Métis Nation – Saskatchewan
Patient Advocate Program Intake Form

Program Hours of Operation: 8:30 AM - 4:30 PM, Monday to Friday
Email: bmarwood@mns.ca **Phone:** (306) 371-5368
Mail: #310 - 20th Street East, Saskatoon SK S7K 0A7

Please note, abuse of the program and/or staff harassment may result in refusal from the program.

CITIZEN INFORMATION:

First Name: _____ Middle Initial: ____
Last Name: _____
Preferred Name: _____
Pronouns: _____

How does the citizen identify?

- ◯ Woman
- ◯ Man
- ◯ Two-Spirit
- ◯ Non-Binary
- ◯ Gender Non-Conforming
- ◯ Agender
- ◯ Transgender Woman
- ◯ Transgender Man
- ◯ Questioning
- ◯ Prefer Not to Say
- ◯ Additional gender category/identify not listed (please specify below)

_____

Birth Date (YYYY/MM/DD): _____

Patient/Citizen age range

- ◯ Child (0-18)
- ◯ Youth (19-30)
- ◯ Adult (31-59)
- ◯ Senior (60+)

Is the citizen a registered citizen with Métis Nation–Saskatchewan?

- ◯ Yes
- ◯ No, but self-identify
- ◯ No, application in progress
- ◯ No, but registered in another province
- ◯ Unknown
- ◯ Other

If yes, please provide the citizen's SK Métis Citizenship Number:

_____

If First Nations, are you:

- ◯ Status
- ◯ Non-Status

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Citizen Contact Info:

Address: _____ Postal Code: _____

Phone: _____

E-mail: _____

Emergency Contact Info:

Name: _____

Address: _____ Postal Code: _____

Phone: _____

E-mail: _____

Which Region/Local does the patient/citizen reside in?

◯ NR1	◯ NR2	◯ NR3
◯ ER1	◯ ER2	◯ ER2A
◯ ER3	◯ WR1	◯ WR1A
◯ WR2	◯ WR2A	◯ WR3
◯ WR2	◯ WR1	◯ Other: _____

Citizen Representative Contact Information
(if filling out form on someone's behalf)

Name: _____

Pronouns: _____

Phone Number: _____

E-mail: _____

What is your preferred method of contact?

- ◯ Phone
- ◯ Call
- ◯ Text
- ◯ E-mail

Are there specific days of the week and/or times during the day that work best for you to be contacted?

_____

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INCIDENT INTAKE INFORMATION:

The purpose of this intake form is to capture your experience in the health care system. The information gathered will allow MN–S to support citizens with complaints and the feedback process, to ensure Métis health-related complaints and compliments are heard, actioned, and addressed in a culturally relevant and respectful manner. MN–S will obtain consent prior to sharing information with any external health care partners.

Here is some helpful information you may wish to include when collecting details of the experience:

- The health harm or concern (e.g. medical mistake, discrimination, treated unfairly, being denied services, lack of cultural services/support, not being involved in care plan decisions, rough treatment during an exam, barriers to accessing care)
- A full description of the quality of care, how the experience impacted the patient/citizen and their family
- Names of all staff that the patient/citizen interacted with, if available and relevant to the experience, include charting information/other details at the time of care
- Names of any third-party organizations that have been consulted (e.g. regulatory college, legal counsel, government organization, etc.)

Mental Wellness Resource:

We recognize that in completing this form, we are asking you to describe sensitive information regarding a harmful healthcare experience, and this may bring up uncomfortable/upsetting feelings. If at any time, you are feeling unwell and need support, please contact the crisis line or the MN–S Mental Health Line at 1-855-671-5638.

Are you the patient/citizen?

◯ Yes ◯ No

If no, do you have consent from the patient/citizen to speak to the MN–S Patient Health Advocate and complete this form on their behalf?

◯ Yes ◯ No

If you are not the patient/citizen, what is your relationship to the patient/citizen?

◯ Family, friend, relative ◯ Health Authority staff
◯ Community organization representative
◯ MN–S staff member ◯ Other:_____

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What is the nature of the incident?

- ◯ The citizen is currently in care and requires immediate assistance
- ◯ The citizen is currently receiving care but does not require immediate assistance
- ◯ The incident is a past experience of the citizen's

What kind of support is being requested from the MN–S Patient Advocate? Select all that apply. Feel free to add additional details in "Other."

- ◯ Submitting a formal complaint or feedback
- ◯ Sharing an experience and story
- ◯ Connection to MN–S resources (Elder support, cultural support, citizenship, housing, MTAP, etc.)
- ◯ Connection to MN–S Ministry or program
- ◯ Other: _____

Please provide as many details as possible below:

What was the date of the incident?

Please provide a brief description of the incident that occurred.

Is this a recurring incident?

Who were the providers involved in the incident(s)?

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Where was the location(s) of the incident(s)?

What is hoping to be achieved by working with the Patient Advocate?

Are there any specific questions that the citizen, family, or citizen representative would like answered?

Is there anything specific that is felt could have been done differently to improve the healthcare experience?

What outcome or resolution is the citizen hoping to achieve?

Have any steps been taken to address the issue with the other parties involved in the incident?

Does the citizen wish to share their story and consent to being contacted by the Patient Advocate, Bonnie Marwood?

◯ Yes ◯ No

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CONSENT FOR SHARING:

Does the citizen consent to sharing personal information with other MN–S Ministries or external health partners (i.e. Saskatchewan Health Authority, SK Human Rights, Ombudsmen, etc.)? This includes:

- The collection and use of personal information voluntarily provided for the purpose of assisting the patient/citizen in providing feedback about their health experience and navigating any requests they may have.
- The use of data in aggregated reports with MN–S for service quality improvement purposes.
- The sharing of personal information by MN–S Health staff or external health system partners who have been identified as a key partner in navigating the feedback process.

"What will the information be used for?"

Information gathered will allow MN–S to support patients and family in navigating the complaints and feedback process, ensuring Métis health-related complaints and compliments are heard, actioned, and handled in a culturally relevant and respectful manner. To manage your request(s), the MN–S Patient Advocate program may need to share information to relevant Ministries within MN–S. There may be occasions where information is shared with external health partners, including regional health authorities and professional bodies. MN–S is committed to protecting personal information and maintaining confidentiality and security.

If you have any questions regarding the collection, use, or sharing of your personal information or would like to withdraw your consent, please contact the MN–S Patient Health Program at **bmarwood@mns.ca**. We would be happy to clarify any inquiries or answer any questions you may have.

Do you consent to the release of your information?

- ◯ Yes, MN–S only
- ◯ Yes, MN–S and Saskatchewan Health Authority only
- ◯ Yes, MN–S and all external health partners
- ◯ No

Citizen Signature:_____

Citizen Representative signature (if completing form on someone's behalf):

_____

Date: _____