eChart MANITOBA

eHealthhub

SITE INTAKE FORM
eChart Manitoba / eHealth_hub

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

DATE OF REQUEST (DD/MM/YYYY)

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:** _____

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

Shared health
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