

INDIANA PATIENT REGISTRY TRAINING -DEMOGRAPHICS

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10/01/2020

Demographics Screen

		Dusiibouru	manana ou	0503		·up					
Demo	graphics Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Ass	sessment Diagn	osis Como	rbidity	Procedures	Complications / PI	Out
▶ Edit Ir	► Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics »										
⚠ Demogra	aphics has not been submitte	d.									
	Medical Record Number		Registry #:			Account Number					
	Injury Date										
	Incident Date	* Time	* (1)								
	Patient Information										
	Last Name Patient's First Name Middle Initial		Social Security #	SSN is not available							
	Date of Birth	*	Age (at date of inciden		*						
	Race	Not Applicable American Indian Asian Black or African American	*		Ethnicity:	Not Applicable	*	Gender:	Not Applicable	*	
	Height in inches:	*	Height:	cm* Estimated I	Body Weight:	lbs	Kg *				
	Address			Favorite Locations			▼				



Demographics Screen (2)

		Dustibourd	Incidents ou	05015	octup					
Demo	graphics Inju	ıry Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI	Outco
▶ Edit Ir	Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics »									
⚠ Demogra	⚠ Demographics has not been submitted.									
	Medical Record Num	ber	Registry #:		A	Account Number				
	Injury Date									
	Incident D	ate * Time	* 1							
	Patient Information	1								
	Last Na Patient's First Na Middle In	me	Social Security #	SSN is not available						
	Date of B		Age (at date of incider		*					
	R	Not Applicable American Indian Asian	*		Ethnicity: Not Applic	able ▼ *	Gender:	Not Applicable	*	
	Height in incl	Black or African American *	* Height:	cm* Estimated Bo	dy Weight:	lbs Kg *				
	Addi	ess		Favorite Locations		▼				



Demographics Screen – Injury Date

			Dustibourd	Including	0000	octup					
Demo	graphics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI	Outco
▶ Edit Ir	Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics »										
⚠ Demogra	⚠ Demographics has not been submitted.										
	Medical	Record Number		Registry #:	*		Account Number				
	Injury Da	te									
		Incident Date	* Time	* •							
	Patient In	formation									
	Patie	Last Name ent's First Name		Social Security #	- I						
		Middle Initial			SSN is not available						
		Date of Birth	*	Age (at date of inci	dent): * Units: Not Applicable	*					
		Race	Not Applicable American Indian Asian Black or African American	*		Ethnicity: Not App	slicable *	Gender	Not Applicable	*	
	Н	leight in inches:	*	Height:	cm* Estimated Bo	ody Weight:	lbs Kg *				
		Address			Favorite Locations		•				



Demographics Screen – Injury Date (2)

Injury Date		
Incident Date	* Time * U	
	■ August 2017 ■	
Patient Information	S M T W T F S	
Last Name	1 2 3 4 5 6 7 8 9 10 11 12	
Patient's First Name	13 14 15 16 17 18 19 Social Security #	
Middle Initial	20 21 22 23 24 25 26 SSN is not available 27 28 29 30 31	
Date of Birth	Age (at date of incident): * Age Units: Not Applicable *	
Race	Not Applicable American Indian Asian Black or African American	(
Height in inches:	* Height: cm* Estimated Body Weight: Ibs Kg *	
Address	Favorite Locations 🔻	
Address Line 2		
Country	ing term	

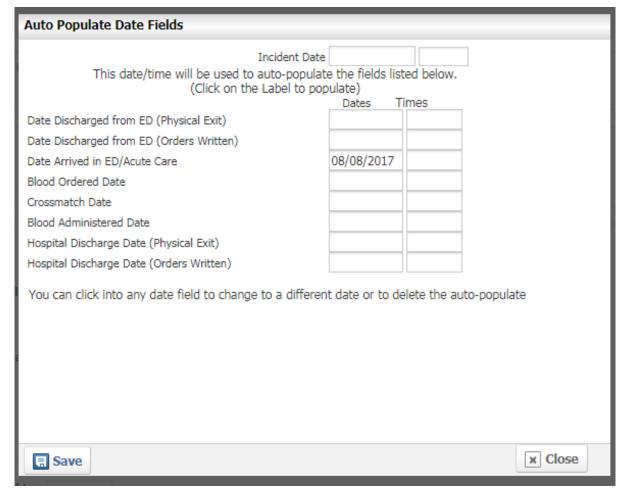


Demographics Screen – Injury Date (3)

