



Go! Guide: Registration in the EHR

Introduction

The Registration tab of the patient chart is where the patient's personal and demographic information such as address, date of birth, social security number, ethnicity, language, and other information is stored and kept up-to-date. This tab also includes information about the patient's emergency contact, parent or guardian, provider, and guarantor (the person responsible for the patient's account).

In Neehr Perfect Go!, the Registration tab is located in the Accounts section. The Accounts section is generally locked (not accessible) for inpatient charts, but can be accessed for outpatient charts. In practice, medical office professionals are generally responsible for patient registration. Established patient registration is edited with current information each time the patient receives care at the facility. Brand new patients are added to the facility's EHR through a new patient registration prior to receiving medical care.

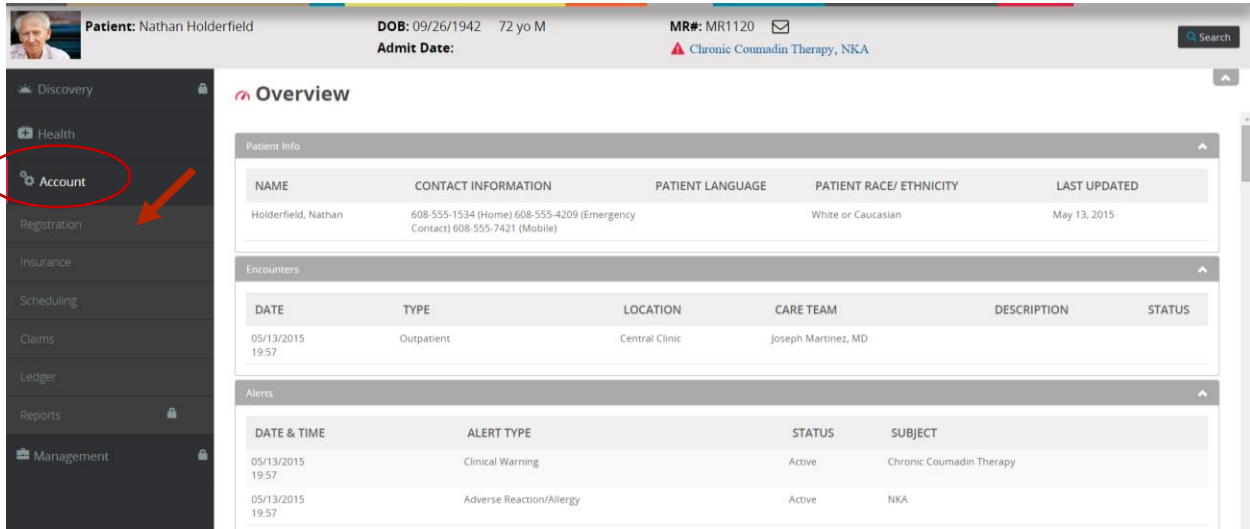
It is important that the registration information is entered accurately and matches the patient's identity. Many EHRs, including Go!, now incorporate a photograph of the patient to assist with identity verification. It is also important that new registrations are entered carefully to avoid duplicate charts in the EHR. Having more than one chart for the same patient increases errors and causes inaccurate aggregate data reporting. Many EHRs, including Go!, have built-in duplicate checks, but if names are misspelled than the duplicate checks may not detect that a chart already exists. Please note that in Go!, you will be unable to create a new patient registration. You can only modify what already exists.

Additional resources

Please refer to the *Student Guide to Neehr Perfect Go!* for information on logging in to Go! and launching the EHR for an activity.

Accessing an existing registration in the EHR

After launching the EHR for a portfolio or patient chart, select the Account section then the Registration tab:



Patient: Nathan Holderfield **DOB:** 09/26/1942 72 yo M **MR#:** MR1120 **Admit Date:** Chronic Coumadin Therapy, NKA

