

North Simcoe Muskoka Health Links

Coordinated Care Plan (CCP) Registration/ Update/ Discharge Form

Form to be completed by lead organization and returned to NSM LHIN via fax:

1-866-700-1955 or 705-792-6270

PLEASE COMPLETE SECTION A, B, C, D, or E, AS WELL AS CLIENT AND SUBMISSION DETAILS SECTIONS. ALL FIELDS IN ANY GIVEN SECTION ARE MANDATORY.

CLIENT				
Name:				
HCN:				
SECTION A:		Request for CHRIS/ HPG Registration		
Please register this patient in CHRIS/ HPG				
Referral and CCP Consent attached with registration (required)				
Barrie and Area	Couchiching	North Simcoe	South Georgian Bay	Muskoka and Area
SECTION B:		Request to Add/ Revoke Coordinated Care Plan Permissions		
Add Permissions			Revoke Permissions	
Organization name:				
Add Permissions			Revoke Permissions	
Organization name:				
Consent received: Yes				
SECTION C:		Discharge Health Links Referral		
Date of discharge (yyyy-mm-dd):				
Discharge disposition:				
Died <i>(Complete section C1 also)</i>	Service Plan Complete	Client/ Family preference	Transfer to other LHIN	Other
Service Plan Goals Met: Yes No				
SECTION C1:		<i>Only complete if client died</i>		
Date of death (yyyy-mm-dd):				
Location of death:				
Home	Hospital	LTCH	Palliative Care/ Hospice	Other
Client passed away in preferred place of death: Yes No				
SECTION D:		Client information update/ correction		
Incorrect information:				
Corrected information:				
Reason for change:				
SECTION E:		Client has been newly attached to a primary care provider through the Health Links approach		
Practitioner Name:				
Start date (yyyy-mm-dd):				
SUBMISSION DETAILS				
Contact name:				
Organization:				
Contact phone:				
Date of request (yyyy-mm-dd):				