# **Rapid access request**

The 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.

## **From:**

**GP name:**

Practice address:

State:

Postcode:

Phone number:

Fax number:

Email address:

## **To:**

**Specialist name:**

Specialty:

Address:

State:

Postcode:

Phone number:

Fax number:

Email address:

**Patient name:       Date of birth:**

## **Patient details:**

**Patient name:**

Date of birth:

Address:

State:

Postcode:

Mobile number:

Home/Work number:

## **Specialist input required:**

Urgent consultation

Urgent advice

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

## **GP’s name and signature:**

Name:

Signature:

Date:

**Patient name:       Date of birth:**

## **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):**

Name:

Signature:

Date:

## **Contact option:**

GP to specialist:

Phone

Letter

Email

Specialist to GP:

Phone

Letter

Email

**Patient name:       Date of birth:**