























## **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		
☐ Patient has become medically stable       ☐ Patient has been discharged home         ☐ Patient has become medically unstable       ☐ Patient died		
Palliative only:		
☐ Patient in crisis ☐ Patient no longer in crisis		isis Priority 2 Priority 3
☐ Patient is no longer eligible ☐ Patient transferred to another setting ☐ Patient withdraws referral		
Other (Specify):		
Patient updating/re-ranking waitlist choices:		
Lisaard House - Cambridge	☐ 1 <sup>st</sup> ☐ 2 <sup>nd</sup> ☐ 3 <sup>rd</sup> ☐ 4 <sup>th</sup> ☐ 5 <sup>th</sup> ☐ 6 <sup>th</sup>	☐ 7 <sup>th</sup> Hospice ☐ 1 <sup>st</sup> ☐ 2 <sup>nd</sup> ☐ 3 <sup>rd</sup> ☐ 4 <sup>th</sup> ☐ 5 <sup>th</sup> ☐ 6 <sup>th</sup> ☐ 7 <sup>th</sup> Wellington
Innisfree House -		$\square$ 7 <sup>th</sup> SJHCG - $\square$ 1 <sup>st</sup> $\square$ 2 <sup>nd</sup> $\square$ 3 <sup>rd</sup> $\square$ 4 <sup>th</sup> $\square$ 5 <sup>th</sup> $\square$ 6 <sup>th</sup> $\square$ 7 <sup>th</sup>
Kitchener	Region	Guelph $\square$ $7^{th}$ GMCH - Fergus $\square$ $1^{st}$ $\square$ $2^{nd}$ $\square$ $3^{rd}$ $\square$ $4^{th}$ $\square$ $5^{th}$ $\square$ $6^{th}$ $\square$ $7^{th}$
Hospice Waterloo GRH Freeport -	Region $\square$ 1 $\square$ 2 $\square$ 3 $\square$ 4 $\square$ 5 $\square$ 6 $\square$ 1 st $\square$ 2 $\square$ 3 $\square$ 4 th $\square$ 5 th $\square$ 6 th	ee.r sigue
Kitchener		
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 Rehab Low Intensity Rehab Complex Medical Activation/Restoration (CMH, GRH, SJHCG) (GRH, SJHCG) (GRH, SJHCG, GMCH) (Sunnyside, GMCH)		
(CMH, GRH, SJHCG) (GRH, SJHCG) (GRH, SJHCG, GMCH) (Sunnyside, GMCH) <b>DETAILS OF UPDATE</b>		
Bed Offer Contact (Name):  Bed Offer Contact Number:		
Updated Patient Goals/Care Plan:		
Change in Clinical Care Needs:  Yes Specify:		
PPS Score: Infection Control: \( \backslash \) None \( \backslash \) Positive:		
PROVIDE COMMENTS ON PROGRESS TO SUPPORT REQUEST FOR PROGRAM CHANGE		
	Cognition:	
CURRENT	ADLS:	
FUNCTIONAL STATUS	Transfers:	
UPDATES		
	Ambulation/Mobility:	
PALLIATIVE	Oral Intake:	
ONLY	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		