

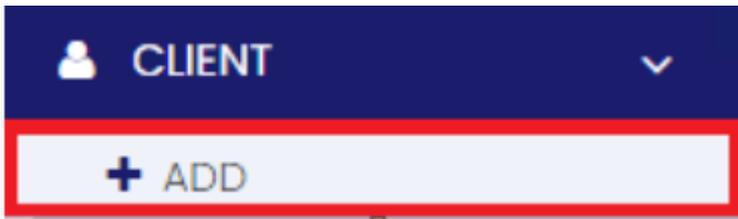
Client Information

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 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* Select Region	Status* Inactive
Assignee* Master, Admin	Service* Select	Service Type Service Type
Group(s) Select	ID Number* xxxxxxxxxxxxxxxx	Is Billable(myezcare)? <input type="checkbox"/>

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
Care Plan
Calendar
Block Employees
Internal Messaging
Notes

Patient Information
Referral History
Physician
DxCode
Allergy
Medication
Preferences Skills
Setting
Audit Logs

First Name*

Middle Name

Last Name*

Date Of Birth 23Y 8M

Gender*

Lang. Preference*

Account #

Location of Service*

Status*

Assignee*

Service*

Service Type

Group(s)

ID Number

Is Billable(myezcare)?

Health Care Information:

Blood Group

Ethnicity

Race

BMI Calculator:

Standard
 Metric

Weight:

 LBS

Height:

 IN

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.*

+ Add New Contact

Contact Type	Name	Phone	Address	Email	Added By	Actions
Patient Address	Test, Test	(083) 276-7595	144 Joubert Street Strand EC- 7139	testnew@gmail.com	N/A	

Upload Profile Image

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

✖ Cancel
💾 Save