



# REGISTRATION FORM

WHC#: \_\_\_\_\_  
*for office use only*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*mm dd yyyy*

**Please print your name as it appears on your Manitoba Health Card\***

*\*If you do not have a Manitoba Health Card please notify the front desk.*

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_

Do you go by any other names? \_\_\_\_\_ Pronouns (ie. she/her, they/them)? \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Manitoba Health Card # (9 digit): \_\_\_\_\_ (6 digit): \_\_\_\_\_  
*mm dd yyyy*

\*Passport Number: \_\_\_\_\_  
*\*(if you do not have provincial health card)*

\*Private Insurance Information: \_\_\_\_\_  
*\*If you have private coverage (Blue Cross, Guard Me, Great West Life, etc.)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

How long you have lived in Canada: \_\_\_\_\_ Do you require an interpreter?  No  Yes \_\_\_\_\_  
*If yes, what language?*

Please provide the following numbers if you have them: \_\_\_\_\_  
*(Treaty #) (Employment & Income Assistance #)*

What are the best numbers to reach you at?

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Can we leave a message and say it's WHC?  Yes  No\* Can we send you mail/email?  Yes  No\*  
*\*If you have privacy/safety concerns about us contacting you please let the front desk know.*

Email address: \_\_\_\_\_

**In case of emergency, we can contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Signature:** \_\_\_\_\_