

How do I complete the Onboarding Forms prior to an appointment?

07/08/2024 7:46 pm EDT

When you schedule an appointment with your healthcare provider, either online or with the office, you may be asked to fill out onboarding forms through OnPatient to get your health records set up with your provider.

Navigate to the **Appointment** tab and click **Check-In**.

The screenshot shows the OnPatient user interface. At the top, the 'onpatient' logo is on the left, and the user's name 'Jenny Harris' is on the right. A navigation menu includes 'Appointments' (highlighted with a blue box), 'Doctors', 'Billing', 'Messages', 'Documents', and 'Health Profile'. Below the navigation, the 'Appointments' section is displayed, featuring 'Book Video Visit' and 'Book Appointment' buttons. Under the heading 'UPCOMING APPOINTMENT', there is a card for an appointment on 'September 23, 2020 at 8:00 AM' with the patient's name 'James Smith' and address '225 Schilling Circle, 21212, MD Baltimore'. A blue arrow points to a 'Check in' button on the right side of the appointment card.

Just as with paper forms, you will need to fill out as much information as possible.

Onboarding forms

Patient Photo



Choose a file:

No file chosen

Name & Gender

First Name	Middle Name	Last Name	Suffix
<input type="text" value="Jenny"/>	<input type="text"/>	<input type="text" value="Harris"/>	<input type="text"/>
Gender	Nickname		
<input type="text" value="Female"/>	<input type="text" value="Jen"/>		

Address

Street Address		
<input type="text" value="328 Gibraltar Ave"/>		
City	State	Zip Code
<input type="text" value="Sunnyvale"/>	<input type="text" value="California"/>	<input type="text" value="94040"/>

Patient Background

Date of Birth	Social Security #	
<input type="text" value="02/11/1980"/>	<input type="text" value="111-11-1111"/>	
Preferred Language	Race	Ethnicity
<input type="text"/>	<input type="text" value="White"/>	<input type="text" value="Not Hispanic or Latino"/>

Contact Information

Email Address

@gmail.com

Home Phone

(844) 569-8628

Cell Phone

(650)

Work Phone

(650) 555-5555

More Information

What is your preferred pharmacy

Employer

Employer info

DL Number

Attorney Name

Driver's License

Please provide attorney's first and last name.

Have you seen a therapist before

Additional Information

Where did you find us?

Do you use online scheduling?

Which specialists do you see?

Chiropractor
Acupuncturist
Allergist
Massage therapist

Want access to online portal?

Hold the Shift or Control key to select multiple options (Command key on Mac)

Who referred you?

Anything special we need to know

Reasons For Visit

- | | |
|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Annual Physical Exam |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Attention Problems | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Broken/ Fractured Bones | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Dizzy | <input type="checkbox"/> Earache |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Facial Questions | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Weekly Recur Exam |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Difficulty Breathing |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Difficulty Swallowing |
| <input type="checkbox"/> Wrist Pain | <input type="checkbox"/> Difficulty Urinating |
| <input type="checkbox"/> Eye Drainage | <input type="checkbox"/> Facial Pain |
| <input type="checkbox"/> Fever | <input type="checkbox"/> High Blood |

Emergency Contact

Name

Edward Harris

Relation

Husband

Phone

(844) 569-8628

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

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 medications

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
Insomnia, unspecified	G47.00	active	09/01/2020
Major depressive disorder, single episode, unspecified	F32.9	active	09/01/2020
Major depressive disorder, recurrent, mild	F33.0	active	09/01/2020
Acute streptococcal tonsillitis, unspecified	J03.00	active	08/27/2020
Encounter for general adult medical examination with abnormal findings	Z00.01	active	09/01/2020
Encounter for general adult medical examination without abnormal findings	Z00.00	active	09/01/2020
Amebic lung abscess	A06.5	active	03/07/2017
Tuberculosis of lung	A15.0	active	03/07/2017
Malignant neoplasm of upper respiratory tract, part unspecified	C39.0	active	03/07/2017
Low back pain	M54.5	active	03/07/2017

Changes to medical conditions

Primary Insurance

Primary Insurance Company

Cigna

Plan Name

Test Plan

Insurance ID Number

1234567890

Group Number

12345678

Patient Student Status

Not a Student

Are you the insurance subscriber?

Secondary Insurance

Secondary Insurance Company

Plan Name

Insurance ID Number

Group Number

Patient Student Status

Not a Student

Are you the insurance subscriber?

Questions & Comments

Question or Comment #1

Question or Comment #2

Question or Comment #3

Once you have entered/reviewed the information select the green **I'm Done** button.

Consent & Signature

2 unread consent forms

<input type="checkbox"/>	No Show Policy	Required
<input type="checkbox"/>	HIPAA Data Use Agreement	Required

I'm done