COMPLEX CONTINUING CARE AND REHABILITATION APPLICATION – CHANGE IN STATUS UPDATE FORM

Date of Update: [ ]

Patient Name: [ ]

Referral Source: Name: [ ] Phone Number: [ ]

Reason for Update:

☐ Patient has become medically unstable

☐ Patient requires a different Program (Specify): [ ]

☐ Patient has been discharged

☐ Other

☐ Patient has become medically stable

Explanation:

(What has changed from the original application?)

PLEASE NOTE THAT AN APPLICANT’S POSITION ON THE WAITLIST WILL ONLY BE HELD FOR 7 DAYS UPON NOTIFICATION OF MEDICAL INSTABILITY – A NEW REFERRAL WILL BE REQUIRED ONCE THE APPLICANT IS PROGRAM-READY

PLEASE FAX COMPLETED FORM TO:

Fax application for: Fax Number:
Restorative Care, Complex Medical and Chronic Assisted Ventilator [ ] CCAC [ ] (519) 742-0635
General Rehabilitation [ ] CCAC [ ] (519) 742-0635
Neurobehavioural and Geriatric Assessment Units [ ] GRH Freeport [ ] (519) 749-4326

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