Ontario
Waterloo Wellington Local Health Integration Network

Cambridge Memorial Hospital | St. Mary's General Hospital | North Wellington Health Care | Groves Memorial Community Hospital | Guelph General Hospital | St. Joseph's Health Centre Guelph | Grand River Hospital | Sunnyside | Region of Waterloo

Date:

(Patient Label)

Coordinated Bed Access – INTER FACILITY PATIENT TRANSFER

Sending Facility:	
☐ CMH ☐ GGH ☐ GRH ☐ Groves ☐ NWHC ☐ SJHC ☐ SMGH ☐ Other	Unit: Phone Number & Extension:
Sending Physician:	
Receiving Facility:	
☐ CMH ☐ GRH ☐ Groves ☐ SJHCG ☐ SSCC ☐ Other _____	☐ General Rehab ☐ Low Intensity Rehab ☐ Activation ☐ Complex Medical ☐ Other _____
Receiving Physician:	Phone Number & Extension:
Patient Information:	
Allergies and Reactions:	Positive for: Is this a change from original Application: ☐ Yes ☐ No ☐ MRSA ☐ VRE ☐ TB ☐ CDiff ☐ Other: _____

Changes to Power of Attorney: ☐ Yes- Update changes below ☐ No- Reference Original Application

☐ Finance: _____ (Name) _____ (Phone)

☐ Personal Care: _____ (Name) _____ (Phone)

Emergency Contact: ☐ Notified of Transfer

_____ (Name) _____ (Phone) _____ (Relationship)

Mental Status:	Mobility:
☐ Alert/oriented ☐ Confused ☐ Other: _____	☐ Independent ☐ Assist x1 person ☐ Assist x 2 person Other: _____

Sent with patient:
☐ Meds ☐ Dentures ☐ Glasses ☐ Hearing Aids ☐ Other: _____

Date of Application:	Change in Status – refer to original application ☐ No ☐ Yes Explain:

Treatments:
****Reference original application- Update changes only**

☐ Oxygen Specify: _____	☐ Dressings Specify: _____
☐ I.V./lines Specify: _____	☐ Other Specify: _____
☐ Feeds Specify: _____	☐ Catheter Specify: _____

Additional Documents:

☐ Patient Demographic Sheet	☐ Admission History and Physical	☐ Other Notes: _____
☐ Medication Profile	☐ Radiology (CD if required)	☐ _____
- Verified MARS copied	☐ Laboratory Work	☐ _____
☐ BPMH	☐ Other Diagnostics	☐ _____
☐ Physician D/C Summary	☐ Physician/Surgeon Notes	☐ _____
☐ DNR/ Validity Order	☐ Therapy Notes	☐ _____
☐ Infectious Disease (MRSA, VRE, etc.)	(PT/OT/SLP/RD/SW)	☐ _____

Follow up appointments: _____
Follow up Diagnostics/Lab Work: _____