
To be completed by HSR Staff

Referral Denied

Date of denial _____ Date denial faxed to referral source _____

Reason for denial _____

*** If denied for bed availability patient will be added to waitlist until their discharge date. Staff will contact you if a bed becomes available.

Referral Accepted

Anticipated date of admission _____ Date acceptance faxed to referral source _____

Notes _____
