

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)

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

**CONSULTANT INFORMATION**

<b>Consultant LAST Name</b>		<b>Consultant FIRST Name</b>	
<b>Urgent Specialty</b> (select one)			
Emergency Medicine	Mental Health	Neurology	Pediatrics
Psychiatry	Telestroke	Other	
<b>Consultant Location</b>			
<input type="radio"/> MyMBT Video - User's Name			
<input type="radio"/> Telehealth Site		<b>Room</b>	<b>VCU</b>
<b>Appointment Date</b> (mm/dd/yyyy)		<b>Start Time (24hr)</b>	

**CLIENT TELEHEALTH SITE**

<b>Site</b>	<b>Room</b>	<b>VCU or 5 digit</b>
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**BOOKING CONTACT**

<b>Name</b>	<b>Phone #</b>
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