

# New Patient

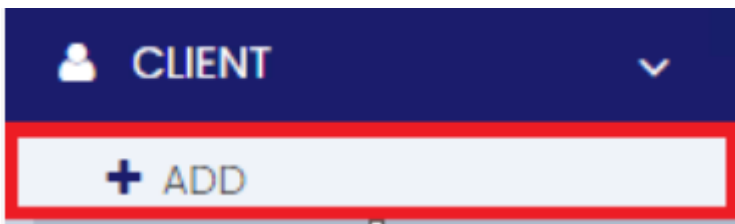
A "new patient" in an Adult day care setting refers to an individual who is newly enrolled or admitted to the facility, typically an older adult or senior in need of supervised care, social activities, and assistance with daily living tasks.

## Adding New Patient

Note: All Fields marked with \* are mandatory and must be filled out, otherwise the system will generate an error indicating that the required information is missing.

For adding new patient information in the system follow these steps.

**Client >> + Add option**



Update the patient information in the required field. Click +Add New Contact option to enter the patient address and then click save. The user can also upload the profile image of the patient for additional information.

ADD PATIENT

Patient Details

Documents

Billing/Prior Authorization

Care Plan

Calendar

Block Employees

Internal Messaging

Notes

Patient Information

Referral History

Physician

DxCode

Allergy

Medication

Preferences Skills

Setting

Audit Logs

First Name\*

First Name

Middle Name

Middle Name

Last Name\*

Last Name

Date Of Birth ⓘ \*

mm/dd/yyyy

Gender\*

Select Gender

Lang. Preference\*

Select Language

Account # ⓘ \*

Account Number

Location of Service

Search Location

Status\*

Inactive

Assignee\*

Henry Chan

Care Type\*

Select

Service Type

Service Type

Group(s)

Select

SSN ⓘ

XXX-XX-XXXX

Health Care Information:

Blood Group

Blood Group

Ethnicity

Select

Race

Select

BMI Calculator:

Standard

Metric

Weight: 

LBS

Height: 

IN

BMI ⓘ

Case Manager Details

Case Manager

Enter case manager

Email

Email

Phone

Phone

Contact Details

Note\*: Patient Address is compulsory. Please click on "Add New Contact" button to add new contact details.

+ Add New Contact

Ⓜ Upload Profile Image

Note\*:Preferable image ratio: 1:4 (80 X 320) and maximum allowed file size: 2MB.

✖ Cancel

💾 Save As Draft

💾 Save

# Editing New Patient

The Patient information can be edited by selecting the patient from the list. The following screen appears to edit the required information of the Patient. Update the information and then Click Save.

Client >> List

Patient Details

Documents

Billing/Prior Authorization

Care Plan

Calendar

Block Employees

Internal Messaging

Notes

Patient Information

Referral History

Physician

DxCode

Allergy

Medication

Preferences Skills

Setting

Audit Logs

First Name\*

Samuel

Middle Name

Middle Name

Last Name\*

Clark

Date Of Birth ⓘ\*

02/23/1978

45Y 8M

Gender\*

Male

Lang. Preference\*

English

Account # ⓘ\*

3357951852

Location of Service

Search Location

Status\*

Active

Assignee\*

Master Admin

Service\*

Personal Care, ...

Is Billable(myezcare)?

Group(s)

Demo Alex

SSN ⓘ

XXX-XX-XXXX

Health Care Information:

Blood Group

Blood Group

Ethnicity

Select

Race

Select

BMI Calculator:

Standard

Metric

Weight:

LBS

Height:

IN

BMI ⓘ

Case Manager Details

Case Manager

Enter case manager

Email

Email

Phone

Phone

Contact Details

Note\*: Patient Address is compulsory. Please click on "Add New Contact" button to add new contact details.

+ Add New Contact

Contact Type	Name	Phone	Address	Email	Added By	Actions
Patient Address	Clark, Samuel	(456) 123-5484	Aaa Drive Hamilton Township NJ- 08691	N/A	Admin, Master	<a href="#">✎</a>

[⊕ Upload Profile Image](#)

Note\*:Preferable image ratio: 1:4 (80 X 320) and maximum allowed file size: 2MB.

✕ Cancel

💾 Save

Revision #3

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