

## Appendix D - Tear off pad Information for Specialists

### Rapid Access to Consultative Expertise

RACE - MSP G10001

Date: \_\_\_\_\_

Time of call/page from GP: \_\_\_\_\_

Start of call: \_\_\_\_\_

End of call: \_\_\_\_\_

Caller: Dr. \_\_\_\_\_

Caller billing #: \_\_\_\_\_

Specialist: Dr. \_\_\_\_\_

Patient: \_\_\_\_\_

PHN: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Advice given: \_\_\_\_\_

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**1. In your opinion (FP) did the RACE telephone conversation avoid:**

a consult     Yes     No

an ER visit     Yes     No

**2. Reasons for call from FP:**

Advice on diagnostic testing

Advice on management

Advice on therapeutics

Other \_\_\_\_\_

**3. Specialist Recommendation**

Additional diagnostic testing

Specialist follow-up required and referred

Medication recommendation

Reassurance of FP care plan

Referred to ER

More info needed

Other