Overview

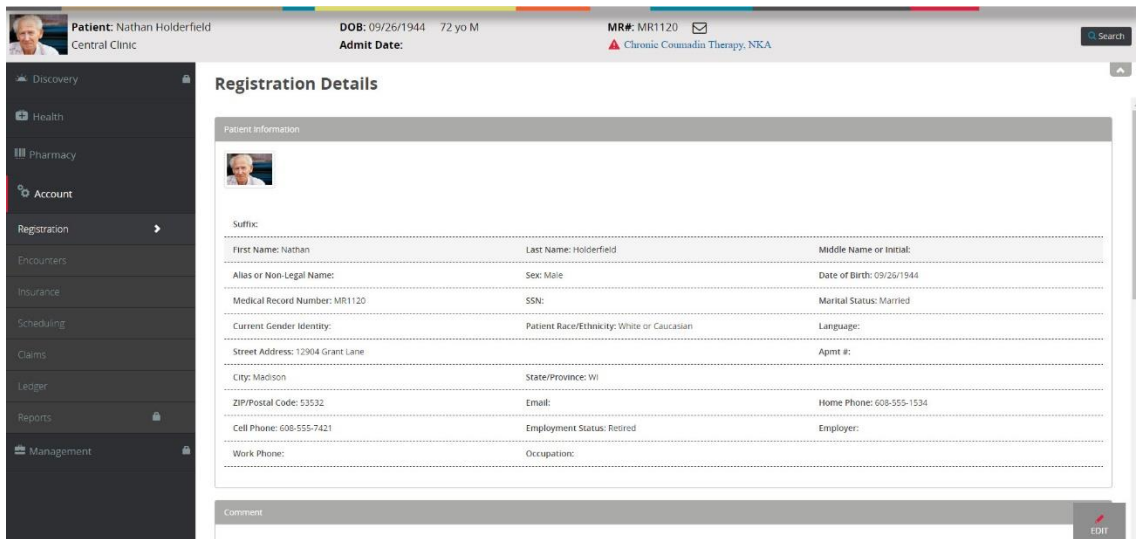
NAME	CONTACT INFORMATION	PATIENT LANGUAGE	PATIENT RACE/ ETHNICITY	LAST UPDATED
Holderfield, Nathan	608-555-1534 (Home) 608-555-4209 (Emergency Contact) 608-555-7421 (Mobile)		White or Caucasian	May 13, 2015

DATE	TYPE	LOCATION	CARE TEAM	DESCRIPTION	STATUS
05/13/2015 19:57	Outpatient	Central Clinic	Joseph Martinez, MD		

DATE & TIME	ALERT TYPE	STATUS	SUBJECT
05/13/2015 19:57	Clinical Warning	Active	Chronic Coumadin Therapy
05/13/2015 19:57	Adverse Reaction/Allergy	Active	NKA

If you see a padlock symbol next to Account then the section has been locked for that particular chart and may not be viewed or edited. In Neehr Perfect Go!, most inpatient charts have the Account section locked, but many outpatient charts may be edited.


After selecting the Registration tab for an existing patient, the previously entered data will be displayed and can be reviewed. Scroll down to review all sections including Patient Information, Comments, Emergency Contact, Parent or Guardian Information, Provider Information, and Guarantor Information.



Patient: Nathan Holderfield Central Clinic **DOB:** 09/26/1944 72 yo M **MR#:** MR1120 **Admit Date:** Chronic Coumadin Therapy, NKA

Registration Details

Patient Information



Suffix: _____

First Name: Nathan Last Name: Holderfield Middle Name or Initial: _____

Alias or Non-Legal Name: _____ Sex: Male Date of Birth: 09/26/1944

Medical Record Number: MR1120 SSN: _____ Mental Status: Married

Current Gender Identity: _____ Patient Race/Ethnicity: White or Caucasian Language: _____


