

WRHA PPH Emergency Response Client List User Guide

The following is a guide to completing the fields on the Mobile Team Client List form.

Incident Name: e.g. spring flood (year)

Responding Team (CA or Centralized): _____

Service Provider Name: _____

Date Prepared (date of your shift): _____

Hotel/Site: Location where you are providing services _____

Client Name: Full name of client

DOB: Date of birth

Single Issue or Ongoing/Follow-up Required: Identify if this is a single health issue that is resolved at the visit or if it requires follow up, referral or ongoing service.

Issue/Special Considerations: Please keep medical information to a minimum needed for the purpose of coordinating follow up.

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.