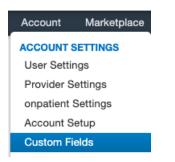
Using Custom Demographics to Record Attorney Information

07/08/2024 7:58 pm EDT

You can use DrChrono's custom demographics feature to add fields to the patient's chart to document attorney information.

• Go to Account > Custom Fields.



• Select Patient Demographics from the menu on the left.

Is	C	Custom Patient Demograp	ohics						Show Archived Fields	+ Add	New Fie
		Custom Patient Demographics with [Form Name]	set can be inserted into cli	nical notes via Form Builde	r. Only letters (a-z or A-Z),	numbers (0-9) or u	inderscore(_) are allow	ed for form name.			
		Name	Form Name	Description	Allowed Values	Records	Updated	Created	Visible on onpatient/Check-	In	
		What is your preferred pharmacy	Pharmacy			2	Sep 11, 2018	Apr 25, 2018	Yes	✓ Edit	A
		E DL Number	DLNumber	Driver's License		1	Jun 8, 2018	Jun 8, 2018	Yes	🖋 Edit	A
		Employer	Employer	Employer info		1	Jan 8, 2019	Jan 8, 2019	Yes	/ Edit	1
	X										
		Patient Demographics									

Click +Add New Field to create a field.

						+	Add New Field		
Custom Patient Demogra	phics						Show Archived Fields	+ Add I	New Field
Custom Patient Demographics with [Form Name]	set can be inserted into cl	inical notes via Form Build	ler. Only letters (a-z or A-Z),	numbers (0-9) or u	inderscore(_) are allow	ved for form name.			
Name	Form Name	Description	Allowed Values	Records	Updated	Created	Visible on onpatient/Check	(-In	
What is your preferred pharmacy	Pharmacy			2	Sep 11, 2018	Apr 25, 2018	Yes	/ Edit	Archive
E DL Number	DLNumber	Driver's License		1	Jun 8, 2018	Jun 8, 2018	Yes		Archive
= Employer	Employer	Employer info		1	Jan 8, 2019	Jan 8, 2019	Voe	<i>∎</i> Edit	Archive

- Enter a name and description of the demographic you would like to create. Add any additional information or field settings and **Save**.
 - The description could serve as instructions or a description of the field.
- If you would like to pull information from this field into your clinical forms through the form builder, enter a **Form Name** in the field.
 - Select a Field Type.
- If you would like to display this during Check-In through OnPatient or the iPad App, check the **Show on OnPatient** & **DrChrono Check-In** checkbox.
- You can also make the field mandatory on OnPatient and Check-In by checking the **Required on OnPatient & DrChrono Check-In**.

Edit Custom Patient Demographics

Name	Attorney Name]	
Description	Please provide your attorney's first and last name.		
Form Name	AttorneyName]	
Field Type	Text Field	•	
Show on onpatient & DrChrono Check-In			
Required on onpatient & DrChrono Check-In			
		Cancel	Save
		Carloer	Oave

Repeat for other fields, for example, Attorney's Phone Number and Address.

Edit Custom Patien	t Demographics	×	Create Custom Pat	ient Demographics		×
Name	Attorney Address		Name	Attorney Phone Number		
Description	Please enter your attorney's address.	<i>"</i>	Description	Please enter your attorney's phone number	li.	
Form Name	AttorneyAddress		Form Name			
Field Type	Text Field	~	Field Type	Text Field	~	
Show on onpatient & DrChrono Check-In			Show on onpatient & DrChrono Check-In			
Required on onpatient & DrChrono Check-In			Required on onpatient & DrChrono Check-In			
		Cancel Save			Cancel	Save

Once you have created the custom demographics fields, you can enter the information into the patient's chart.

Demographics	Custom Demographics Manag	ge Custom Patient Demographics	
Appointments	Attorney Name	Jessica Attorney	Please provide attorney's first and last name.
	Attorney Phone Number	650-555-5555	Please enter your attorney's phone number
Clinical Dashboard	Attorney Address	123 Fake St. Anytown, ST 12345	Please enter your attorney's address.
Documents	What is your preferred pharmacy	CVS	
Eligibility	DL Number		Driver's License

Patients can also enter this information when checking in with OnPatient or the Check-In App.

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More Information

Attorney Name	Attorney Phone Number		
Please provide attorney's first and last name.	Please enter your attorney's phone number		
Attorney Address	What is your preferred pharmacy		
	CVS		
Please enter your attorney's address.	DL Number		

Driver's License

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	Attorney Name	
	Please provide attorney's first and last name.	
	Attorney Phone Number	
	Please enter your attorney's phone number	
	Attorney Address	
	Please enter your attorney's address.	
	What is your preferred pharmacy	
	CVS	
	DL Number	
	Driver's License	

If needed, you can run a report on custom demographics using the Advanced Report.

	ID				
□ Home Phone		Patient Allergy contains ALL of	Date of Birth	Primary Ins Payer	Ref Dr. Phone
Cell Phone	Secondary Ins Plan Name contains ALL of		Primary Provider	Primary Ins Payer ID	C Ref Dr. Fax
Cell Phone is blank	Secondary Ins Plan	Patient Allergy contains ANY of	Home Phone	Primary Member ID	□ Ref Source
Office Phone	Name contains ANY of	Lab Test	Cell Phone	Primary Ins Plan Name	Employer
🗆 Email is blank	□ Secondary Ins Plan	Lab Test Result	Office Phone	Primary Ins Group #	Employer Zip Code
No Credit Card on File	Туре	contains ALL of	🗹 Email	Secondary Ins Payer	Employer Address
DOB After	□ Secondary Ins ID #	Lab Test Result	Gender	Secondary Ins Payer ID	Employer City
DOB Before	First DOS After	contains ANY of	Race	Secondary Member ID	Employer State
Month of DOB	First DOS Before	□ Lab Test Result >=	Ethnicity	Secondary Ins Plan Name	Expected Copay
Day of DOB	□ Last DOS After	Lab Test Result <=	Marital Status	□ Secondary Ins Group #	Primary Care Physician
	□ Last DOS Before	Attorney Name	Address	Auto Insurance Payer	Patient Flags
	Referring Dr. First	Attorney Phone	City	Auto Insurance Payer ID	Attorney Name
	Name	Number	State	□ Auto Insurance Case #	Attorney Phone Number
	Referring Dr. Last Name	Attorney Addrress	Zip Code	Worker's Comp Payer	Attorney Addrress
	1101110	U What is your preferred		- Markarla Comp Bayer ID	