



COORDINATED BED ACCESS

CHANGE IN STATUS UPDATE FORM & PROGRAM TRANSFER REQUESTS

(Patient Label)

DATE OF UPDATE		
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SENDING FACILITY	
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Current Location/Unit:	Current Location Contact Number & Ext:
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REASON FOR UPDATE	<input type="checkbox"/> Remove from wait list
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<input type="checkbox"/> Patient has become medically stable <input type="checkbox"/> Patient has become medically unstable Palliative only: <input type="checkbox"/> Patient in crisis <input type="checkbox"/> Patient no longer in crisis <input type="checkbox"/> Patient is no longer eligible <input type="checkbox"/> Palliative only: Patient updating/re-ranking waitlist choices Lisaard House - Cambridge <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th Innisfree House - Kitchener <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th GRH Freeport - Kitchener <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th	<input type="checkbox"/> Patient has been discharged home <input type="checkbox"/> Patient died <input type="checkbox"/> Patient transferred to another setting <input type="checkbox"/> Patient withdraws referral <input type="checkbox"/> Other (Specify): _____ Hospice Wellington - Guelph <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th SJHCG - Guelph <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th GMCH- Fergus <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th
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Patient Requires a Different Level of Care – Please Select Below and Include Updated Letter of Understanding

Current Level of Care: _____ Same Site as Current Location? Yes No
 General Rehab (CMH, GRH, SJHCG) Low Intensity Rehab (GRH, SJHCG) Complex Medical (GRH, SJHCG, GMCH)
 (send full application to apply to all sites)
 Note: Activation/Restoration requires a separate application

DETAILS OF UPDATE

Bed Offer Contact (Name):	Bed Offer Contact Number:
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Updated Patient Goals/Care Plan:

Change in Clinical Care Needs: Yes specify: PPS Score: _____ Infection Control: None Positive _____

PROVIDE COMMENTS ON PROGRESS TO SUPPORT REQUEST FOR PROGRAM CHANGE		
CURRENT FUNCTIONAL STATUS UPDATES	Cognition:	
	ADLS:	
	Transfers:	
	Ambulation/Mobility:	
PALLIATIVE ONLY	Oral Intake:	Anxiety, pain, nausea, dyspnea:

OTHER RELEVANT INFORMATION

PLEASE FAX COMPLETED FORM AND UPDATED LETTER OF UNDERSTANDING to WWLHIN (519) 742-0635 For Neurobehavioural and Geriatric Assessment Units fax to (519) 749-4326