NOTIFICATION OF CHANGE TO WAITING LIST STATUS

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

COMPLETE & EMAIL: theatre.bookings@nhw.org.au

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: _____/ _____/ _____