SITE INTAKE FORM

eChart Manitoba / eHealth_hub

Please indicate the service(s) that you are interested in:

☐ eChart Manitoba

eHealth_hub: ☐ DI ☐ Labs ☐ CR Query Service

DATE OF REQUEST (DD/MM/YYYY)

PART 1: SITE INFORMATION: Please enter the following information about your site.

SITE LEGAL NAME

SITE COMMON NAME (IF DIFFERENT FROM LEGAL)

MAILING ADDRESS

UNIT | STREET NUMBER | STREET NAME OR POST OFFICE BOX NUMBER | POSTAL CODE

CITY/TOWN | SITE TELEPHONE NUMBER | SITE FAX NUMBER

SITE EMAIL

PRIMARY CONTACT INFORMATION: Person responsible for working with Manitoba eHealth during implementation

LAST NAME | FIRST NAME | DAYTIME TELEPHONE NUMBER

JOB TITLE/POSITION

SITE CONTACT EMAIL

1) How would you describe your site?

☐ Health centre ☐ Long term care and rehab ☐ Primary care

☐ Hospital/acute care ☐ Nursing station ☐ Specialty clinic ☐ Other _____

2) Does your site use an EMR? ☐ Yes ☐ No If yes, who is your EMR vendor: _____

PART 2: ADMINISTRATIVE

1) Is the site owned and operated by:

☐ A Regional Health Authority If yes, which RHA: _____

☐ CancerCare Manitoba ☐ Diagnostic Services, Shared Health ☐ Federal

☐ First Nations ☐ Fee For Service ☐ Provincial ☐ Other (describe): _____

PART 3: APPLICATION APPROVAL

All applications must be approved by the appropriate authority for the site prior to submission (e.g. CEO, Program Director, clinic owner). Please indicate the name and title of that person below:

Please print name: _____ **Title:** _____

Print **Save** **Submit**

SEND COMPLETED FORM TO:
ADDRESS: eChart Manitoba Services, c/o Manitoba eHealth
300-355 Portage Ave, Winnipeg, MB, R3B 0J6
FAX NUMBER: (204) 926-9148
EMAIL: echart@manitoba-ehealth.ca