

SITE INTAKE FORM

eChart Manitoba / eHealth_Hub

Please indicate the service that you are interested in:

- eChart Manitoba
 eHealth_hub

DATE OF REQUEST (DD/MM/YYYY)

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

SITE LEGAL NAME

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SITE COMMON NAME (IF DIFFERENT FROM LEGAL)

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MAILING ADDRESS

UNIT	STREET NUMBER	STREET NAME OR POST OFFICE BOX NUMBER	POSTAL CODE
CITY/TOWN	SITE TELEPHONE NUMBER		SITE FAX NUMBER

SITE EMAIL

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

LAST NAME	FIRST NAME	DAYTIME TELEPHONE NUMBER

JOB TITLE/POSITION

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SITE CONTACT EMAIL

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How would you describe your site?

- Health centre
 Long term care and rehab
 Primary care
 Hospital/acute care
 Nursing station
 Specialty clinic
 Other _____

Does your site have an EMR? Yes No

If yes, who is your EMR vendor: _____ How many potential users at the site? _____

PART 2: ADMINISTRATIVE

1) Is the site owned and operated by:

- A regional health authority If yes, which RHA: _____
 Cancer Care Manitoba
 Diagnostic Services of Manitoba
 Federal
 First Nations
 Fee For Service
 Provincial
 Other (describe): _____

2) If "Other" for question 1, indicate who will sign a legal agreement to receive access to these services: _____

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 Owners). Please indicate the name and title of that person below:

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

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

For more information:

Web: www.echartmanitoba.ca
Phone (toll-free): 1-855-203-4528