Street Address: 12904 Grant Lane Apt #: _____

City: Madison State/Province: WI

ZIP/Postal Code: 53532 Email: _____ Home Phone: 608-555-1534

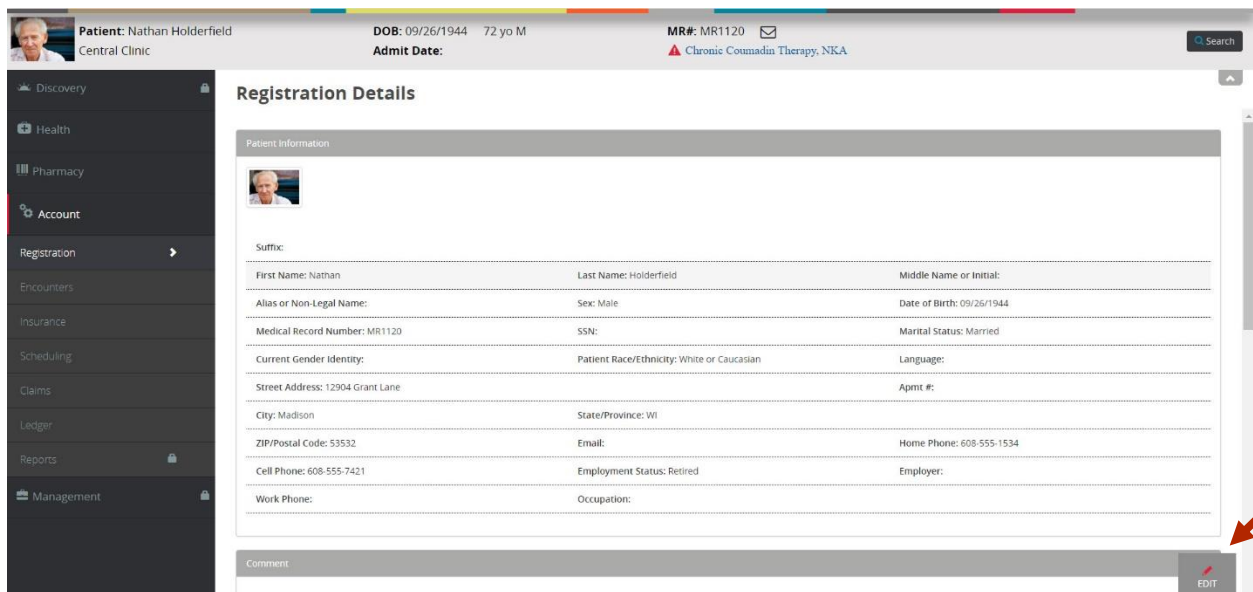
Cell Phone: 608-555-7421 Employment Status: Retired Employer: _____

Work Phone: _____ Occupation: _____

Comment 

Editing an existing registration in the EHR

Follow the steps in the previous section to access the Registration tab for a specific patient. Then select **Edit** to update the patient's existing registration information. Note that the 'New' option is generally only used for adding brand new patients and should not be used for established patient charts. See next section.




Patient: Nathan Holderfield
Central Clinic

DOB: 09/26/1944 72 yo M

MR#: MR1120
Chronic Coumadin Therapy, NKA

Registration Details

Patient Information

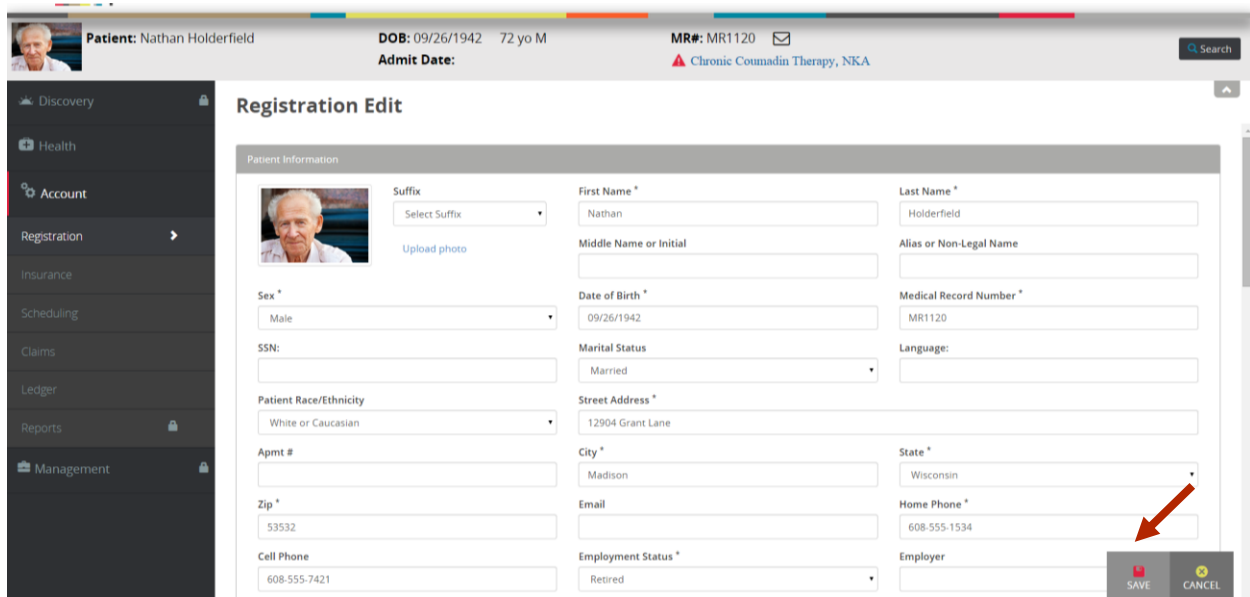
Patient Information		
		
Suffix:		
First Name: Nathan	Last Name: Holderfield	Middle Name or Initial:
Alias or Non-Legal Name:	Sex: Male	Date of Birth: 09/26/1944
Medical Record Number: MR1120	SSN:	Marital Status: Married
Current Gender Identity:	Patient Race/Ethnicity: White or Caucasian	Language:
Street Address: 12904 Grant Lane	Apmt #:	
City: Madison	State/Province: WI	
ZIP/Postal Code: 53532	Email:	Home Phone: 608-555-1534
Cell Phone: 608-555-7421	Employment Status: Retired	Employer:
Work Phone:	Occupation:	

