



APPLICATION FOR DATA FOR EVALUATION AND PLANNING PURPOSES FROM THE MINISTRY OF HEALTH

CLIENT ROSTER INFORMATION (CLIENT REGISTRY SYSTEM / ENTERPRISE MASTER PATIENT INDEX)

Submit this completed form to the email address: HealthDataHA@gov.bc.ca

Questions about the request process or any part of this application may be directed to the email address above.

MINISTRY OF HEALTH USE ONLY

Table with 2 columns: File Number, Date Received and 1 row: ISP Appendix

PROJECT TITLE

Empty text box for Project Title

APPLIES TO COHORT(S)

Empty text box for Applies to Cohort(s)

DATE RANGE

From (yyyy/mm/dd)

Empty text box for From date

To (yyyy/mm/dd)

Empty text box for To date

OTHER DATE RANGE AND FILTERING CRITERIA

Large empty text box for Other Date Range and Filtering Criteria

CLIENT ROSTER INFORMATION (CLIENT REGISTRY SYSTEM / ENTERPRISE MASTER PATIENT INDEX)

The Client Roster is the consolidated source of Ministry of Health client demographic and geographic data used to construct congruent population denominators for the registered client base.

The primary source is the Ministry's Client Registry System / Enterprise Master Patient Index. Other sources include client event data and Registration and Premium Billing information (R&PB) which has information on residency and MSP eligibility.

The data dictionary for the Client Roster variables in this checklist is available at www.gov.bc.ca/health/forms/5453datadictionary.pdf

NOTE: The Client Roster Checklist is intended to be used in conjunction with the other checklists in order to provide a unique source of socio-demographic information for the project's subjects.

Also, the Client Roster Checklist can be used in conjunction with the Translation Master File (TMF) Checklist in order to obtain other levels of geography. In this case please select the last option in the Client Roster Checklist "Other" and indicate that the postal code is also required in order to insure the linkage between the subject point geography and TMF's available geographies.

DATA VARIABLES	VARIABLE NAMES	REASON FOR REQUEST
<input type="checkbox"/> Personal Identification Number	PHN_STUDY_ID	
<input type="checkbox"/> Client Gender	CLNT_GENDER	
<input type="checkbox"/> Client Age Group	CLNT_5_YR_AGE_GRP	
<input type="checkbox"/> Client HA	CLNT_HA	
<input type="checkbox"/> Client HSDA	CLNT_HSDA	
<input type="checkbox"/> Client LHA	CLNT_LHA	
<input type="checkbox"/> BC Residency Days	BC_RES_DAYS	
<input type="checkbox"/> MSP eligibility Days	MSP_ELIG_DAYS	
<input type="checkbox"/> Birth Date	BRTH_DATE	
<input type="checkbox"/> Birth Month	BRTH_MTH	
<input type="checkbox"/> Birth Year	BRTH_YR	
<input type="checkbox"/> Other		