

Complex Care Expedited Admission Form

Contact the Home and Community Care Support Services HNHB
at 1-800-810-0000 Ext 1713

Patient Name _____ HCN _____ VC _____ DOB _____

Address _____

City _____ Province _____ Postal Code _____ Patient Phone _____

Complex Care Admission Details

Complex Care Facility _____ Room Number _____

Bed Type _____ Bed Number _____

Stream _____ Date of Admission _____

Order Entry / Request For Application Yes Date Sent _____ No

Contact for Admission

Name _____ Phone _____ Ext. _____

Signature _____ Date _____

The **Complex Care Expedited Admission Form** is used by the staff at the complex care facility to notify the HCCSS HNHB's Complex Care team of a patient's admission to a complex care bed prior to the completion and submission of a **Complex Care and Rehabilitation Application Form**.

The HCCSS HNHB Complex Care team will ensure a complex care referral is created in CHRIS and progress the patient's status through to "admitted"

Fax completed form to the HCCSS HNHB Complex Care Team at 1-905-639-6688