Comment

EDIT

In Go!, any existing patient registration information may be edited. Fields with an asterisks (*) are required and must be populated. The *Registration fields* section of this guide describes the all of the fields in more detail.


Select **Cancel** if you do not want your changes applied to the patient's registration. Otherwise, select **Save** after completing the edits.



Patient: Nathan Holderfield **DOB:** 09/26/1942 72 yo M **MR#:** MR1120 **Chronic Coumadin Therapy, NKA**

Registration Edit

Patient Information

 Suffix: Select Suffix First Name*: Nathan Last Name*: Holderfield

Middle Name or Initial: Alias or Non-Legal Name:

Sex*: Male Date of Birth*: 09/26/1942 Medical Record Number*: MR1120

SSN: Marital Status: Married Language:

Patient Race/Ethnicity: White or Caucasian Street Address*: 12904 Grant Lane

Apmt #: City*: Madison State*: Wisconsin

Zip*: 53532 Email: Home Phone*: 608-555-1534

Cell Phone: 608-555-7421 Employment Status*: Retired Employer:

SAVE **CANCEL**

The patient's registration has now been updated to reflect the changes you implemented. When you are finished in the patient chart, select **Close Session**. **Important!** This is how your work is saved. Do not close your browser window or tab without clicking Close Session.

Note that only you can see the changes and they do not impact other users in the EHR. These edits are tracked in the EHR session and the corresponding Progress Report and can be submitted to your instructor for review. The Progress Report is found under Download Work for the specific EHR session (see *Go! Guide to Completing and Submitting Work*).

Registration fields

The following fields are included in the patient registration. See previous sections for additional information on adding a new registration or editing an existing registration. Those marked with an asterisks (*) are required (also listed in bold).

Suffix: Select the suffix (i.e. Jr. Sr,etc) of the patient from a dropdown list, if applicable. Otherwise leave as default ('select a suffix').

First Name*: Type the patient's first name.

Last Name*: Type the patient's last name (family name).

Middle Name or Initial: Type the patient's middle name or initial.

Alias or Non-Legal Name: If the patient uses an alias or nickname, type it here.

Sex*: Select Male or Female from the dropdown list.



Date of Birth*: Enter the patient's date of birth using this format mm/dd/yyyy (i.e. 07/08/2001).

Medical Record Number*: Enter a unique medical record number. Suggested format: MR#### (i.e. MR3478).

SSN: Enter the patients social security number. Suggested format ###-##-#### (i.e. 452-34-1877).

Marital Status: Select the patient's legal marital status from the dropdown list.

Language: Type the patient's primary language (i.e. Spanish).

Patient Race/Ethnicity: Type the patient's race or ethnicity.

Street Address*: Enter the patient's street address (house number and street name or PO Box).

Apm#: If the patient lives in an apartment or unit in a building, enter it here.

City*: Enter the patient's city.

State*: Select the patient's state from the dropdown list.

Zip*: Enter the patient's 5-digit zip code or postal code.

Email: Enter the patient' email address.

Home Phone*: Enter the patient's home phone number. If the patient does not have a home number, enter his or her cell number here since this field is required. Any format accepted. Suggested format: (###)###-####.

Cell Phone: Enter the patient's cell phone number, if applicable.

Employment Status*: Select the patient's current employment status from the dropdown list.

Employer: Type the name of company or business where the patient works.

Work Phone: Enter the patient's work phone number.

Occupation: Type the patient's job title.

Comment

Add patient notes below: Type any other relevant information about the patient such as the fact that the patient travels frequently for business and is often away from home, the cell number is best.

Emergency Contact



Suffix: Select the suffix (i.e. Jr. Sr,etc) of the emergency contact from a dropdown list, if applicable. Otherwise leave as default (select a suffix).

First Name: Type the first name of the emergency contact.

Last Name: Type the last name of the emergency contact.

Contact's Phone Number: Enter the primary phone number of the emergency contact.

Street Address: Enter the street address of the emergency contact (house number and street name or PO Box).

