*Letter template to request additional patient information from referring agencies*

Purpose:

It is recommended that general practices and GPs insist on high standards for referral letters for clinical handover or shared care arrangements from secondary care before accepting the ongoing care of a patient. This facilitates the continuity of care and transfer back to higher levels of care if the need arises.

A practice or GP should not accept the ongoing management of a high-risk patient referred from a public sector facility, unless there is:

* a medical summary consistent with the Australian Commission on Safety and Quality in Health Care (ACSQHC) handover standards38
* a clear management plan
* patient-specific instructions, including specific clinical issues that would prompt referral back to secondary care
* contact details of a case manager and a clinically responsible person
* documentation that details mechanisms for rapid transfer back to specialty care if deterioration occurs.

This requirement should be supported by practice policies and communicated to referral agencies if information does not meet required standards. For more information, please refer to the RACGPs [Prescribing drugs of dependence in general practice – Part A – Clinical Governance Framework](https://www.racgp.org.au/clinical-resources/clinical-guidelines/key-racgp-guidelines/view-all-racgp-guidelines/prescribing-drugs-of-dependence/prescribing-drugs-of-dependence-part-a).

*[Insert practice details or practice letterhead]*

*[Address]*

*[Date]*

Dear *[Referrer]*,

Thank you for your referral of *[Patient name]* back to primary care.

I am concerned that your referral does not meet the RACGP or Australian Commission on Safety and Quality in Health Care (ACSQHC) handover standards.

[*Patient name*] has a number of bio-psychosocial problems, which would put [*him/her*] in a [*moderate/high*] complexity group for ongoing management. It is our practice policy that before accepting a patient in this risk group back into primary care, we are fully conversant with [*his/her*] case to ensure we provide the highest care available to *[patient first name]*.

To ensure proper coordination of care, we also require information about your plans regarding routine review of *[patient first name]*, and your advice on situations that would prompt the need for your immediate review.

To facilitate this process, please provide the following information.

**Diagnoses**

* Please list all diagnoses with respect to pain management, addiction, and mental health. Please confirm that these diagnoses are consistent with DSM-IV/5 criteria or ICD-10.

**Current status of patient**

* Please document the patient’s social issues that you are aware may impact on management.
* Can you please provide a current psychological assessment including risk of addictive disorders?
* Can you please provide an assessment of pain score (if applicable)?
* Can you please describe the patient’s current level of function?
* Has the patient ever displayed any aberrant behaviour toward his/her treatment plan, or problematic use of *[his/her]* medication?
* Is there any relevant medical history (eg renal impairment) that may impede overall management?

**Current treatment**

* Please provide a summary of the treatment plan with medication, doses and times of administration. This includes how often you wish to review this patient’s progress. Please also detail any non-drug interventions that have been organised.
* Have any of these medications been instituted as a trial of therapy (eg opioids)?
* Has a treatment plan been documented for the patient (please provide copy)? Has the patient consented to this treatment plan?
* Please document instances that would prompt immediate transfer back to your care.

**Contact details**

* Can you please provide contact details of a case manager and a clinically responsible person with whom case discussion can occur?
* Can you please provide documentation that details mechanisms for rapid transfer back to specialty care if deterioration occurs?

Thank you for this information. Please be aware that it is also practice policy not to accept high-risk patients if either the practice or practitioner is unhappy with the treatment plan.

Regards,

[*Dr name*]

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

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