# Checking In for an Appointment with OnPatient

07/24/2024 1:10 pm EDT

Patients can use OnPatient to check in before their appointments. During the check-in process, patients can enter/update their information, answer questions, and sign here for more information.

You can customize the check-in interface to hide sections or make fields required. You can also add fields with custom demographics in the **More Information** section. You can also customize the **Reasons for Visit** and **Additional Information** sections.

After logging in, click the **Check-In** button next to the appointment. Patients can only complete the check-in process before the scheduled appointment time. Once the scheduled appointment time has passed, the appointment will be moved to the past appointments section.



The patient will be taken to the onboarding forms for their appointment. Here they can enter their information.

## Onboarding forms

| Patient Photo   | Webcam     Lupload Choose a file: Choose File No file chosen Upload Cancel |                                  |                     |        |
|---|--|----------------------------------|---------------------|--------|
| Name & Gender<br>First Name<br>Laurie<br>Nickname                       | Middle Name  | Sex<br>Female                    | Last Name<br>Sample | Suffix |
| Patient Background<br>Date of Birth<br>12/08/1990<br>Preferred Language | Race   | Social Security #<br>111-22-3333 | Ethnicity           | ~      |
| Address<br>Street Address<br>328 Gibraltar Dr<br>City<br>Sunnyvale      |  | State<br>California              | Zip Code            |        |

| Contact Information   |                |  |   |
|---|----------------|--|---|
| sample@sample.com   |                |  |   |
| Home Phone  | Cell Phone     | Work Phone   |   |
| 555-555-5555  | (650) 555-5555 | 555-555-5555   | 5 |
| More Information<br>Attorney Name                               |                | Attorney Phone Number  |   |
| Please provide attorney's first and last name. Attorney Address |                | Please enter your attorney's phone number<br>What is your preferred pharmacy |   |
|   |                | CVS  |   |
| Please enter your attorney's address.                           |                | DL Number  |   |

# 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 |
|-------------------------|----------------------|
| □ Anxious               | Asthma               |
| Attention Problems      | Back Problems        |
| Broken/ Fractured Bones |                      |
| Cough                   |                      |
| □ Dizzy                 | Earache              |
| Diabetes                | Diarrhea             |
| □ Facial Questions      | Heartburn            |
| Headache                | Weekly Recur Exam    |

#### **Emergency Contact**

Name

Sample Contact

Relation

Mother

555-555-5555

Phone

### 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                |            |
| 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 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 |

#### Questions & Comments

Question or Comment #1

Question or Comment #3

#### **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**.

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 |                          |          |  |
|--------------------------|--------------------------|----------|--|
| V                        | No Show Policy           | Required |  |
| V                        | HIPAA Data Use Agreement | Required |  |