Apmt#: Enter the apartment or unit number, if applicable.

City: Enter the emergency contact's city.

State: Select the emergency contact's state from the dropdown list.

Zip: Enter the emergency contact's 5-digit zip code or postal code.

Parent or Guardian Information

Parent or Legal Guardian of Patient: Select 'yes' if the patient is under 18 years old or requires legal guardianship. Additional fields will appear. Otherwise, leave blank or select 'no'.

More than one parent or guardian may be listed. After entering the information for one parent or guardian, select **Add a Parent or Guardian** and another entry will appear.

Relationship: Select the relationship to the patient from the dropdown list.

Suffix: Select the suffix (i.e. Jr. Sr,etc) of the emergency contact from a dropdown list, if applicable. Otherwise leave as default (select a suffix).

First Name: Type the first name of the parent or guardian.

Last Name: Type the last name of the parent or guardian.

Street Address: Enter the street address of the parent or guardian (house number and street name or PO Box).

Apmt#: Enter the apartment or unit number, if applicable.

City: Enter the parent or guardian's city.

State: Select the parent or guardian's state from the dropdown list.

Zip: Enter the parent or guardian's 5-digit zip code or postal code.



Phone Number: Enter the primary phone number of the parent or guardian.

Provider Information

Primary Care Provider: Select an existing provider from the dropdown menu to indicate who is the main provider responsible for the patient's care. It is not possible to enter another name.

Referring Provider: Select a referring provider from the dropdown menu to indicate who directed the patient for care to the provider that rendered the services. It is not possible to enter another name.

Rendering Provider: Select a rendering provider from the dropdown menu to indicate who provided the care to the patient. It is not possible to enter another name.

Service Location: Select a clinic or hospital location from the dropdown menu to indicate where the patient was treated.

Notes: Type any additional notes related to the patient's provider.

Guarantor Information

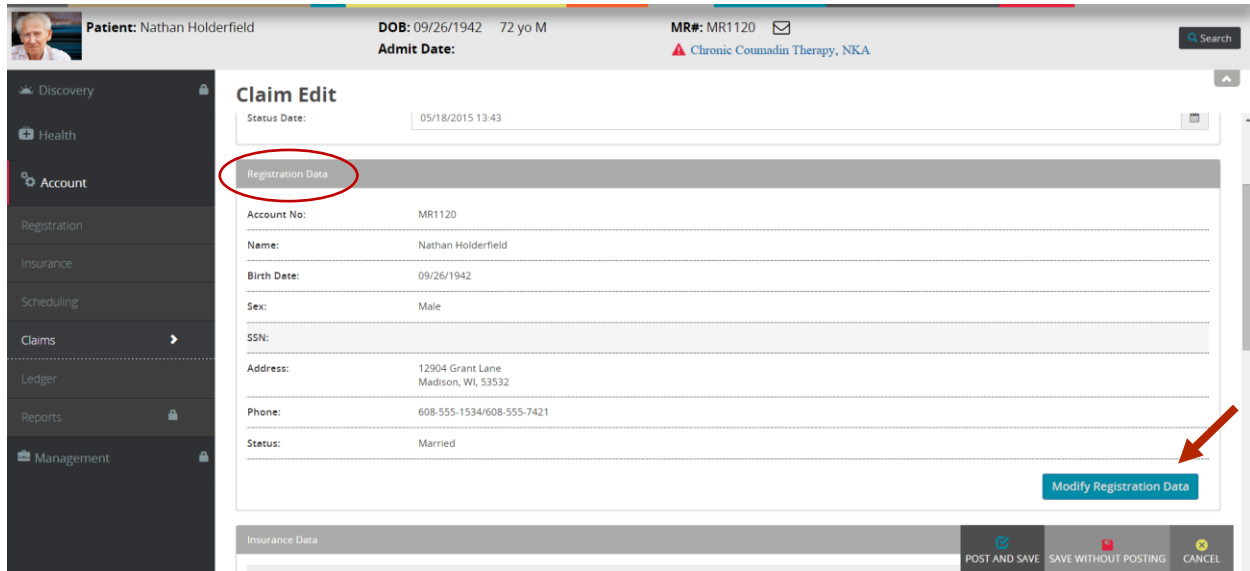
The guarantor of the patient is the person held accountable for the patient's bill. This is typically the patient unless the patient is a minor or an incapacitated adult.

Relationship*: Select the guarantor's relationship to the patient from the dropdown list. Choose **Self** if the patient is responsible for their account. If 'Self' is selected, the remaining guarantor fields will populate with the patient's information.

