

# WINNIPEG REGIONAL HEALTH AUTHORITY

## Public Health

### FAMILY INFORMATION

SAFETY FACTOR \_\_\_\_\_

FAMILY SURNAME: Kematch A.K.A. \_\_\_\_\_  
 BAND # \_\_\_\_\_ TREATY # \_\_\_\_\_ MHSC # [REDACTED]  
 PHIN # [REDACTED]

Address	Postal Code	Phone #	Address	Postal Code	Phone #
1) <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	5) _____	_____	_____
2) <u>[REDACTED] 57 Windsor on (R)</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	6) _____	_____	_____
3) <u>[REDACTED] when facing base of bridge</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	7) _____	_____	_____
4) _____	_____	_____	8) _____	_____	_____

LANGUAGE SPOKEN IN HOME \_\_\_\_\_

HOUSEHOLD MEMBERS SURNAME GIVEN NAMES	SEX	DATE OF BIRTH (Y M D)	MARITAL STATUS	RELATIONSHIP TO OTHER MEMBERS	EDUCATION/OCCUPATION
<u>Kematch, Samantha</u>	<u>F</u>	<u>81.09.09</u>			<u>FR Nov 19 04</u>
<u>McKay, Wes</u>	<u>M</u>	<u>62.03.28</u>			
<u>Sindair, Phoenix</u>	<u>F</u>	<u>2000 04.23</u>			<u>[REDACTED]</u>
<u>[REDACTED]</u>	<u>F</u>	<u>2001 07.29</u>			<u>December 2001 - 2.5105</u>
<u>[REDACTED]</u>	<u>F</u>	<u>2004/11/30</u>			

Significant Other 1) \_\_\_\_\_  
 Address/Phone# 2) \_\_\_\_\_

Physician Name	Address/Phone #	Physician Name	Address/Phone #
1) <u>Women's OPD</u>	_____	3) _____	_____
2) _____	_____	4) _____	_____

DATE	AGENCY INVOLVED	WORKER/POSITION	PHONE #	DATE D/C SERVICE
<u>04/14/03</u>	<u>GFS</u>	<u>Shelley White</u>	<u>944-4152</u>	