**Shared follow-up and survivorship care for low-risk endometrial cancer**

**Rapid access request**

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| 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**](https://canceraustralia.gov.au/clinical-best-practice/shared-follow-care)

|  |
| --- |
| **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. |  |
| Electronic Medical Record (eMR) number |  |
| **Specialist input required** | ☐ Urgent consultation☐ Urgent advice |
| **Clinical concerns***(description of symptoms and/or test results triggering rapid access request)* |  |
| GP 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☐ NoIf yes, detail further action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Continue shared care?** | ☐ Yes☐ NoIf no, care transferred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Specialist name and signature (if appropriate)** |  |
| Date |  / / |
| **Contact option** | GP to specialist☐ Phone☐ Letter☐ Fax☐ EmailSpecialist to GP☐ Phone☐ Letter☐ Fax☐ Email |

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