





GRAND RIVER HOSPITAL Advancing Exceptional Care



CAMBR



COORDINATED BED ACCESS

CHANGE IN STATUS UPDATE FORM & PROGRAM TRANSFER REQUESTS

PATIENT NAME:			BRN:	
DOB:			CLIENT #:	
DATE OF UPDATE:			SENDING FACILITY:	
Current Location/Unit:			Contact Number & Ext:	
REASON FOR UPDATE Remove from waitlist				
 Patient has become medically stable Patient has become medically unstable 			 Patient has been discharged home Patient died 	
Palliative only:				
Patient in crisisPatient no longer in crisis:Patient is no longerPatient transferred to another setting		 Priority 2 Priority 3 Patient withdraws referral Other (Specify): 		
Patient updating/re-ranking waitlist choices:				
Lisaard House - Cambridge \Box 1 st \Box 2 nd \Box 3 rd \Box 4 th \Box 5 th \Box 6 th			Hospice Wellington - Guelph	$\square 1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th} \square 5^{th} \square 6^{th}$
Innisfree House - Kitchener \Box 1 st \Box 2 nd \Box 3 rd \Box 4 th \Box 5 th \Box 6 th			SJHCG - Guelph	$\square 1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th} \square 5^{th} \square 6^{th}$
GRH Freeport - H	Kitchener 1 st 2 nd	3 rd 4 th 5 th 6 th	GMCH - Fergus	$\begin{tabular}{ c c c c }\hline 1^{st} \begin{tabular}{ c c } 2^{nd} \begin{tabular}{ c c } 3^{rd} \begin{tabular}{ c c } 4^{th} \begin{tabular}{ c c } 5^{th} \begin{tabular}{ c c } 6^{th} \end{tabular}$
Patient Requires a Different Level of Care – Please Select Below and Include Updated Letter of Understanding				
Applying to same site as current location? Yes No *If No, send full application to apply to all sites				
General RehabLow Intensity Rehab(CMH, GRH, SJHCG)(GRH, SJHCG)			Complex Medical (GRH, SJHCG, GMCH)	Activation/Restoration (Sunnyside, GMCH)
DETAILS OF UPDATE				
Bed Offer Contact (Name):			Bed Offer Contact Number:	
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				