

General Practitioner Incident Notification

This form can be used by GPs to report incidents experienced by their patients related to services provided by SLHD. An incident or injury includes: critical incidents and near misses; post-discharge problems, including post-operative complications and medication issues; problems encountered with accessing services for patients in SLHD; and communication problems. Please attach additional information if space below is insufficient.



Health
Sydney
Local Health District

Name and contact details of GP reporting incident	
First name:	Last Name:
Phone No:	Email address:
Postal address:	

Patient's details:	
Patient's first name:	Patient's last name:
Date of Birth:	Have you discussed this matter with the patient:

Description of Incident (include contributing factors):

Investigation and Analysis: State any issues that have been investigated and analysed:

Action taken by GP (include outcome):

Recommendations for planned action by Local Health District:

Do you wish to discuss this event with SLHD Clinical Governance Unit: Yes No

Signed:.....

Date:.....

Please note, the Local Health District will contact the patient directly and the Local Health District will also advise you regarding this outcome.

Please send report to SLHD Clinical Governance Unit either by

- Facsimile: 9515 9610
- Email: Sydneyiims@sswahs.nsw.gov.au :
- Postal address: SLHD, PO Box M30, Missenden Road, NSW, 2050

This form can be completed and submitted on line on the Sydney Local Health District

website: http://www.slhd.nsw.gov.au/pdfs/GP_incident/Incident_Notification.pdf

For further information please contact Mr Graeme Slade on 02 9515 9646