Otherwise, if another relationship is selected, complete the remaining fields (name and address) for the guarantor. See previous section listings if more information is needed about the fields.

Registration information on other areas of the chart

The patient's registration information is also accessed on the Claims tab when adding a new claim. It is possible to update registration information via the Claims tab, if needed. See *Go! Guide to Claims in the EHR*.



Patient: Nathan Holderfield **DOB:** 09/26/1942 72 yo M **MR#:** MR1120
Admit Date: **Chronic Coumadin Therapy, NKA**

Claim Edit
 Status Date: 05/18/2015 13:43

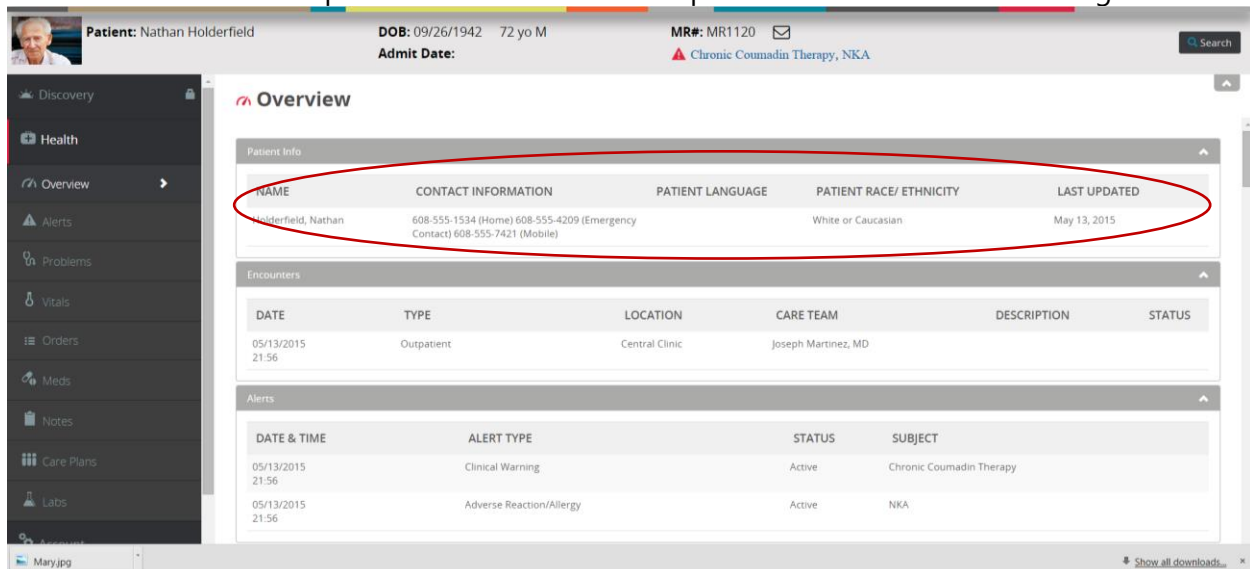
Registration Data

Account No: MR1120
 Name: Nathan Holderfield
 Birth Date: 09/26/1942
 Sex: Male
 SSN:
 Address: 12904 Grant Lane
 Madison, WI, 53532
 Phone: 608-555-1534/608-555-7421
 Status: Married

[Modify Registration Data](#)

POST AND SAVE SAVE WITHOUT POSTING CANCEL

The Overview tab of the patient chart includes some patient information from the registration.



Patient: Nathan Holderfield **DOB:** 09/26/1942 72 yo M **MR#:** MR1120
Admit Date: **Chronic Coumadin Therapy, NKA**

Overview

NAME	CONTACT INFORMATION	PATIENT LANGUAGE	PATIENT RACE/ ETHNICITY	LAST UPDATED
Holderfield, Nathan	608-555-1534 (Home) 608-555-4209 (Emergency Contact) 608-555-7421 (Mobile)		White or Caucasian	May 13, 2015

DATE	TYPE	LOCATION	CARE TEAM	DESCRIPTION	STATUS
05/13/2015 21:56	Outpatient	Central Clinic	Joseph Martinez, MD		

DATE & TIME	ALERT TYPE	STATUS	SUBJECT
05/13/2015 21:56	Clinical Warning	Active	Chronic Coumadin Therapy
05/13/2015 21:56	Adverse Reaction/Allergy	Active	NKA

It is not possible to edit patient information from the overview tab. You must go to the Registration tab under the Account section to do so.