



To: System Users
From: WRS Development Team
Date: 04/14/2021
Re: New Patient Registration

ITEMS IN THIS RELEASE



New Patient Registration



How It Works



Required Fields for Preferred Options

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." The former patient registration layout is listed in the "Patients" tab under "Legacy Patient Registration."



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.

The screenshot shows a web form titled "Patient Registration - Step 1 of 2" with a "HELP" link in the top right. The form is divided into two columns. The left column contains fields for "First Name*", "Middle Name", "Last Name*", "Date of Birth*" (with Month, Day, and Year dropdowns), "Sex*" (with radio buttons for Male, Female, and Unknown), and "Social Security Number*" (with a placeholder XXX-XX-XXXX and a note "No SSN available? Enter all 9s."). The right column contains fields for "Phone*" (with a placeholder XXX-XXX-XXXX and a "Type" dropdown set to "Cell"), "Email", "Street Address", and "Zip".

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.

The screenshot shows the "Additional Demographics" section of the registration form. It includes a "Photo" upload area with a "Choose File" button and a "No file chosen" message, with a note "Maximum image dimensions: 400w x 400h pixels." Below this are dropdown menus for "Marital Status" and "Employment Status". To the right, there is a "Scanner Access Key" field with a "Get Data from Scanner" button, and two "Driver's License" upload areas (Front and Back), each with a "Choose File" button and a "No file chosen" message. At the bottom, the "Patient Policies" section has two acknowledgment items: "The patient acknowledges having read the practice's Practice Privacy Policy Attestations" (with radio buttons for "Signature on File" and "Signature Pending", where "Signature Pending" is selected) and "The patient acknowledges having accepted the Assignment of Benefits Agreement" (with radio buttons for "Signature on File", "Signature Pending", and "Does Not Accept", where "Does Not Accept" is selected).

Figure 3: Additional Demographics

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

The screenshot shows a form titled "Optional Demographics" with an expand/collapse arrow on the left. The form is organized into three main sections:

- Race & Ethnicity:** A text input field labeled "Select a race" is at the top. Below it are several checkboxes: "American Indian/Alaska Native", "Asian", "Black/African American", "Native Hawaiian or Other Pacific Islander", "White", and "Other". A dropdown menu is located below the "Other" checkbox. At the bottom of this section is a "Decline" checkbox.
- Language Preference:** A dropdown menu is at the top. Below it are "Other" and "Decline" checkboxes.
- Gender Identification:** A series of checkboxes: "Male", "Female", "Transgender male/Trans man/Female-to-male", "Transgender female/Trans woman/Male-to-female", "Genderqueer, neither exclusively male nor female", "Additional gender category/(or other), please specify:", and "Decline".
- Sexual Orientation:** A series of radio buttons: "Straight or heterosexual", "Lesbian, gay, or homosexual", "Bisexual", "Something else, please describe:", "Don't know", and "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

The screenshot shows a web form titled "Patient Registration - Step 1 of 2". The form is organized into two columns. The left column contains: "First Name" and "Middle Name" text boxes; "Last Name" text box; "Date of Birth" with three dropdown menus for "Month", "Day", and "Year"; "Sex" with radio buttons for "Male", "Female", and "Unknown"; and "Social Security Number" with a text box and a small note "No SSN available? Enter all 9s". The right column contains: "Phone" with a text box and a "Type" dropdown menu (set to "Cell"); "Email" text box; "Street Address" text box; "Zip" text box; and "Practice Location" dropdown menu. At the bottom, there are two expandable sections: "Additional Demographics" and "Optional Demographics", and a blue "Next Page" button.

Figure 5: Complete Registration

Portal-Compliant Patient Registration Requires:

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

This screenshot is identical to Figure 5, showing the "Patient Registration - Step 1 of 2" form. It includes the same fields for name, date of birth, sex, social security number, phone, email, address, and zip code, along with the expandable sections and the "Next Page" button.

Figure 6: Portal Compliant

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	Type
<input type="text"/>	<input type="text"/>	<input type="text" value="XXXX-XXX-XXXX"/>	<input type="text" value="Cell"/>
Last Name*		Email	
<input type="text"/>		<input type="text"/>	
Date of Birth*		Street Address	
Month <input type="text" value=""/>	Day <input type="text" value=""/>	<input type="text"/>	
Year <input type="text" value=""/>		Zip	
Sex*		<input type="text"/>	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		Practice Location	
Social Security Number*		<input type="text"/>	
<input type="text" value="XXXX-XX-XXXX"/>			
<small>No SSN available? Enter all 9s.</small>			

▼ **Additional Demographics**

▼ **Optional Demographics**

[Next Page](#)

Figure 7: Quick Registration