

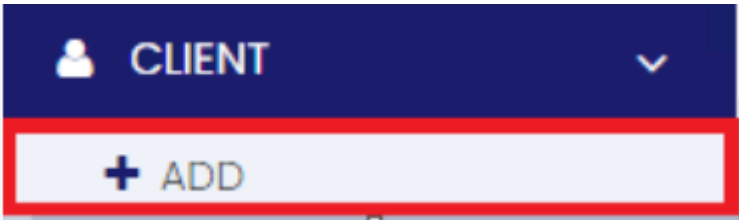
Client Information

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 DetailsDocumentsBillingCare PlanCalendarBlock EmployeesInternal MessagingNotes

Patient InformationReferral HistoryPhysicianDxCodeAllergyMedicationPreferences SkillsSettingAudit Logs

First Name*

First Name

Date Of Birth*

mm/dd/yyyy

Account #*

Account Number

Assignee*

Master, Admin

Group(s)

Select

Middle Name

Middle Name

Gender*

Select Gender

Location of Service*

Select Region

Service*

Select

ID Number*

xxxxxxxxxxxxxx

Last Name*

Last Name

Lang. Preference*

Select Language

Status*

Inactive

Service Type

Service Type

Is Billable(myezcare)?

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

Care Plan

Calendar

Block Employees

Internal Messaging

Notes

Patient Information

Referral History

Physician

DxCode

Allergy

Medication

Preferences Skills

Setting

Audit Logs

First Name*

Test

Middle Name

Middle Name

Last Name*

Test

Date Of Birth ⓘ *

03/03/2000

23Y 8M

Gender*

Female

Lang. Preference*

English

Account # ⓘ *

Test1

Location of Service*

Cape Town

Status*

Active

Assignee*

test, demo

Service*

Personal Care, ...

Service Type

Agency-Directed Services

Group(s)

Select

ID Number ⓘ

XXXXXXXXXXXX

Is Billable(myezcare)?

Health Care Information:

Blood Group

Blood Group

Ethnicity

Not Hispanic or Latino

Race

White South Africans

BMI Calculator:

Standard

Metric

Weight:

50

LBS

Height:

1.5

IN

BMI ⓘ

500000 - Obesity

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	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

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