



AMBULATORY CARE PROGRESS NOTES

1421839-0

DATE _____ HSC NO. _____
 PATIENT *Kematch (Sindair), Phoenix*
 DOB *23/4/00*
 MHSC _____
 DOCTOR _____
 CLINIC/UNIT _____ LOC'N _____

DO NOT WRITE ON OPPOSITE SIDE

DATE (Day / Month / Year) _____
 WINNIPEG CHILD AND FAMILY SERVICES *arr'd care - worker from shelter @ 1020 hrs*
 MEDICAL CLINIC _____

JAN 21 2001

222 PROVENCER BLVD
 WINNIPEG, MB R3A 0V1

FORM #B5535 REV 04/97

ALL ENTRIES MUST BE SIGNED INDICATING CLASSIFICATION