Medical Record Number		Registry #:		Account Number
		*		
Injury Date				
Injury Date				
Incident Date	* Time	* (1		
Patient Information				
Last Name				
Patient's First Name		Social Security #	is not available	
Middle Initial		U35N I	s not available	
Date of Birth	*	Age (at date of incident):	*	
Date of Biltin		Age Units:	Not Applicable ▼ *	
Race	Not Applicable American Indian	_	Ethnicity:	Not Applicable ▼
	Asian			
	Black or African American	*		

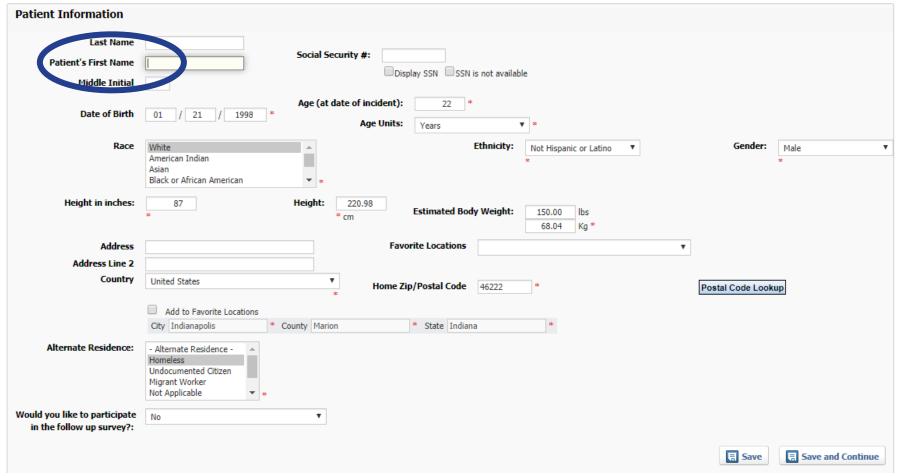


Demographics Screen - Date/Time Helper



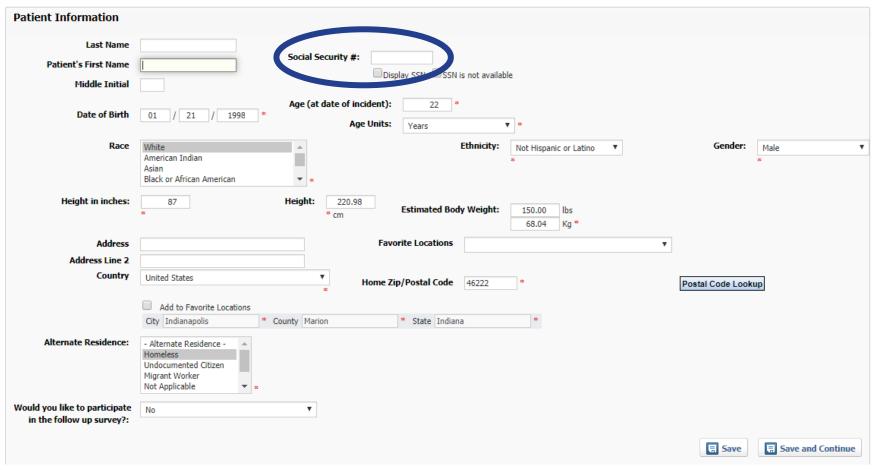


Demographics Screen - Patient Information



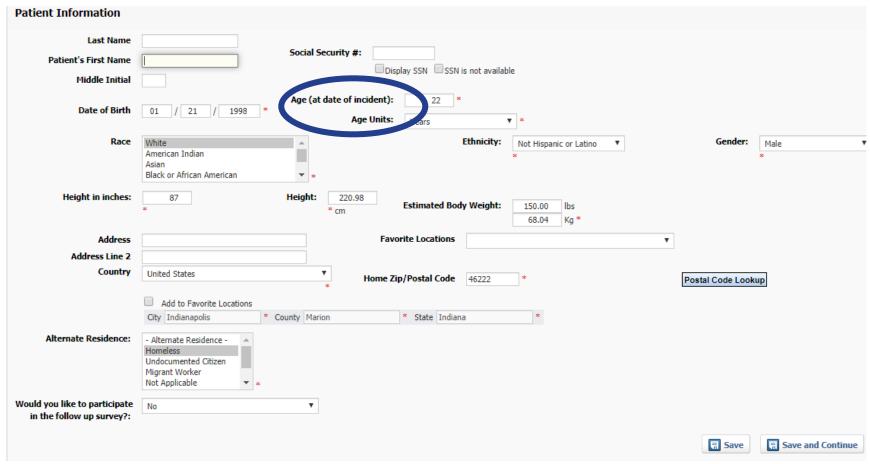


Demographics Screen – Patient Information (2)



