



The Rapid Access Request is only to be used by GPs, specialists and sites as part of the National Breast and Ovarian Cancer Centre's *Shared care demonstration project*. It is not to be used as a substitute for existing referral arrangements between GPs and specialists.

Send this form when follow-up raises a clinical issue requiring urgent specialist consultation or advice.

FROM

GP name			
Practice address	State	Postcode	Phone no.
			Fax no.
Email address			

TO

Specialist name			Speciality
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	<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

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