical concerns <i>(description of symptoms and/or test results triggering rapid access request)</i>					
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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, detail further action	
Continue shared care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, care transferred to _____		
Specialist's name and signature <i>(if appropriate)</i>			Date	/ /	
Contact option	GP to specialist	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Email
	Specialist to GP	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> Email

