



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

VER 10/25

NOC - WAITING LIST STATUS

UR 30-00B