



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: ____ / ____ / ____

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) INDICATION/REASON _____

THEATRE BOOKING DATE CHANGE (tick reason):

FROM ____ / ____ / ____ TO: ____ / ____ / ____

Patient's personal request. Reason: _____
 Unfit for surgery. Reason: _____
 Emergency priority Booking brought forward No bed
 Elective priority Overbooked list/overrun VMO unavailable
 Patient failed to attend

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 exceeded the number of days allowed for 'deferred for personal reasons'
 Patient deceased
 Patient not contactable

HOSPITAL USE ONLY

ESIS reason code: _____ Waitlist Number: _____

Patient notified: Yes No Phone Letter In person

Signed: _____ Date: ____ / ____ / ____

◀ DO NOT WRITE IN THIS BINDING MARGIN

NOC - WAITING LIST STATUS

UR 30-00B