



Search by Resident ✕ ⌵

Beta Test Facility ⌵

Residents + **15** **S & W / Evaluation** 4 **Clinical Assessment** 6 **Acute Care Transfer** 1

<p>Alert Test... PDF ✕ ✎</p> <hr/> <p>Alert Test... PDF ✕ ✎</p> <hr/> <p>Clinical Assesment ✕ ✎</p> <hr/> <p>Alert Test... PDF ✕ ✎</p>	<p>Test 3aler... ☰ + S&W</p> <hr/> <p>Test 4321 ☰ 3 S&W Respond + S&W</p> <hr/> <p>Test 7777 ☰ + S&W</p>	<p>Alert Test... ☰ PDF</p> <hr/> <p>Barath Kum... ☰ PDF</p> <hr/> <p>Madhu Sdsd ☰ PDF Notify Doctor Immediately.</p>	<p>Test Pat01 ✎</p>
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-- Select Patient--

Search

Resident Registration

Clinical Information

Care Directives

Medication Reconciliation

Returning Patient

★ A. Resident Information

SSN Number:

Resident First Name:

Resident Last Name:

DOB:

Room No:

Date of Admission:

Gender:

M F

Language:

English Other

Race/Ethnicity:

White Black Hispanic Other

PCP at site (MD)

Mdemo test (MD)
manoj patel (MD)
testmd demo (MD) ▾
shilpa Dandekar (MD)
MD Three (MD)

Resident Care Types

Medicare Insurance Plan

★ B. Family/Caregiver/Proxy Contact

Family/Caregiver Name:

Tel:

Healthcare Proxy/Guardian Name (if different):

Tel:

★ C. Advance Directives/Goals of Care

Full Code

DNR

DNI

DNH

No Artificial Feeding

Comfort Care

Hospice Care

Other

Close

Save



-- Select Patient--

Search

Resident R

SSN Number:

Gender:

M F

PCP at site (MD

Mdemo test
manoj patel (M
testmd demo
shilpa Dandek
MD Three (MD

Family/Caregive

Full Code

Other

Close

Patient Last Name:

Patient First Name:

DOB:

MM/DD/YYYY

Social Security Number:

____ - ____ - ____

Search

n:

Save



-- Select Patient--

Search

Search Results

Last Name, First Name

DOB (MM/DD/YYYY)



Doe, John

DOB (MM/DD/YYYY)



Test1, Alert

09/09/1952



Click

Autopopulates previous registration information once added

Close

Save

Resident F

SSN Number:

Gender:

M F

PCP at site (MD

Mdemo test
manoj patel (M
testmd demo
shilpa Dandek
MD Three (M

Family/Caregive

Full Code

Other



Resident Registration

Clinical Information

Care Directives

Medication Reconciliation

★ A. Resident Information

SSN Number: <input type="text" value="656-55-6665"/>	Resident First Name: <input type="text" value="alert"/>	Resident Last Name: <input type="text" value="test1"/>	DOB: <input type="text" value="09/09/1952"/>	Room No: <input type="text"/>	Date of Admission: <input type="text" value="09/07/2017"/>
Gender: <input checked="" type="radio"/> M <input type="radio"/> F	Language: <input checked="" type="radio"/> English <input type="radio"/> Other	Race/Ethnicity: <input checked="" type="radio"/> White <input type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Other			
PCP at site (MD) <input type="text" value="Mddemo test (MD)"/> <input type="text" value="manoj patel (MD)"/> <input type="text" value="testmd demo (MD)"/> <input type="text" value="shilpa Dandekar (MD)"/> <input type="text" value="MD Three (MD)"/>	Resident Care Types <input type="text" value="Post-Acute Care"/>	Medicare Insurance Plan <input type="text" value="BCBSTX"/>			

★ B. Family/Caregiver/Proxy Contact

Family/Caregiver Name: <input type="text" value="test3223"/>	Tel: <input type="text" value="(980) 809-8808"/>	Healthcare Proxy/Guardian Name (if different): <input type="text" value="test080808"/>	Tel: <input type="text" value="(792) 372-3232"/>
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★ C. Advance Directives/Goals of Care

Full Code
 DNR
 DNI
 DNH
 No Artificial Feeding
 Comfort Care
 Hospice Care
 Other

Close

Save