

# GP Callout Fax Form - Wingecarribee

Please note: Do not use the GP Callout Fax Form for urgent requests during after hours periods.

Date:		Time:	
Identification			
RACF Name:			
RACF Address:			
Location (i.e. Level/Wing):			
Best contact number (for the GP to call):			
Name of staff member sending this fax:			
Position of staff member sending this fax:			
RESIDENT'S DETAILS			
Resident's Name:		DOB	
Name of resident's regular GP:			
AGED CARE FACILITY STAFF-DETAILED GP REQUEST			
Situation – Reason for faxing e.g. changes in cognitive state, suspected UTI, pain, fall with injury			
Background – Resident's symptoms, physical signs e.g. pale, sweating etc, duration of current problem			
Assessment – What has been done so far and latest observations			

# GP Callout Fax Form - Wingecarribee

Please note: Do not use the GP Callout Fax Form for urgent requests during after hours periods.

## LATEST OBSERVATIONS

Date:

Time:

BP:

HR:

SpO2:

Temp:

RR:

## Response - State clearly what you are expecting the GP to do

**LEVEL OF RESPONSE:** Please review resident or action as identified below:

☐

**URGENT**

Please see this resident today

☐

**Semi-urgent**

Please see this resident within 72 hours

☐

**Routine**

Please see this resident within 1 week

☐

**No action**

For Your Information only

☐

**No action**

Notification resident has had a fall

Confirmed by RN on duty - Name:

Contact number:

Signature:

## RESPONSE: GENERAL PRACTICE/GP: If response not received within 4 hours phone GP Practice

Request recieved by:

Date:

Time:

## ACTION

GP will attend on:

GP will phone on:

GP has noted:

Signature: