

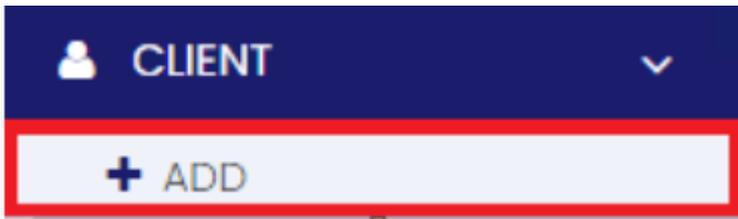
Client Information

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: Ethnicity:

Race:

BMI Calculator:

Standard Metric

Weight: Height:

BMI

Case Manager Details

Case Manager: Email: Phone:

Contact Details

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

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

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* <input type="text" value="Samuel"/>	Middle Name <input type="text" value="Middle Name"/>	Last Name* <input type="text" value="Clark"/>
Date Of Birth ⓘ* 45Y 8M <input type="text" value="02/23/1978"/> <input type="button" value="📅"/>	Gender* <input type="text" value="Male"/>	Lang. Preference* <input type="text" value="English"/>
Account # ⓘ* <input type="text" value="3357951852"/>	Location of Service <input type="text" value="Search Location"/>	Status* <input type="text" value="Active"/>
Assignee* <input type="text" value="Master Admin"/>	Service* <input type="text" value="Personal Care, ..."/>	
Group(s) <input type="text" value="Demo Alex"/>	SSN ⓘ <input type="text" value="XXX-XX-XXXX"/>	Is Billable(myezcare)? <input type="checkbox"/>

Health Care Information:

Blood Group <input type="text" value="Blood Group"/>	Ethnicity <input type="text" value="Select"/>
Race <input type="text" value="Select"/>	

BMI Calculator:

Standard
 Metric

Weight:
Height:

BMI ⓘ

Case Manager Details

Case Manager <input type="text" value="Enter case manager"/>	Email <input type="text" value="Email"/>	Phone <input type="text" value="Phone"/>
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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	✎

[📷 Upload Profile Image](#)

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

✕ Cancel
💾 Save

Revision #16

Created 9 October 2023 20:26:23 by Thamarai

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