

Rapid Recall Request



Health
South Western Sydney
Local Health District

Rapid Recall is for the purposes of escalation, this form is to be used by the general practitioner when a clinical issue requires attention from the specialist care team.

This form acts as a record of the presenting issue and the response from the specialist care team for both the GP and Survivorship Clinic. Not to be used in place of existing referral arrangements i.e. as a 'referral' to a specialist, such as a surgeon, for planned follow up visits.

FROM:

GP name				
Practice address				
	State	Postcode	Phone	
Email address			Fax	

TO: SWSLHD SURVIVORSHIP CLINIC

Email address	sWSLhd-cancersurvivorshipclinic@health.nsw.gov.au
Phone no.	Survivorship CNC's: 0459120973 or 0461443074

PATIENT DETAILS:

Patient name	Date of birth
Home address	Phone
	Postcode
	MRN (if known)

RAPID RECALL DETAILS

Reason for Rapid Recall Request:

High suspicion OR confirmation of local or distant recurrence

- based on symptoms or results of investigations

Patient remains severely impacted by treatment effects despite:

- meeting health and wellness recommendations consistently.
- Patient and GP implementing evidence based interventions

Ongoing treatment compliance is at risk

Patient requires review of endocrine therapy regimen or their ongoing management plan.

Description:

Patient symptoms and actions to date e.g. interventions and their efficacy

Review Requested

Urgent consultation Urgent advice

GP initiated investigations to date:

Please attach reports when submitting to Survivorship Clinic

Test	Date	Venue or Provider Eg. DHM, PRP, Castlereagh	Results Pending Attached
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Patients should be consistent and wherever possible, attend the same imaging venue as previous scans in the same imaging modality. This minimizes the risk of false positive or false negative results.

In lieu of this: Best efforts should be made for the patient to provide the following to the imaging venue on the day of their appointment:

- GP includes details of previous investigations on imaging request forms e.g. "mammogram May 2024 @ Spectrum imaging".
- Any available film or images from previously attended scans, even if not recent, with corresponding imaging reports.
- Any available imaging reports, even without films.
- Reports or results of other relevant imaging or investigations such as biopsy results

DECLARATION

GP name	Signature
Provider No.	Date

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OUTCOME OF RAPID RECALL REQUEST

This is a record of actions taken. Usually to be completed by the Survivorship team but may be completed by the GP at the time of phone conversation if phone advice only is received.

INITIAL REVIEW AND RECCOMENDATIONS

Triaged by	<i>Survivorship CNC</i>		Date
Initial actions by CNC	Requested GP undertake further investigations	Facilitated hospital admission	
	Best practice advice and recommendations provided to GP	Discussion with treating specialist	
	Resources or service information provided to GP	Verbal advice only, nil F2F specialist appointment	
		CNC referral to SWSLHD allied health services	
Documentation	Provide specific details including: <ul style="list-style-type: none"> • Contents of discussion with with specialists, GP, the patient, or their family. • What recommendations and advice were given. • What resources were provided. • If GP is requested to undertake further investigations or assessment, provide time, date and location of tests. 		
Outcome of initial review	Recommendations to be actioned by GP. Patient to be reassessed by GP in a reasonable time frame following these actions. Rapid Recall PRN.		
	F2F review with treating specialist. Dr	on	
	Immediate cessation of shared care follow up		

FINAL OUTCOME

F2F specialist review attended: **Changes to patient's follow-up arrangements?** Yes No

Patient to continue shared-care follow up? Yes. Continue shared-care schedule

No longer appropriate for shared-care follow up. Discharge from Survivorship Clinic and reintegrate into specialist treating team management

DECLARATION

Completed by

Name

Provider No.

Signature

Date