

Manitoba Public Health Nurse

Client Care

Personal Information

Mr Mrs Miss Ms Other:

Alternate Name(s): (Health Card, Legal, Preferred/Call me, Maiden)

Language(s) Spoken:

| | |
|---|---|
| Manitoba Family Registration Number (MFRN): | Personal Health Identification Number (PHIN): |
|---|---|

Contact Information

| | LEAVE MESSAGE | EXPLANATION |
|-------------|--|-------------|
| Home Phone: | <input type="radio"/> Yes <input type="radio"/> No | |
| Cell Phone: | <input type="radio"/> Yes <input type="radio"/> No | |
| Work Phone: | Ext: | Other: |
| Other: | | Other: |

Addresses

| | | |
|--|--------------------------|--------------|
| Primary Home | Street: | |
| | City/Town: | Postal Code: |
| | Additional Instructions: | |
| Mailing/Postal if different than primary | Street: | |
| | City/Town: | Postal Code: |
| Temporary | Street: | |
| | City/Town: | Postal Code: |

Change of Address (See Client Data Sheet Updated Contact Information)

Emergency Contact

| | |
|-------------------------|--------------|
| Name: | Phone: |
| Address: | Postal Code: |
| City/Town: | |
| Relationship to Client: | |

Household Members

| SURNAME | GIVEN NAMES | SEX | DATE OF BIRTH (Y/M/D) | RELATIONSHIP |
|---------|-------------|-----|-----------------------|--------------|
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Other Service Providers

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|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |

Employment and Income Assistance

| | |
|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |

Child & Family Services

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|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |

Other:

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|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |

Other:

| | |
|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |

Other:

| | |
|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |

Other:

| | |
|------------------|---------|
| Name: | |
| Address: | Phone: |
| Phone: | E-mail: |
| Additional Info: | |