



Public Guardian and Trustee of Manitoba Client Transfer Notice

Please be advised that the following client has moved out of Southern Health-Santé Sud health region.

First Name: _____ Last Name: _____

DOB: _____ PHIN: _____ MHSC: _____

PGT File Number: _____ Adult Services Administrator: _____

Adult Services Administrator Phone Number: _____

Client's Previous Address: _____

Clients New Address: _____

Southern Health Santé Sud Mental Health Worker Name: _____

Phone Number: _____ Email: _____

New RHA for Delegation: _____

New Worker (If Known): _____

Comments:

Date: _____ Signature: _____

Note: Send a copy to the Community Mental Health Program Administrative Assistant.