

## Shared follow-up care for early breast cancer

**The Rapid Access Request is designed to be used by the 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 [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)

**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.		
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 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 (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

