

WRHA PPH Emergency Response Client List

Incident Name: e.g. flood (year)

Team: (Community Area/ Centralized):

Service Provider Name:

Date:

Hotel/Site	Client Name	DOB	Single Issue?	Ongoing/ Follow-up up Req'd	Issue/Special Considerations (Keep medical information to a minimum)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Note: At the end of your shift please ensure this information is stored in the file box with other records and appropriately secured per Regional Policy Security and Storage of PHI - <http://www.wrha.mb.ca/about/policy/files/10.40.120.pdf> Ensure the Team Manager responsible is aware of the location of file box.