



fraserhealth

# REQUEST TO CHANGE DESIGNATED MOST RESPONSIBLE PROVIDER (MRP) Long-Term Care



Form ID: MSXX107926A

New: April 19, 2024

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## Section 1 - Resident Information

|                              |                            |  |
|------------------------------|----------------------------|--|
| Personal Health Number (PHN) | Date of Birth (dd/mm/yyyy) | Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X |
|------------------------------|----------------------------|--|

|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

## Previous Resident's MRP Information

|           |            |         |
|-----------|------------|---------|
| Last name | First name | MSP No. |
|-----------|------------|---------|

## Care Community Information

|      |         |      |
|------|---------|------|
| Name | Address | City |
|------|---------|------|

|             |            |             |
|-------------|------------|-------------|
| Postal Code | Home Phone | Other Phone |
|-------------|------------|-------------|

## Section 2 - New MRP Information

|                         |   |
|-------------------------|---|
| Last Name               | <b>Primary Care Provider Signature or Stamp</b> |
| First & Middle Name     |   |
| MSP No.                 |   |
| Date of MRP change over |   |

- The GOAL of this form is to ensure that:
  - 0 Resident's Most Responsible Provider (MRP) information is up to date
  - 0 Resident's information is shared with the correct MRP in a timely manner
- Complete this form using black or blue ballpoint pen.
- Long-Term Care (LTC) administration staff will complete this form when a resident's MRP is changed during admission or anytime during residency in LTC.
- New MRP must stamp and/or sign section 2 of this form.
- Completed form must be:
  - 0 Faxed to 604.521.0510 (FH Records Management)
  - or**
  - 0 E-mailed to Central Intake at [HIMRegRCHfraserhealth.ca](mailto:HIMRegRCHfraserhealth.ca).