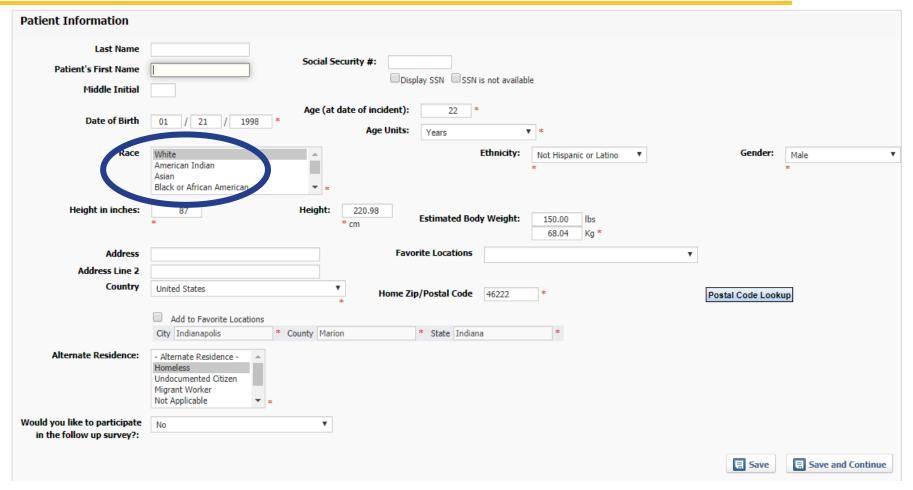


Demographics Screen – Injury Date (3)





Demographics Screen - Patient Information



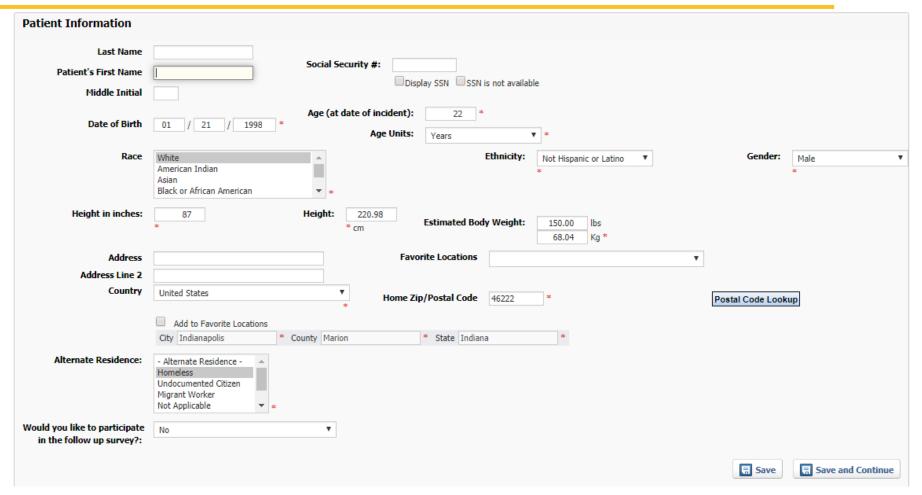


Demographics Screen – Patient Information (5)

Patient Information	
Last Name Patient's First Name Middle Initial	Social Security #: Display SSN SSN is not available
Date of Birth	Age (at date of incident): 22 * Age Units: Years
Race	White American Indian Asian Black or African American ■ * Ethnicity: Not Hispanic or Latino * Not Hispanic or Latino * Gender: Male * # # # # # # # # # # # #
Height in inches:	87
Address	Favorite Locations y
Address Line 2	
Country	United States
	Add to Favorite Locations City Indianapolis * County Marion * State Indiana *
Alternate Residence:	- Alternate Residence - Homeless Undocumented Citizen Migrant Worker Not Applicable
Would you like to participate in the follow up survey?:	No ▼
	Save Save and Continue

