

Using the Save Section Feature to Add Signatures to Forms on the iPhone EHR App

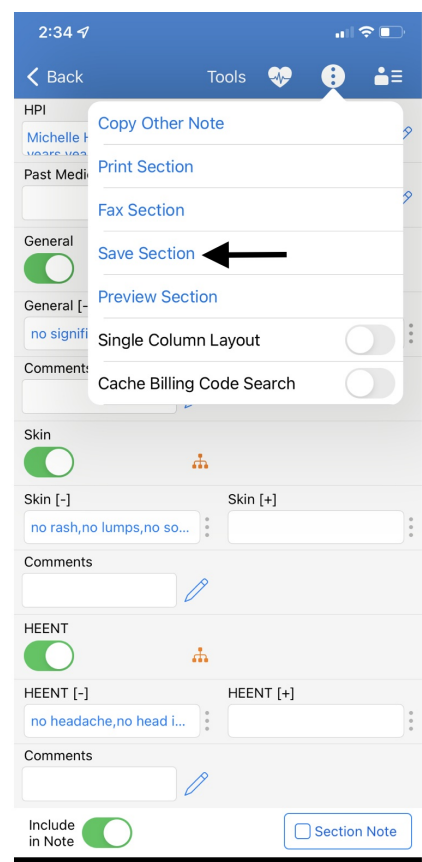
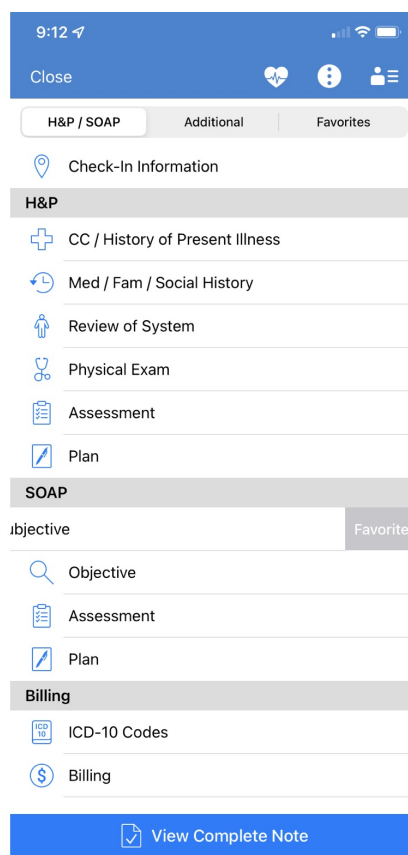
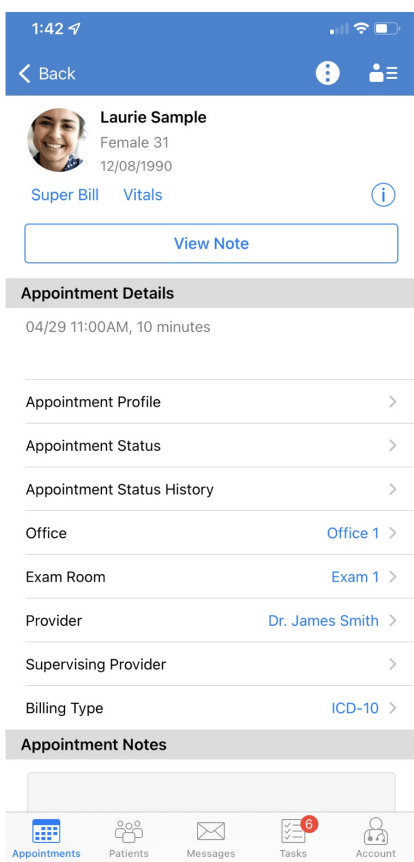
07/24/2024 10:16 pm EDT

You can use the **Save Section** feature to add signatures to forms on DrChrono's EHR iPhone app.

1. To begin, select the appointment and tap **Start Visit** to navigate to the clinical note for the visit. Select the form you would like to add the signature(s) to, navigate to the Menu (



), and select **Save Section**.



2. Select **Sign** in the top right of the screen.

Subjective



Test Facility

Patient: Michelle Harris
Provider: Dr. James Smith
Primary Payer ID: 60054

DOB: 10/14/1999
Visit: 04/25/2022 2:45PM
Secondary Payer ID:

Sex: F
Chart: HAM000005

Subjective:

History of present illness: Michelle Harris is a 22 years year old female
General [-]: no significant weight change, no weakness, no fatigue, no fever
Skin [-]: no rash, no lumps, no sores, no itching, no dryness, no color change, no changes in hair or nails
HEENT [-]: no headache, no head injury, no dizziness, no lightheadedness, no vision changes, no hearing problems, no tearing, no tinnitus, no vertigo, no earaches, no nasal stuffiness, no nasal discharge, no nosebleeds, no sinus trouble, no dry mouth, no hoarseness
Neck [-]: no lumps, no lymphadenopathy, no goiter, no pain, no stiffness
Breasts [-]: no lumps, no pain or discomfort, no nipple discharge
Cardiovascular [-]: no chest pain or discomfort, no palpitations, no dyspnea, no orthopnea, no paroxysmal nocturnal dyspnea, no edema
Respiratory [-]: no cough, no sputum, no hemoptysis, no dyspnea, no wheezing
GI [-]: no trouble swallowing, no heartburn, no nausea, no vomiting, no diarrhea, no rectal bleeding or tarry stools, no constipation, no abdominal pain, no food intolerance
Urinary [-]: no polyuria, no nocturia, no urgency, no burning or pain on urination, no hematuria, no urinary infections, no kidney stones, no incontinence, no dribbling
Genital (Female) [-]: no dysmenorrhea, no menopausal symptoms, no postmenopausal bleeding, no vaginal discharge, no itching, no sores, no lumps, no dyspareunia
Periph. Vasc. [-]: no intermittent claudication, no leg cramps, no varicose veins
MSK [-]: no muscle, no joint pain, no stiffness, no arthritis, no gout, no backache, no swelling, no redness, no pain, no tenderness, no limitation of motion
Neurologic [-]: no fainting, no blackouts, no seizures, no weakness, no paralysis, no numbness or loss of sensation, no tingling, no tremors or other involuntary movements
Endocrine [-]: no heat intolerance, no cold intolerance, no excessive sweating, no excessive thirst, no excessive hunger, no change in glove/hat/shoe size
Psychiatric [-]: no nervousness, no depression, no memory change, no trouble sleeping

