

Public Health-Healthy Living Interaction Form

Client Information:						
Name:						
	(First)	(Middle)			(Last)	
Alternate/Preferred Name:			((====)	
ate of birth:		OR Age:		Gender:		
PHIN:		MHS	C:	Treaty #:		
Home Phone:		Cell Phone:		Work Phone:		
Email:						
Address:						
own:		Prov:		Postal Code:		
Where can we leave a me	Sane?			Don't leave a me	essage. Client will come	
(phone/email/text/letter)	ssaye:			back to PH	ssage. Offert will come	
What message can we lea	ve?	Call - PH Office, Name		Call - Nurse's Name		
Emergency Contact:				Phone #:		
<u> </u>		(Name & Re	lationship)			
Allergies:	Yes	No	List:			
Primary Care Provider:			_ Name of Clinic/Phone:			
Health concerns:						
Client Issues:						
Resources Suggested:						
Food Bank		Resource Centre		Employment Insurance Agency		
Primary Care Provider		Crisis Unit		Addictions Foundation of Manitoba		
Mental Health		Dietitian		Other:		
Child and Family Services		Families First			Other:	
		<u> </u>		<u> </u>		

Additional Notes:	