



(Patient Label)

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

Date of Update:		Patient Name:	
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Referral Source:	Name:	Phone Number:
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Reason for Update:	<input type="checkbox"/> Patient has become medically unstable <input type="checkbox"/> Patient requires a different Program (Specify): _____ <input type="checkbox"/> Patient has been discharged <input type="checkbox"/> Other
	<input type="checkbox"/> Patient has become medically stable

Explanation: (What has changed from the original application?)	
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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