

To: System Users

From: WRS Development Team

Date: 02/10/2021

Re: New Patient Registration

ITEMS IN THIS RELEASE



New Patient Registration

WRS has created a new, streamlined process for registering a new patient. This new registration page can be found under the "Patients" tab and by selecting "Patient Registration New."



Patient Registration

Patient Search

Demographic Reports Survey Results

Survey Reports

Patient Registration New

Figure 1: Menu

How It Works

When registering a new patient, your front desk staff's workflow remains the same. The required information is identified by red asterisks next to it, similar to the old registration. However, all of the "additional" and "optional" fields are listed in dropdown menus.

Patient Registration - Step 1 of 2		@ HELP
First Name" Middle Name	Phone"	Type
Last Name	Email	
Date of Birth*	Street Address	
Sex*	Zip	
Social Security Number* VOX-XX-X0X0X No SN watable? Inter all 9s.		

Figure 2: Patient Registration

The "additional demographics" section includes areas to:

- Upload a patient's photo.
- Scan and upload a copy of their driver's license / other ID card.
- Select marital and employment status.
- Acknowledge patient policies.

Photo	Scanner Access Key
Choose File Choose File No file chosen	Scanner Access Key Get Data from Scanner
Maximum image dimensions: 400w x 400h pixels.	
Marital Status	Driver's License Front
~	Choose File Choose File No file chosen
Employment Status	Driver's License Back
~	Choose File Choose File No file chosen
Patient Policies	
The patient acknowledges having read the practice's Practice Privacy Policy Attest	tations
○ Signature on File ● Signature Pending	

Figure 3: Additional Demographics

The "optional demographics" section includes race & ethnicity, language preference, gender identification, and sexual orientation.

Race & Ethnicity		Gender Identification	
Select a race		Male	
American Indian/Alaska Native		Female	
Asian		Transgender male/Trans man/Female-to-male	
Black/African American		Transgender female/Trans woman/Male-to-female	
Native Hawaiian or Other Pacific Islander		 Genderqueer, neither exclusively male nor female 	
White		 Additional gender category/(or other), please speci 	
] Other		Decline	
	~		
Decline		Sexual Orientation	
		 Straight or heterosexual 	
		🔿 Lesbian, gay, or homosexual	
anguage Preference		O Bisexual	
	~	O Something else, please describe:	
_		O Don't know	
Other		O Decline	

Figure 4: Optional Demographics

If the personnel registering the patient does not want to enter in the additional or optional demographic information upon registration, they can leave it blank. Patients can enter this information in the patient portal, in the check in module, and on their new patient paperwork.

Required Fields for Preferred Options

Complete Patient Registration requires that the staff collect, at a minimum, the following items:

- First name
- Last name
- Date of Birth
- Sex
- Social Security Number (can be 9's)
- Phone Number
- Street Address
- Zip Code

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First Name"	Middle Name	Phone	Туре		
		100K-300K-3000K	Cell	~	
Last Name		Email			
Date of Birth		Street Address			
Month V Day	V Year V				
Sex		Zip			
O Male O Female O Unknown					
Social Security Number		Practice Location			
XXX-XX-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				~	
Additional Demographics					
Optional Demographics					
				Next Page	



Portal-Compliant Patient Registration Requires:

- First name
- Last name
- Date of Birth
- Sex
- Social Security Number (can be 9's)
- Phone Number

atient Registration - Step 1 of 2				O HELF
First Name"	Middle Name	Phone	Туре	
		300K-300K-3000K	Cell 🗸	
Last Name [*]		Email		
Date of Birth		Street Address		
Month V Day V	Year 🗸			
Sex		Zip		
O Male O Female O Unknown				
Social Security Number"		Practice Location		
JOOK-JOK-JOOOX No SSN available? Enter all fls.			~	
Additional Demographics				
* Hannelin someglaprise				
V Optional Demographics				
			Nex	t Page

Quick Patient Registration Requires:

- First name
- Last name
- Date of Birth
- Sex
- Social Security Number (can be 9's)

Patient Registration - Step 1 of 2				HELP
First Name*	Middle Name	Phone	Туре	
		X00C-300X-3000X	Cell	~
Last Name"		Email		
Date of Birth		Street Address		
Month V Day V	Year 🗸			
Sex		Zip		
O Male O Female O Unknown				
Social Security Number		Practice Location		
XOX-XX-XXOXX No SSN available? Enter all to.				~
No SDN available? Enter all 9s.				_
Additional Demographics				
Additional Demographics				
V Optional Demographics				
				ext Page
				extrage

Figure 7: Quick Registration