

**SITE INTAKE FORM**  
**eChart Manitoba / eHealth\_hub**

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

DATE OF REQUEST (DD/MM/YYYY)

eChart Manitoba

eHealth\_hub:   DI   Labs   CR Query Service   Enrolment Service   Home Clinic Client Summary

**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 Digital Health, Shared Health 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 one: \_\_\_\_\_

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:** \_\_\_\_\_

**Save**

**SEND COMPLETED FORM TO:**

**ADDRESS:** eChart Manitoba Services, 300-355 Portage Ave,  
Winnipeg, MB, R3B 0J6

**FAX NUMBER:** (204) 926-9148

**EMAIL:** [echart@sharedhealthmb.ca](mailto:echart@sharedhealthmb.ca)