



Date:



(Patient Label)

Coordinated Bed Access

Notice of Bypass/Refusal/Exception & Patient Transfer Feedback Form

Please complete this document only after site to site conversation

Fax completed form to WWLHIN at 519 742 0635

SENDING FACILITY		
<input type="checkbox"/> CMH <input type="checkbox"/> GGH <input type="checkbox"/> GRH-KW <input type="checkbox"/> GRH-FHC <input type="checkbox"/> Groves <input type="checkbox"/> NWHC <input type="checkbox"/> SJHC <input type="checkbox"/> SMGH <input type="checkbox"/> Hospice Wellington <input type="checkbox"/> Innisfree/Lisaard <input type="checkbox"/> Other:		
Unit:	Contact Name:	Phone # and Extension:
RECEIVING FACILITY		
<input type="checkbox"/> CMH <input type="checkbox"/> GRH-FHC <input type="checkbox"/> Groves <input type="checkbox"/> SJHCG <input type="checkbox"/> Hospice Wellington <input type="checkbox"/> Innisfree/Lisaard <input type="checkbox"/> Sunnyside		
Program: <input type="checkbox"/> Rehabilitation (General, Stroke) <input type="checkbox"/> Low Intensity Rehab <input type="checkbox"/> Activation <input type="checkbox"/> Complex Medical <input type="checkbox"/> Palliative		
Contact Name:	Phone # and Extension:	

Patient Bypass

Patient Exception

Patient Refusal

Estimated Date of Acceptance:

1. SITE TO SITE CONVERSATION		
Receiving Site Contact:	Sending Site Contact:	Date of Conversation:
REASON(S) FOR BYPASS/REFUSAL/EXCEPTION:		
<input type="checkbox"/> Bariatric <input type="checkbox"/> Behaviour <input type="checkbox"/> Goals <input type="checkbox"/> Other:		
Details & Resolution Attempted:		
2. REQUESTING ALL SITES TELECONFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sites to Participate in Call & Reason for Teleconference:		

Patient Transfer Feedback Date of Arrival:

PATIENT CONDITION UPON ARRIVAL (CHECK ALL THAT APPLY):	
<input type="checkbox"/> Patient medically unstable <input type="checkbox"/> Patient required a different program (specify) <input type="checkbox"/> Patient not able to participate at the program intensity <input type="checkbox"/> Patient does not have restorative potential	<input type="checkbox"/> Patient already met rehabilitative care goals <input type="checkbox"/> Other (specify):
Details & Resolution:	