

# Customizing the OnPatient Onboarding/Check-In Interface

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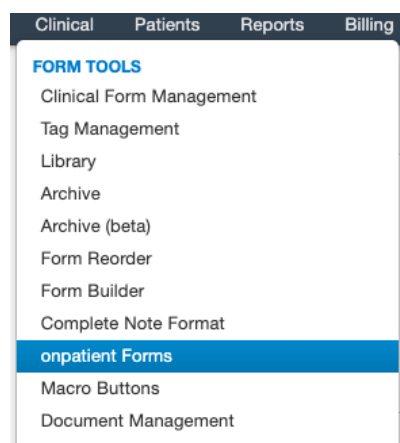
Through OnPatient, your patients can have a seamless visit experience when their information is automatically synced with your DrChrono EHR. After [familiarizing yourself](#) with OnPatient, it's time to customize your OnPatient interface and make it your own.

The OnPatient patient interface has some default sections and a few customizable sections that can be hidden or reordered. Fields within the sections can be left as optional or made required.

Some Customizable sections can be adjusted through the form builder and can have custom fields entered into them, including short text fields, single/multi checkboxes, switches, selection boxes, and fraction fields. This guide will only briefly cover the template builder which can be explored more in-depth [here](#).

## OnPatient Forms: Required Fields, Reordering & Removing Sections

To reach the OnPatient Forms Editor, mouse over the **Clinical** on your navigation bar, and select **OnPatient Forms**.



Once in the form editor, you can modify how patients interact with the OnPatient and Check-In App interface. For reference, the OnPatient sections that are changed with this page can be viewed [here](#).

1	<b>Profile Photo</b> <input type="checkbox"/> Patient Photo required?	<input type="checkbox"/> hidden
2	<b>Name &amp; Gender</b> <input type="checkbox"/> First Name required? <input type="checkbox"/> Middle Name required? <input type="checkbox"/> Last Name required? <input type="checkbox"/> Suffix required? <input type="checkbox"/> Gender required? <input type="checkbox"/> Nickname required?	<input type="checkbox"/> hidden
3	<b>Address</b> <input type="checkbox"/> Address required? <input type="checkbox"/> City required? <input type="checkbox"/> State required? <input type="checkbox"/> ZIP code required?	<input type="checkbox"/> hidden
4	<b>Background Information</b> <input type="checkbox"/> Date of Birth required? <input type="checkbox"/> Social Security Number required? <input type="checkbox"/> Preferred Language required? <input type="checkbox"/> Ethnicity required? <input type="checkbox"/> Race required?	<input type="checkbox"/> hidden
5	<b>Contact Information</b> <input type="checkbox"/> Email required? <input type="checkbox"/> Home Phone required? <input type="checkbox"/> Cell Phone required? <input type="checkbox"/> work_phone required?	<input type="checkbox"/> hidden

## Removing Default Sections from the Interface

To remove sections from the interface, check the **hidden** checkbox to the right of the unwanted section. When the box is checked, the section will be grayed out indicating that the section has been removed from OnPatient and Check-In.

8	<b>Current Medications</b> <input type="checkbox"/> Current Medications required?	<input type="checkbox"/> hidden
9	<b>Allergies</b> <input type="checkbox"/> Allergies required?	<input checked="" type="checkbox"/> hidden
10	<b>Ongoing Medical Conditions</b> <input type="checkbox"/> Medical Conditions required?	<input type="checkbox"/> hidden

## Reordering Sections

To reorder sections within OnPatient / Check-In, click on the **Reorder Forms** button. When you select the **Reorder Forms** the button will lock in a darkened state, indicating that the sections within the page can be reordered. Simply drag and drop the sections into the desired order, and then click **Reorder Forms** again to save your changes.

1

**Profile Photo**  
☐ Patient Photo required?

☐ hidden

2

**Name & Gender**  
☐ First Name required?  
☐ Middle Name required?  
☐ Last Name required?  
☐ Suffix required?  
☐ Gender required?  
☐ Nickname required?

☐ hidden

3

**Address**  
☐ Address required?  
☐ City required?  
☐ State required?  
☐ ZIP code required?

☐ hidden

Required Fields

You can make fields mandatory by clicking on the check box next to the field. Patients will not be able to check in without filling out the required fields.

3

**Address**  
☒ Address required?  
☒ City required?  
☒ State required?  
☒ ZIP code required?

☐ hidden

The required fields will automatically show up in red if they are incomplete. At the bottom of the page, the patient will be unable to use the **I'm done** button until the required fields have been filled in.

Address

Street Address

Address line 1

Address line 2 (optional)

City

State

Zip Code

Not all required fields are completed

✓ I'm done

More Information

The **More Information** section contains any **custom demographics** that you create and set to be displayed on OnPatient.

More Information

What is your preferred pharmacy

DL Number

Driver's License

Have you seen a therapist before

Employer

Employer info

Attorney Name

Please provide attorney's first and last name.

## Customizing Additional Information and Reasons for Visit

To customize the **Additional Information** and **Reasons for Visit** sections on **OnPatient Forms**, you'll need to access the **Form Builder**

### More Information

What is your preferred pharmacy

DL Number

Driver's License

Have you seen a therapist before

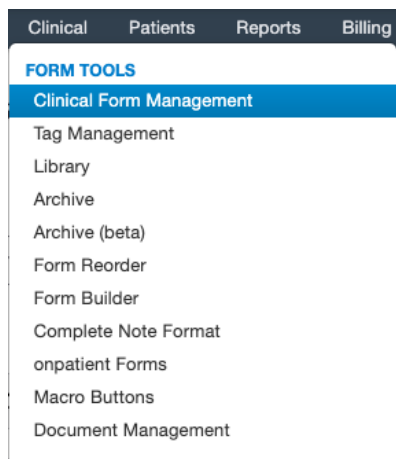
Employer

Employer info

Attorney Name

Please provide attorney's first and last name.

From the navigation bar, mouse over **Clinical** and select **Clinical Form Management**.



In the Form Builder, search one of the two OnPatient Additional Info or OnPatient Reasons for Visit.

You'll be presented with the default fields for the template. You can add, remove, or change any fields you would like to have your patients fill out during check-in. You can then see your changes on the OnPatient / Check-In workflow once editing has been completed.

More information on Form Building can be found [here](#).

### Clinical Form Management

+ New Form

Name

Tag

onpatient

Search by tags

Name ↕	Tags	Form Setting	Last Modified ↕	Action
onpatient Additional Info			10/18/2022	<a href="#">Edit</a> <a href="#">Copy</a> <a href="#">More</a>
onpatient Reasons For Visit			01/04/2021	<a href="#">Edit</a> <a href="#">Copy</a> <a href="#">More</a>

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