

Familiarizing Yourself with OnPatient Onboarding/Check-In

07/24/2024 2:40 pm EDT

The OnPatient portal allows your patients to check in for their appointment before visiting your office. Your patients can onboard/check in through the OnPatient website or iOS application and have all their information saved in DrChrono.

Within DrChrono, you can customize what the patient will see and enter into the form. The sections here are shown as the default sections included with your DrChrono account. Each section can be reordered or removed based on your needs.

The information obtained through OnPatient check-in is stored in the patient's chart or their clinical visit.

Patient Chart Information

The following sections populate information into the patient's chart:

- Profile Photo
- Name & Gender
- Address
- Background Information
- Contact Information
- More Information ([Custom Demographics](#))
- Emergency Contact
- Primary Insurance
- Secondary Insurance
- Insurance Photo
- Consent Forms

These sections allow patients to enter all their basic check-in information: Name, Gender, Date of Birth, Social Security, Language, Race, Ethnicity, Contact Information, address, etc.

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

City **State** **Zip Code**

Contact Information

Email Address

Home Phone **Cell Phone** **Work Phone**

More Information

What is your preferred pharmacy **DL Number**

Employer **Driver's License**

Employer info

Emergency Contact

Name	Relation	Phone
<input type="text" value="Edward Harris"/>	<input type="text" value="Husband"/>	<input type="text" value="(844) 569-8628"/>

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?

Once entered and saved, the data will appear in the patient's chart under the **Important**, **Demographics**, and **Insurances** tabs.

- [+ Add new patient](#)
- Demographics**
- Appointments
- Clinical Dashboard
- Documents
- Eligibility
- Tasks 0
- Problem List 5
- Medication List 14
- Send eRx
- Allergy List 4
- Drug Interactions 2
- CQMs
- Intake Data



Jenny (Jen) Harris (Female | 42 years old | Feb. 11, 1980)

Phone: (443) 555-5555 **Email:** sample@sample.com
Address: 1001 N Rengstorff Ave
Mountain View, CA 94040 **Las Nex**
CDS: Adult Immunization Schedule Age: 27-49

Primary Provider: Dr. James Smith

[New Referral](#) [Fax Demographics](#) [Print Demographics](#)

Important **Demographics** **Insurances** Authorizations Smoking Status Flags Balance

Sufficient patient demographics to bill insurance. Fall Risk Gestational Diabetes

Important Information

Primary Provider:

Status:

Title: e.g. Mr, Mrs, Ms

First Name:

Nick Name:

Consent Forms


Consent forms can be read and signed through OnPatient. After being signed, consent forms are stored in the chart under **Documents > Signed Consent Forms**.

Consent & Signature

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

[+ Add new patient](#)

- Demographics
- Appointments
- Clinical Dashboard
- Documents
- Tasks 2
- Problem List 13
- Medication List 7
- Send eRx
- Allergy List 4
- Drug Interactions 1
- CQMs



Jenny (Jen) Harris (Female | 40 years old | Feb. 11, 1980)

HAJE000001

Phone: (650)-555-5555 **Email:** sample@sample.com

Address: 1001 N Rengstorff Ave
Mountain View, CA 94040

CDS: [Adult Immunization Schedule Age: 27-49](#)

Date Added: Aug. 13, 2020

Last Scheduled Appt: Tue Sep 29, 2020

Next Scheduled Appt: Wed Sep 30, 2020

onpatient access enabled [New Referral](#) [Fax Demographics](#) [Print Demographics](#) [Vitals](#) [+ Schedule New Appointment](#)

Upload images, scanned paper documents, or PDFs downloaded from other electronic medical records.

[Uploaded Documents](#) [Locked Clinical Notes](#) **Signed Consent Forms** [Outbound Referrals](#) [Lab Results](#) [Amendments](#)

Signed Consent Forms

Consent Form	Date of Appointment	Date of Signature	Actions
No Show Policy	Sep 04, 2020 1:30 p.m.	Sep 04, 2020 11:14 a.m.	Fax Consent Form Fax Signature Retract from onpatient
HIPAA Data Use Agreement	Sep 04, 2020 1:30 p.m.	Sep 04, 2020 11:14 a.m.	Fax Consent Form Fax Signature Send to onpatient

Clinical Note Information

The **Additional Information** and **Reasons for Visit** sections are customizable sections and you may add any fields you wish using the DrChrono EHR Form Builder. Any short text fields, single/multi checkboxes, switches, selection boxes, and fraction fields can be added here. A sample template is shown below.

Additional Information

Where did you find us?

Which specialists do you see?

Chiropractor
Acupuncturist
Allergist
Massage therapist

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

Who referred you?

Do you use online scheduling?

Want access to online portal?

Anything special we need to know

Reasons For Visit

- Allergies
- Annual Physical Exam
- Asthma
- Back Problems
- Broken/ Fractured Bones
- Cold
- Cough
- Depression
- Dizzy
- Earache
- Diabetes
- Diarrhea
- Facial Questions
- Heartburn
- Headache
- Weekly Recur Exam

Go to **Clinical > Form Builder** and select the form to edit under the preset form list to edit these sections.

Form Builder

Legend: Edit Move Copy to clipboard Archive

The screenshot shows the Form Builder interface. On the left is a 'Form List' with a search bar and a list of forms. The 'onpatient Additional Info' form is highlighted with a blue box. In the center is a preview of the form, showing fields for 'Where did you find us?' (Single Select), 'Which specialists do you see?' (Multiple Select), 'Who referred you?' (Text), 'Do you use online scheduling?' (Switch, ON), 'Want access to online portal?' (Switch, ON), and 'Anything special we need to know' (Text). On the right is the 'Form Tools' panel with a 'Field Clipboard' containing 3 items. The tools include Short Text Field, Yes/No, Switch, Single Select, Multiple Select, Free Draw, Fraction Field, Header, Subheader, and Reference Field.

Allergies, Medications, Conditions, and Questions and Comments

Patients can verify their medications, allergies, and conditions and document any changes. Additionally, they can note questions or comments for the provider.

Note: Changes noted by patients **will not automatically update** this information in their chart. An update based on the new information will need to be entered into the chart by a provider or staff member.

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	
Fionase 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

Changes to medical conditions

Questions & Comments

Question or Comment #1

Question or Comment #2

Question or Comment #3

Once entered and saved, the information can be found in the clinical note under the **OnPatient/Check-In** section under the respective tab. Providers can discuss the responses with the patient and make adjustments or notes in the chart or note.

H&P SOAP ADDITIONAL APPS

Preview Note

onpatient / Check-in

CC / History of Present Illness

Med / Fam / Social History

Medications & Allergies

Review of Systems

Physical Exam

Assessment

Pain

Billing

Jenny (Jen) Harris (Female | 40 years | 02/11/1980 | HAJE000001)

Dolphin Bite

Primary Insurer: (62308) Cigna

Include in Note

Additional Info Med/Allergies/Conditions Reasons for Visit Questions & Comments

Add to Note

Where did you find us?
Google

Which specialists do you see?
Chiropractor

Who referred you?
Dr. Test

When everything has been completed, the patient may select **I'm done** and have all the information in this form uploaded to DrChrono and populated into their patient account or clinical note.

Consent & Signature

All consent forms signed		
<input checked="" type="checkbox"/>	No Show Policy	Required
<input checked="" type="checkbox"/>	HIPAA Data Use Agreement	Required



I'm done