



Gunshot and Stab Wound Mandatory Reporting Form

Date/Time: _____ **Patient's Name:** _____

Type of Injury: Check (v) which type of injury you are reporting:

- Gunshot wound Stab wound

Facility: Check (v) the name of the facility the patient presented to:

<input type="checkbox"/> Altona Community Memorial Health Centre	<input type="checkbox"/> Hôpital Ste-Anne Hospital
<input type="checkbox"/> Bethesda Regional Health Centre	<input type="checkbox"/> Morris General Hospital
<input type="checkbox"/> Boundary Trails Health Centre	<input type="checkbox"/> Portage District General Hospital
<input type="checkbox"/> Carman Memorial Hospital	<input type="checkbox"/> Rock Lake Health District
<input type="checkbox"/> Centre de Santé - Notre Dame Health Centre	<input type="checkbox"/> Other:
<input type="checkbox"/> Centre Médico-Social DeSalaberry District Health Centre	

Local Police Detachment: Check (v) the name of police detachment notified:

Local Police Detachment	Phone Number	Name of Officer Contacted
<input type="checkbox"/> Altona Police Services	(204)-324-5353	
<input type="checkbox"/> Carman R.C.M.P	(204)-745-6773	
<input type="checkbox"/> Manitou R.C.M.P	(204)-242-2121	
<input type="checkbox"/> Morden Police Services	(204)-822-4900	
<input type="checkbox"/> Morden R.C.M.P	(204)-822-5469	
<input type="checkbox"/> Morris R.C.M.P	(204)-746-6355	
<input type="checkbox"/> Portage R.C.M.P	(204)-857-8767	
<input type="checkbox"/> Steinbach R.C.M.P	(204)-326-1234	
<input type="checkbox"/> St. Pierre Jolys R.C.M.P	(204)-433-7433	
<input type="checkbox"/> Ste. Anne Police	(204)-422-8209	
<input type="checkbox"/> Treherne R.C.M. P	(204)-723-2345	
<input type="checkbox"/> Winkler Police Services	(204)-325-9990	

Disclosure: Informed patient/substitute decision maker of mandatory reporting: Yes No

Reporter Name/Signature: _____