

Appendix 2. Survey completed by PCPs using the Fraser RACE service

Rapid Access to Consultative Expertise

Date: _____

Time of call/page from FP: _____

Start of call: _____

End of call: _____

Caller: Dr. _____

Caller billing #: _____

Specialist: Dr. _____

Patient: _____

PHN: _____

DOB: _____

Diagnosis: _____

Advice given: _____

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

a consult ☐ Yes ☐ No

an ER visit ☐ Yes ☐ No

2. Reason 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 _____

Fax form/dictation to: [Contact Number Redacted]

Revised May 03, 2011