# Using Custom Demographics to Record Attorney Information

07/24/2024 10:06 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.

С	ustom Patient Demographi	CS						Show Archived Fields	+ Add 1	New Field
С	sustom Patient Demographics with [Form Name] set ca	n be inserted into clir	ical notes via Form Builder.	Only letters (a-z or A-Z), ni	umbers (0-9) or u	inderscore(_) are allowe	d 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
	DL Number	DLNumber	Driver's License		1	Jun 8, 2018	Jun 8, 2018	Yes	✓ Edit	Archive
=	Employer	Employer	Employer info		1	Jan 8, 2019	Jan 8, 2019	Yes	/ Edit	Archive
X										
P	atient Demographics									
		Custom Patient Demographic Custom Patient Demographics with (Form Name) set ca Name What is your preferred pharmacy D. Number Employer Patient Demographics	Custom Patient Demographics Custom Patient Demographics with (Form Name) set can be inserted into citr Name Form Name What is your preferred pharmacy Pharmacy DL Number DLNumber Employer Patient Demographics	Clustom Patient Demographics         Name Patient Demographics with (Form Name) set can be inserted into clinical notes via Form Builder         Name Patient Demographics with (Form Name) set can be inserted into clinical notes via Form Builder         Name Patient Demographics       Form Name Pascription         Image: What is your preferred pharmacy       Pharmacy         Image: DL Number       DLNumber       Driver's License         Image: Demographics       Employer       Employer info	Custom Patient Demographics with (Form Name) set can be inserted into clinical notes via Form Builder. Only letters (a-2 or A-2), en         Name         Porm Name         E       What is your preferred pharmacy         Pharmacy       Pharmacy         E       Driver's License         E       Employer         E       Employer         E       Pharmacy	Custom Patient Demographics         Custom Patient Demographics with (Form Name) set can be inserted into clinical notes via Form Builder. Only letters (8-2 or A-2), numbers (9-9) or uv         Name       Form Name       Description       Allowed Values       Records         Image: Unit of the set of th	Custom Patient Demographics         Custom Patient Demographics with (Form Name) set can be inserted into clinical notes via Form Builder: Only letters (a-2 or A-2), numbers (0-4) or underscore(.) are allowed         Name       Form Name       Description       Allowed Values       Records       Updated         What is your prefered pharmacy       Planmacy       2       Sep 11, 2018         DL Number       Driver's License       1       Jun 8, 2018         E       Employer       Employer       Employer info       1       Jan 8, 2019	Custom Patient Demographics         Louton Patient Demographics with [Form Name] set can be inserted into clinical notes via Form Builder. Only letters (b-2 or A-2), numbers (b-2) or underscore(.) are atlowed for form name.         Name       Form Name       Description       Allowed Values       Records       Updated       Created         Image: What is your preferred pharmacy       Pharmacy       Pharmacy       2       Sep 11, 2018       Apr 25, 2018         Image: Dir. Number       Dirker's License       1       Jun 8, 2018       Jun 8, 2018       Jun 8, 2019         Image: Employer       Employer       Employer info       1       Jan 8, 2019       Jan 8, 2019	Structure Demographics         Structure Demographics with [Form Name] set can be inserted into clinical notes Via Form Builder. Only letters (a-2 or A-2), numbers (b-9) or underscore(-) are allowed for form name.         Name       Form Name       Description       Allowed Values       Records       Updated       Created       Visible on onpatient/Check         Image: What is your preferred pharmacy       Pharmacy       2       Sep 11, 2018       Apr 25, 2018       Yes         Image: Dir. Number       Diriver's License       1       Jun 8, 2018       Jun 8, 2018       Yes         Image: Employer       Employer       Employer info       1       Jan 8, 2019       Jan 8, 2019       Yes	Snow Archived Fields       Image: Archived Fields       Image

#### Click +Add New Field to create a field.

							+.	Add New Field		
С	Custom Patient Demographic	CS						Show Archived Fields	+ Add N	lew Field
	Custom Patient Demographics with [Form Name] set ca	n be inserted into clir	ical notes via Form Builde	er. Only letters (a-z or A-Z), I	numbers (0-9) or u	inderscore(_) are allow	ed for form name.			
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	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	lon 9, 2010	lan 9, 2010	Yes	A Edit	Arabhra

- 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	Date of Birth	Primary Ins Payer	Ref Dr. Phone
Cell Phone	Secondary Ins Plan Name contains ALL of	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 Besult	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
	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
	C Referring Dr. First	Attorney Phone	City	□ Auto Insurance Payer ID	Attorney Name
Derrindity	Name	Number	State	□ Auto Insurance Case #	Attorney Phone Number
J Race	Referring Dr. Last	Attorney Addrress	Zin Code	Worker's Comp Paver	Attorney Addrress
	Name	U What is your preferred			