

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 no.
			Fax no.
Email address			

TO

Specialist name			
Address	State	Postcode	Phone no.
Email address			

PATIENT DETAILS

Patient name			Date of birth
Address	State	Postcode	Mobile no.
			Home/Work no.
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 name and 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"/> Email	
	Specialist to GP	<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email	