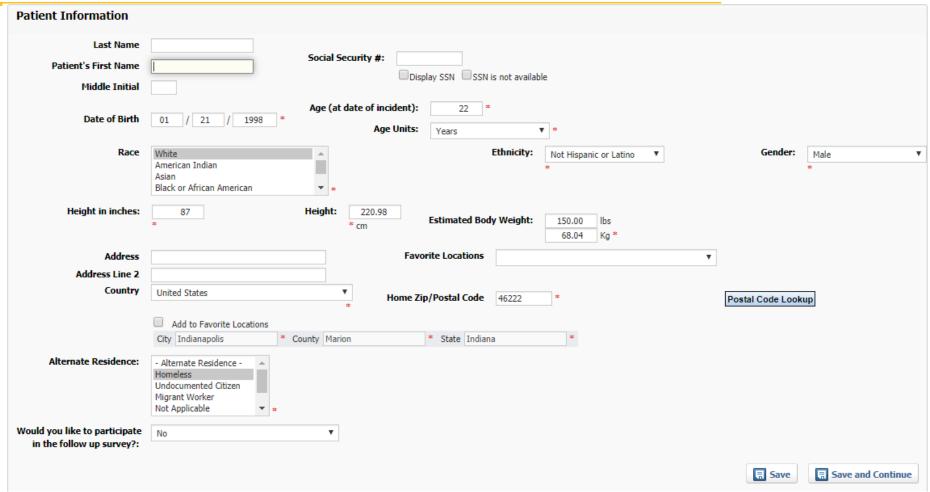


Demographics Screen – Patient Information (6)





Demographics Screen – Patient Information (7)



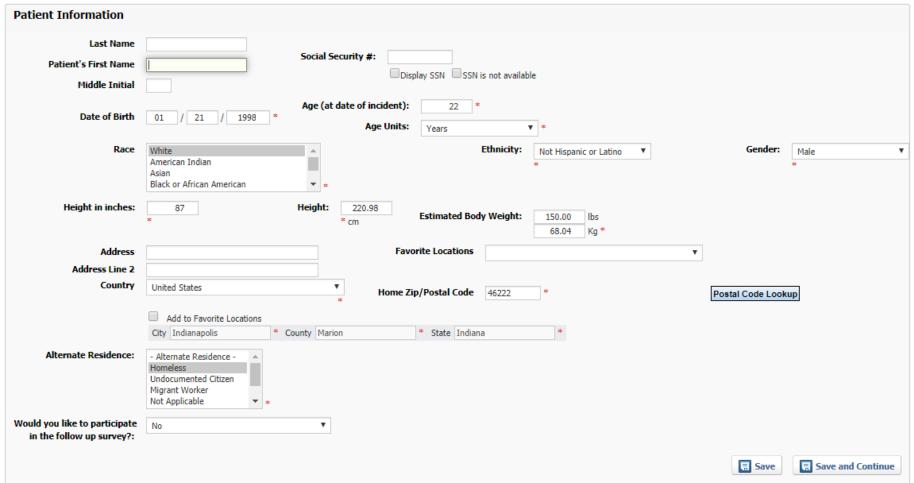


Demographics Screen – Patient Information (8)

Patient Information	
Last Name Patient's First Name Middle Initial	Social Security #: Display SSN SSN is not available
Date of Birth	Age (at date of incident): 22 * 1998 * Age Units: Years *
Race	White American Indian Asian Black or African American A Black or African American A Sender: Male ▼ ** ** ** ** ** ** ** ** **
Height in inches:	87
Address	Favorite Locations v
Address Line 2 Country	
Country	United States
	Add to Favorite Locations City Indianapolis * County Marion * State Indiana *
Alternate Residence:	- Alternate Residence - Homeless Undocumented Citizen Migrant Worker Not Applicable
Would you like to participate in the follow up survey?:	No ¥
in the follow up survey?:	Save Save and Continue

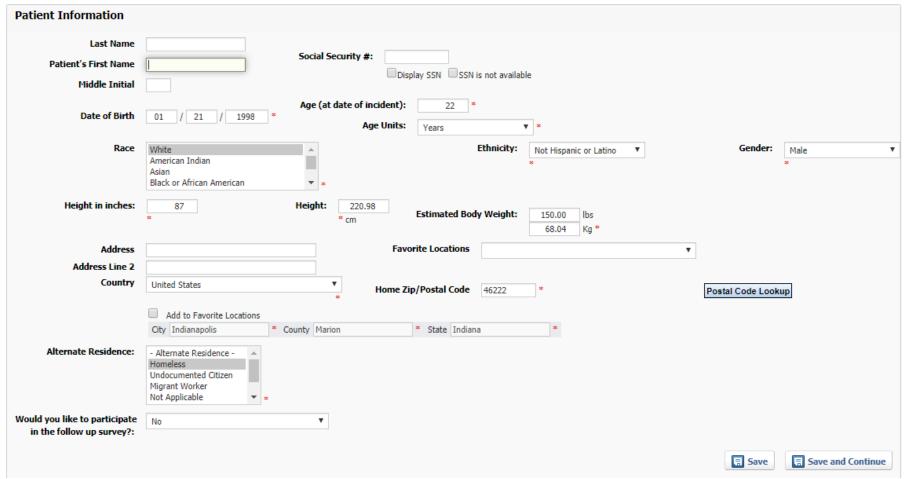


Demographics Screen – Patient Information (9)



