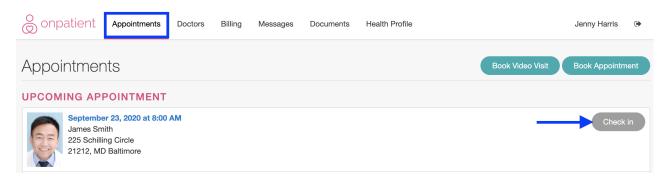
How do I complete the Onboarding Forms prior to an appointment?

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.



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

onpatient Appointments	Doctors Billing Messages Docum	ents 1 Health Profile	Jenny Harris 🛛 🕪
Onboarding forms			
Patient Photo	Webcam Lupload Choose a file: Choose File No file chosen Upload Cancel		
Name & Gender First Name Jenny Gender Female	Middle Name	Last Name Harris Nickname Jen	Suffix
Address Street Address 328 Gibraltar Ave City Sunnyvale		State Zip Code California V 94040	
Patient Background Date of Birth 02/11/1980 Preferred Language	Race	Social Security # 111-11-1111 Ethnicity V	

Contact Information Email Address			
Home Phone	Cell Phone		Work Phone
(844) 569-8628	(650)		(650) 555-5555
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 f	first and last name.
Additional Information			
Where did you find us?	~	Do you use online sch	neduling?
Which specialists do you see?		Want access to online	a portal?
Chiropractor Acupuncturist Allergist Massage therapist			
Hold the Shift or Control key to select multiple options (C Who referred you?	command key on Mac)	Anything special we nee	ad to know

Reasons For Visit			
□ Allergies	Annual Physical Exam		
Anxious	Asthma		
Attention Problems	Back Problems		
Broken/ Fractured Bones	Cold		
Cough			
Dizzy	Earache		
Diabetes	Diarrhea		
Facial Questions	Heartburn		
Headache	Weekly Recur Exam		
Shoulder Pain	Difficulty Breathing		
Neck Pain	Difficulty Swallowing		
Wrist Pain	Difficulty Urinating		
Eye Drainage	Facial Pain		
Fever	High Blood		

Emergency Contact				
Name	Relation	Phone		
Edward Harris	Husband	(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 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
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 medications

Changes to medical conditions

Primary Insurance			
Primary Insurance Company		Plan Name	
Cigna		Test Plan	
Insurance ID Number		Group Number	
1234567890		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
		2	
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Once you have entered/reviewed the information select the green **I'm Done** button.

Consent & Signature				
2 unread consent forms				
		No Show Policy	Required	
		HIPAA Data Use Agreement	Required	
	I'm done			