3. Tap on the (



) icon. Tap the provider signature to add it. To add the patient's or witness's signature, select **Other Signatures**.

Close Move Draw Save

Test Facility
Patient: Michelle Harris **DOB:** 10/14/1999 **Sex:** F
Provider: Dr. James Smith **Visit:** 04/25/2022 2:45PM **Chart:** HAMI000005
Primary Payer ID: 60054 **Secondary Payer ID:**

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[Page 1] Pending e-signature Powered by DrChrono
 This page was generated at 05/11/2022 12:34PM MDT

  Clear Document


Close Move Draw Save

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Provider: Dr. James Smith **Visit:** 04/25/2022 2:45PM **Chart:** HAMI000005
Primary Payer ID: 60054 **Secondary Payer ID:**

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Edit Signature

 Other Signatures

Cancel

4. Next, select the signature: provider, patient, or witness.

Close Signature Save

Provider Signature ← James Smith

Clear

Close Provider Signature Save

Patient Signature

Witness Signature

5. Once the person is selected, the signature can be added. Tap **Save** when finished.

Close Signature Save

Patient Signature Michelle Harris

Clear

Patient
SIGNATURE

Close Signature Save

Witness Signature Enter name

Clear

Witness
SIGNATURE

6. The signature can be moved and resized within the current page. Select **Save** when finished.

2:42 ↗

Close Move Draw → Save

Test Facility
Patient: Michelle Harris **DOB:** 10/14/1999 **Sex:** F
Provider: Dr. James Smith **Visit:** 04/25/2022 2:45PM **Chart:** HAMI000005
Primary Payer ID: 60054 **Secondary Payer ID:**

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Clear Document

Note: When adding a signature to a multipage form, be sure to navigate to the desired page first. The signature may not be moved to another page.

7. You can rename the form if needed. Select **Save to PT History** to save to the patient's chart. To view the document on the iPad tap on the History tab. Navigate to the Documents section of the patient's chart on the web to view it.

2:43 Close

Save to PT History

Subjective signature example

Test Facility
 Patient: Michelle Harris
 Provider: Dr. James Smith
 Primary Payer ID: 00004

DOB: 10/14/1999
 Visit: 04/25/2022 2:45PM
 Secondary Payer ID:

Sex: F
 Chart: HAM000005

Subjective:
 History of present illness: Michelle Harris is a 22 years year old female
 General [] no significant weight change, no weakness, no fatigue, no fever
 Skin [] no rash, no lumps, no sores, no itching, no dryness, no color change, no changes in hair or nails
 HEENT [] no headache, no head injury, no dizziness, no lightheadedness, no vision changes, no hearing problems, no hearing, no tinnitus, no vertigo, no earaches, no nasal stuffiness, no nasal discharge, no nosebleeds, no sinus trouble, no dry mouth, no hoarseness
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Patient SIGNATURE James Smith
 Witness SIGNATURE

Michelle Harris
 05/11/22 02:45 PM

James Smith
 05/11/22 02:45 PM

Witness SIGNATURE
 05/11/22 02:45 PM

[Page 1] Pending signature This page was generated at 05/11/22 02:45PM CDT Powered by DrChrono

2:43 Close Filter: All Document Types

Search

Subjective signature example
 05/11/22
 free draw

Michelle Harris
 04/25/22 02:45PM
 Exam 1

Michelle Harris
 04/14/22 11:30AM
 Exam 1

Lab Results.pdf
 04/08/22
 lab result

Follow Up
 03/10/22 11:50AM
 Exam 1

Michelle Harris
 02/08/22 09:40AM
 Exam 1

Group Session
 10/22/21 09:00AM
 Exam 1

[No Subject]
 10/21/21

[No Subject]
 10/21/21

[No Subject]
 10/21/21

Sample Doctor, MD (Outbound Referral)
 10/21/21 01:24PM
 referral

2:43 Close

Test Facility
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 Provider: Dr. James Smith
 Primary Payer ID: 00004

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Patient SIGNATURE James Smith
 Witness SIGNATURE

Michelle Harris
 05/11/22 02:45 PM

James Smith
 05/11/22 02:45 PM

Witness SIGNATURE
 05/11/22 02:45 PM

[Page 1] Pending signature This page was generated at 05/11/22 02:45PM CDT Powered by DrChrono

Subjective signature example
 05/11/22

Michelle Harris
 04/25/22 02:45PM

Mic
 04/1