Initiate Home Clinic Registration Form

Note: Clinics in which the providers only provide episodic care to their patients, should not register.

Instructions are available for completing each section. If you have any questions while completing this form, call (204) 926-6010, 1-866-926-6010 or email homeclinic@sharedhealthmb.ca

1. Home Clinic Information

Proposed Home Clinic Name:						
Home Clinic Owned and Operated by:	☐ Regional Health Authority ☐ Private ☐ Other *(specify)*					
Home Clinic's Primary Location	**Unit:**		**Street Number:**		**Post Office Box Number** ***(if applicable)*****:**	
	Street Name:					
	City/Town				**Postal Code:**	
	Email:					
	Telephone Number:	☐ Mobile ☐ Work				
Mailing Address same as Primary Location?	☐ Yes ☐ No (if the mailing address is different, it may be provided when completing the registration process on the Portal)					

2. Home Clinic's Primary Contact - single point of contact that will work closely with Digital Health's Home Clinic team

First and Last Name:	
Position/Title:	
Email:	
Telephone Number:	☐ Mobile ☐ Work

3. EMR Information

EMR Product Name:	
Using a Shared EMR?	☐ EMR is shared with other practices (e.g. single EMR database, regional shared instance) ☐ EMR used solely by Home Clinic

4. Home Clinic's Portal Users - designate only two resources as users of the Portal (one as primary and one as back-up). If Primary Contact a user, counts as one.

Primary Contact a Portal User?		☐ Yes	**Digital Health network** (NTDWRHA) **User ID, if known:**	
User	**First and Last Name:**			

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	Position/Title:	
	Email:	
	Telephone Number:	☐ Mobile ☐ Work
	Digital Health network (NTDWRHA) **User ID, if known:**	
User	**First & Last Name:**	
	Position/Title:	
	Email:	
	Telephone Number:	☐ Mobile ☐ Work
	Digital Health network (NTDWRHA) **User ID, if known:**	

Return the completed form to homeclinic@sharedhealthmb.ca