



NOTIFICATION OF CHANGE TO WAITING LIST STATUS

THIS FORM IS SUPPLEMENTARY TO REQUEST FOR ADMISSION FORM UR 30-00

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PATIENT DETAILS

Name: _____ UR: _____

VMO: _____ Date of Birth: ___/___/___

NOTIFICATION DATE: ___/___/___ PROCEDURE: _____

HAS THE PATIENT BEEN NOTIFIED BY YOU OF THIS CHANGE?

YES (date) ___/___/___ NO

VMO/PM to sign: _____ Date: ___/___/___

CHANGE IN CLINICAL URGENCY TO NEW CATEGORY (tick new category):

- 1 (surgery within 30 days) 2 (surgery within 90 days)
- 3 (surgery at some time in future)

THEATRE BOOKING DATE CHANGE (tick reason):

FROM ___/___/___ TO: ___/___/___

- Patient's Personal Request. Reason (eg. holiday/funeral) _____
- Unfit for Surgery Reason _____
- Emergency Priority Booking brought forward No bed
- Elective Priority Overbooked list VMO unavailable

PATIENT CURRENTLY NOT AVAILABLE FOR TREATMENT BUT TO REMAIN ON WAITING LIST (tick reason):

- Patient wish (but still requires and is fit for surgery) Reason: _____
- Patient currently unfit for surgery. Reason: _____

MAKE READY FOR SURGERY Reason: _____

REMOVE FROM WAITING LIST (tick reason):

- Procedure no longer required
- Procedure done elsewhere (write hospital and date) _____/___/___
- Patient declined surgery
- Patient deferred treatment twice
- Patient unavailable for treatment exceeding the following number of days for personal reasons (30 days - Category 1, 90 days - Category 2, 180 days - Category 3)
- Patient deceased
- Patient not contactable

HOSPITAL USE ONLY

ESIS reason code: _____

UR number: _____

Waitlist episode number: _____

Patient notified: Yes No Phone Letter

Signed: _____ Date: ___/___/___

DO NOT WRITE IN THIS BINDING MARGIN

VER 10/18

NOC - WAITING LIST STATUS

UR 30-00B