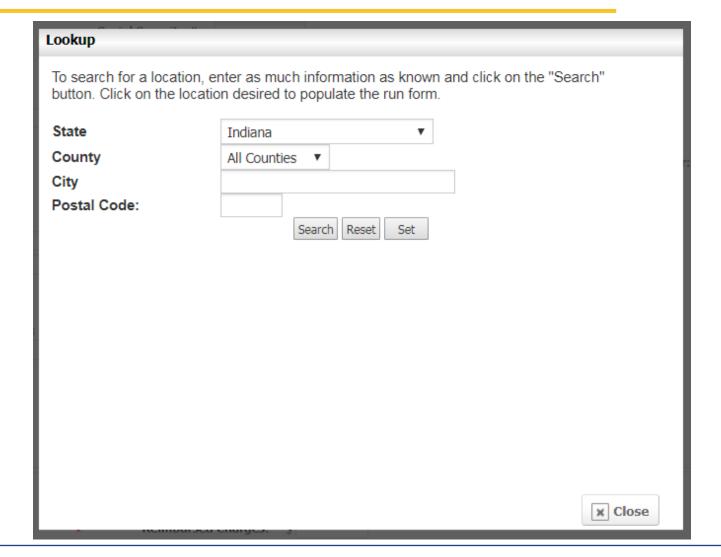


Demographics Screen – Patient Information (10)



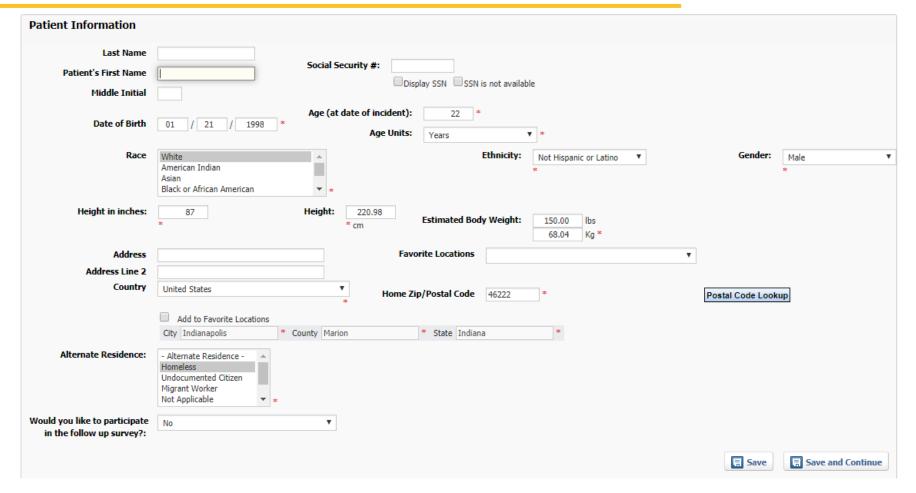


Demographics Screen – Lookup





Demographics Screen – Patient Information (11)





Demographics Screen - Financial Information (12)

Financial Information			
Primary Method of Payment:	- Primary Method of Payment - ▼ *	Reimbursed Charges:	\$
Other Billing Source:			
Secondary Method of Payment:	- Secondary Method of Payment - ▼		
Secondary Other Billing Source:			
Third Method of Payment:	- Third Method of Payment - ▼		
Third Other Billing Source:			
Billed Hospital Charges:	\$		
Work Related:	No ▼		



Demographics Screen – Save & Continue

	Add to Favorite Locations								
	City Indianapolis	* County	Marion	* Sta	ate I	Indiana	*		
Alternate Residence:	- Alternate Residence - Homeless Undocumented Citizen Migrant Worker Not Applicable								
Would you like to participate	No		▼						
in the follow up survey?:									
								■ Save	Save and Continue

Financial Information			
Primary Method of Payment: Other Billing Source:	Not Billed (for any reason) ▼ *	Reimbursed Charges:	\$
Secondary Method of Payment:	- Secondary Method of Payment - ▼		
Secondary Other Billing Source:			
Third Method of Payment: Third Other Billing Source:	- Third Method of Payment - ▼		
Billed Hospital Charges:	\$		
Work Related:	No ▼		

