OnPatient Onboarding/Check-In Overview

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Patients can use the OnPatient portal to check in for their appointment before visiting your office. Your patients can onboard/check in through the OnPatient website or iOS application and have all their information saved in DrChrono.

Within DrChrono, you can customize what the patient sees and enters in the form. The sections described here are the default sections included with your DrChrono account. Each section can be reordered or removed based on your needs.

The information obtained through OnPatient check-in is stored in the patient's chart or their clinical visit.

Patient Chart Information

The following sections populate information into the patient's chart:

- Profile Photo
- Name & Gender
- Address
- Background Information
- Contact Information
- More Information (Custom Demographics)
- Emergency Contact
- Primary Insurance
- Secondary Insurance
- Insurance Photo
- Consent Forms

Patients can use these sections to enter all their basic check-in information: name, gender, date of birth, social security, language, race, ethnicity, contact information, address, etc.

| Onboarding forms | | | | |
|--------------------------------------|---|------------|---------------------|--------|
| Patient Photo | Webcam L Upload Choose a file: Choose File Choose File No file chosen Upload Cancel | | | |
| Name & Gender First Name Jenny | Middle Name | | Last Name Harris | Suffix |
| Gender | | Nickname | | |
| Female | ~ | Jen | | |
| Address Street Address | | | | |
| City | le le | State | Zip Code | |
| Mountain View | | California | ♥ 94040 | |

| Contact Information Email Address sample@sample.com Home Phone (844) 569-8628 | Cell Phone (650) 555-5555 | Work Pha (650) 55 | | |
|--|-------------------------------------|----------------------------|-------------------------|--|
| More Information What is your preferred pharmacy | | DL Number Driver's License | | |
| Emergency Contact Name Edward Harris | Relation Husband | | Phone (844) 569-8628 | |
| Primary Insurance Primary Insurance Company Cigna Insurance ID Number 1234567890 Patient Student Status Not a Student 2 Are you the insurance subscriber? | Plan N Test Group 1234 | Plan Number | | |
| Secondary Insurance secondary Insurance Company Insurance ID Number | Plan N Group | ame Number | | |

Once entered and saved, the data appears in the patient's chart under the **Important**, **Demographics**, and **Insurances** tabs.

Consent Forms

Patients can read and sign consent forms through OnPatient. After being signed, consent forms are stored in the chart under **Documents > Signed Consent Forms** tab.

Clinical Note Information

The Additional Information and Reasons for Visit sections are customizable sections, and you may add any fields you wish using the DrChrono EHR Form Builder. Any short text fields, single/multi checkboxes, toggle switches, selection boxes, and fraction fields can be added here. A sample template is shown below.

| Additional Information | |
|---|----------------------|
| Where did you find us? | |
| ~ | |
| Which specialists do you see? | |
| Chiropractor Acupuncturist Allergist Massage therapist | |
| Hold the Shift or Control key to select multiple options (Command key on Mac) Who referred you? | |
| Do you use online scheduling? | |
| Want access to online portal? Anything special we need to know | |
| | |
| | |
| | |
| Reasons For Visit | |
| Allergies | Annual Physical Exam |
| | Asthma |
| Attention Problems | Back Problems |
| Broken/ Fractured Bones | Cold |
| Cough | |
| Dizzy | Earache |
| Diabetes | 🗆 Diarrhea |
| Facial Questions | Heartburn |
| Headache | Weekly Recur Exam |
| | |

Select **Clinical > Clinical Form Management** and search the form to edit from forms list.

Allergies, Medications, Conditions, and Questions and Comments

Patients can verify their medications, allergies, and conditions and document any changes. They can also note questions or comments for the provider.

Changes made by a patient do not automatically update to their chart. A provider or staff member must manually enter the updated information into the patient's chart

Changes to Allergies

| Allergy | Reaction |
|------------------------|--|
| Non-Drug Allergy: Cats | Shortness of breath/difficulty breathing |
| Non-Drug Allergy: Milk | Hives |
| penicillin | Hives |
| d00170 aspirin | Hives |

Changes to allergies

Changes to medications

Changes to medical conditions

| | /i |
|--|----|

Changes to Medications

| Medication & Dosage | Indication |
|---|------------|
| Mirena 52 mg intrauterine device | |
| Flonase 50 mcg/inh nasal spray | |
| Cranberry oral capsule | |
| 12 Hour Nasal | |
| ZyrTEC 5 mg oral tablet, chewable | |
| amoxicillin 500 mg oral tablet | |
| Azithromycin 5 Day Dose Pack 250 mg oral tablet | |

Changes to Medical Conditions

| Problem | Code | Status | Diagnosed |
|---|----------|--------|------------|
| Chronic urinary tract infection (disorder) | N39.0 | active | 07/25/2018 |
| Idiopathic scoliosis AND/OR kyphoscoliosis (disorder) | M41.20 | active | 07/25/2018 |
| Multiple environmental allergies (disorder) | T78.49XA | active | 07/25/2018 |

Questions & Comments

| Question or Comment #1 | Question or Comment #2 | Question or Comment #3 |
|------------------------|------------------------|------------------------|
| | | |
| <i>1</i> | | <i>h</i> |

Once entered and saved, the information can be found in the clinical note under the **OnPatient/Check-In** form. Providers can discuss the responses with the patient and make adjustments or notes in the chart or note.

| | H&P | SOAP | ADDITIONAL | APPS |
|---------------------------------|--------------|-------------|------------|------|
| | Preview Note | | | |
| npatient / Check-In | | | | |
| | | esent Illne | SS | |
| Fi | am / Socia | al History | | |
| ti | ions & All | ergies | | |
| ew | of System | s | | |
| a | l Exam | | | |
| essr | nent | | | |
| Plan Additional Info Med/Allerg | | | | |
| Add to Note Yes | | | | |
| | | | | |
| | | | | |
| Google | | | | |
| Which specialists do you see? | | | | |
| Chiropractor × | | | | |
| | | | | |
| | | | | |

When everything has been completed, the patient selects **I'm done** and has all the information in this form uploaded to DrChrono and populated into their patient account or clinical note.

Consent & Signature

| All consent forms signed | | | | | | |
|--------------------------|--------------------------|----------|--|--|--|--|
| Ľ | No Show Policy | Required | | | | |
| V | HIPAA Data Use Agreement | Required | | | | |
| | | | | | | |
| | l'm done | | | | | |
| | | | | | | |