

Addressograph



- Urgent Clinical Event is an unscheduled event involving urgent care (form is only to be used if a prior process has been established with MBT)
- Do NOT email this form as it contains personal health information

CLIENT INFORMATION (QR stamp box above)

Client LAST Name		Client FIRST Name	
PHIN #	MB REG #	DOB (mm/dd/yyyy)	
Female	Male	Undifferentiated	Unknown
Address (City/Town)	Postal Code	Phone	

CONSULTANT INFORMATION

Consultant LAST Name		Consultant FIRST Name		
Urgent Specialty (select one)				
Emergency Medicine	EHPCC Clinic	Mental Health	Neurology	Pediatrics
Psychiatry	Telestroke	VECTRS	Other	
Consultant Location				
<input type="radio"/> Virtual Visit Provider Portal	<input type="radio"/> Microsoft Teams			
<input type="radio"/> Telehealth Site	Room	VCU		
Appointment Date (mm/dd/yyyy)	Start Time (24hr)			

CLIENT TELEHEALTH SITE

Site	Room	VCU or 5 digit
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BOOKING CONTACT

Name	Phone #
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