Change of clinical content request

|  |
| --- |
| **Clinical Content Change Request** |
| **Clinical specialty** |  |
| **Name of condition** |  |
| **Adult/paediatric/both** | Choose an item. |
| **Reason for request** | [*e.g. clinical content modification*] |
| **Brief description of request** | *[Enter a detailed description of the change being requested]* |
| **Date of request** | Click or tap to enter a date. |
| **Requested time frame** | Choose an item. |
| **Other CPCs that may be impacted by this change** | *[List other CPC affected by this change e.g. condition managed by multiple specialties]* |
| **Has this been discussed with other clinicians** | Choose an item. |
| **Name/role/LHN of those consulted** |  |
| **Supporting evidence –**  | *[provide website links to articles and updated guidelines for project team]* |
| **Submitter name** | *[John Doe]* |
| **Contact details for requesting person****Email:****Phone number:** |  |

|  |
| --- |
| **Decision making and consultation process***Change request – CPC OP Redesign use only* |
| **Discussion group consulted** | *[use the Committee and or CPG circulated to for consultation]* |
| **Summary of discussion** | *[Document the CCB’s decision]* |
| **Actions required** | *[website content updated/eReferral essential criteria updated/more information needed for decision]* |
| **Decision date** | Click or tap to enter a date. |
| **Decision** | [ ]  Approved | [ ]  Approved with Conditions | [ ]  Rejected |
| **Approval signature/name** | *[Approval signature/name]* | **Date Signed** | Click or tap to enter a date. |