



SITE INTAKE FORM

eChart Manitoba / eHealth_hub

Please indicate the service(seChart Manitoba	s) that you are interested in:			DATE OF REQUEST (DD/MM/YYYY)
eHealth_hub: DI La	ς ,	olment Service		
PART 1: SITE INFORMATION: Plo SITE LEGAL NAME	ease enter the following information about you	ur site.		
SITE COMMON NAME (IF DIFFERENT FRO	M LEGAL)			
MAILING ADDRESS UNIT STREET NUM	BER STREET NAME OR POST OFFICE BOX	NUMBER		POSTAL CODE
CITY/TOWN		SITE TELEPHONE NUMBER	1	SITE FAX NUMBER
SITE EMAIL				
PRIMARY CONTACT INFORMATI LAST NAME	I ON: Person responsible for working with Man FIRST NAME	itoba eHealth during impleme	entation	DAYTIME TELEPHONE NUMBER
JOB TITLE/POSITION				
SITE CONTACT EMAIL				
How would you describe your	r site?			
Health centre	Long term care and rehab	Primary care		
Hospital/acute care	Nursing station	Specialty clinic	-	
2) Does your site use an EMR?	Yes No If yes, who is your EM	IR vendor:		
PART 2: ADMINISTRATIVE 1) Is the site owned and operat	red by:			
A Regional Health Authority				
CancerCare Manitoba	Diagnostic Services, Shared Health	Federal		
First Nations	Fee For Service	Provincial	Other (describe):	
PART 3: APPLICATION APPROVA				
	ed by the appropriate authority for the si	ite prior to submission (e.	g. CEO, Program Direct	or, clinic owner). Please indicate the
Please print name:		Title:		
		Save		

Save

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

