Winnipeg Regional Health Authority — Caring for Health
Office régional de la santé de Winnipeg — À l'écoute de notre santé

POPULATION AND PUBLIC HEALTH EMERGENCY RESPONSE HEALTH SERVICES RECORD

Date (mm/dd/yyyy) _____ Recorded By (print): _____
Location: ❑ Reception Centre ❑ Other: _____
Address: _____

BACKGROUND INFORMATION

Name _____
Gender ❑ Male ❑ Female DOB: _____ **OR** ❑ Infant ❑ Child ❑ Youth ❑ Adult
Registered ❑ Yes ❑ No Registration # _____
MHSC # _____ Treaty # _____
PHIN # _____ Band # _____
Interpreter Required ❑ Yes ❑ No Interpreter _____

PRIMARY RESIDENCE

Location Type ❑ City of Winnipeg ❑ Rural Manitoba ❑ Outside Manitoba
Address _____ P.O. _____
Phone Day _____ Night _____ Mobile _____
Other: _____

TEMPORARY RESIDENCE

Location Type ❑ City of Winnipeg ❑ Rural Manitoba ❑ Outside Manitoba
Hotel/Address _____
P.O. Phone Day _____ Night _____ Mobile _____
Other: _____

ISSUES (check as many as apply)

- ❑ Acute Physical Health
- ❑ Chronic Physical Health
- ❑ Communicable Disease
- ❑ Emotional Health (loss, grief, etc.)
- ❑ Food Safety
- ❑ Health Resources
- ❑ Housing
- ❑ Injury
- ❑ Mental Health
- ❑ Water Safety
- ❑ Other _____

INTERVENTIONS (check as many as apply)

- ❑ Assessment
- ❑ Communicable Disease Follow-Up
- ❑ Counseling
- ❑ Debriefing / Defusing
- ❑ Education
- ❑ Immunization
- ❑ Informing of Resources
- ❑ Reassuring / Supporting
- ❑ Referring
- ❑ Treatment
- ❑ Other _____

OUTCOME

- ❑ Issue Resolved
- ❑ Unable to complete follow-up due to: _____
- ❑ Referred to:
  - ❑ Physician
  - ❑ Hospital
  - ❑ Home Care
  - ❑ Other: _____
  - ❑ Community Area Public Health Nurse
  - ❑ Public Health Inspector / Environmental Health Officer
  - ❑ Community Mental Health Worker
  - ❑ Winnipeg Trauma Team

REGISTRATION NUMBER

Follow-Up Required Regarding Outcome of Referral? ❑ Yes ❑ No

SERVICE PROVIDER

Service Provider _____ Signature: _____
Community Area _____
Phone Day _____ Fax _____ Mobile _____
Other: _____