

General Practitioner Incident Notification

This form can be used by GPs to report incidents experienced by their patients related to services provided by SSWAHS. 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 SSWAHS; and communication problems. Please attach additional information if space below is insufficient.

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

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

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| Description of Incident: |
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| Investigation and Analysis: State any issues that have been investigated and analysed: |
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| Action taken by GP: |
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| Recommendations for planned action by Area Health Service: |
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Do you wish to discuss this event with SSWAHS Clinical Governance Unit: Yes No

Signed:.....

Date:.....

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

Please send report to SSWAHS Clinical Governance Unit either by:

- **Facsimile:** 9828 5914
- **Email:** Graeme.Slade@sswahs.nsw.gov.au
- **Postal address:** SSWAHS, Locked Bag 7017, Liverpool BC, NSW 1781

This form can be completed and submitted on line on the Sydney South West Area Health Service website. [\ /td.#k k k 'bgk U g'bgk 'I c j 'U i #IXZ# DSjbVXYbH#bVXYbSBcHZVUhc b'dXZ](#)

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