



Slide 1

Text Captions: Getting Started

Move your mouse to "Enter Information" on the left and click

Enter Information

Child

Medical Release Form

Update Information

Multimedia

Print

User Guide

Exit

Welcome to your Healthcare Everywhere Medical Records
Getting Started is as easy as clicking....

Healthcare Everywhere

Enter Information 1

Child 2

Medical Release Form

Update Information

Multimedia

Print

User Guide

Identification | Emergency Contact Inf... | Health

Identification

This form contains the information suggested to have with you if you

Identification | +

First Name* 3	Last Name*
Email Address	Date Birth*
Home Address*	City*
State	Zipcode/Postcode

Slide 2
Text Captions: Then select "Child"

<input type="radio"/> Enter Information	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> Identification Birth Emergency Contact Information Health </div> <p>Identification</p> <p>This form contains the information suggested to have with you if you were to show up the time to complete your record.</p> <div style="background-color: #006633; color: white; padding: 5px; margin-top: 10px;">Identification</div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">First Name*</td> <td style="width: 50%; border-bottom: 1px solid black;">Last Name*</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Email Address</td> <td style="border-bottom: 1px solid black;">Date Birth* <input type="text" value=""/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Home Address*</td> <td style="border-bottom: 1px solid black;">City* <input type="text" value=""/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Zipcode/Postcode</td> <td style="border-bottom: 1px solid black;">Country <input type="text" value=""/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Home Phone Number*</td> <td style="border-bottom: 1px solid black;">Work Phone Number <input type="text" value=""/></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Sex <input type="text" value=""/></td> <td style="border-bottom: 1px solid black;">Height (inches) <input type="text" value=""/></td> </tr> </table>	First Name*	Last Name*	Email Address	Date Birth* <input type="text" value=""/>	Home Address*	City* <input type="text" value=""/>	Zipcode/Postcode	Country <input type="text" value=""/>	Home Phone Number*	Work Phone Number <input type="text" value=""/>	Sex <input type="text" value=""/>	Height (inches) <input type="text" value=""/>
First Name*	Last Name*												
Email Address	Date Birth* <input type="text" value=""/>												
Home Address*	City* <input type="text" value=""/>												
Zipcode/Postcode	Country <input type="text" value=""/>												
Home Phone Number*	Work Phone Number <input type="text" value=""/>												
Sex <input type="text" value=""/>	Height (inches) <input type="text" value=""/>												
<input type="radio"/> Child													
<input type="radio"/> Medical Release Form													
<input type="radio"/> Update Information													
<input type="radio"/> Multimedia													
<input type="radio"/> Print													
<input type="radio"/> User Guide													
<input type="radio"/> Exit													

Slide 3
 Text Captions: This will open the first form "Identification"
 The * indicates required fields

<p> Enter Information</p>	<p>Identification Birth Emergency Contact Information Health</p> <p>Identification</p> <p>This form contains the information suggested to have with you if you were to show up the time to complete your record.</p> <p>Identification</p> <p>First Name* Last Name*</p> <p>Johnny <input type="text"/></p> <p>Email Address Date Birth*</p> <p><input type="text"/> <input type="text"/> </p> <p>Home Address* City* State</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Zipcode/Postcode Country</p> <p><input type="text"/> <input type="text"/></p> <p>Home Phone Number* Work Phone Number Cell Phone Number</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Sex Height (inches) We</p>
<p> Medical Release Form</p>	
<p> Update Information</p>	
<p> Multimedia</p>	
<p> Print</p>	
<p> User Guide</p>	
<p> Exit</p>	

Slide 4

Text Captions: Complete at least all of the * Required fields

* First Name, * Last Name

* Date of Birth

* Home Address, * City

* Home Phone Number

[Identification](#)
[Emergency Contact Inf...](#)
[Healthcare Provider](#)
[Insurance Provider](#)

Identification
 This form contains the information suggested to have with you if you were to arrive in the ER.
 


Identification



First Name* <input type="text" value="John"/>	Last Name* <input type="text"/>	 <input type="text" value="None"/> 
Email Address <input type="text"/>	Date Birth* <input type="text"/> 	
Home Address* <input type="text"/>	City* <input type="text"/>	
State <input type="text"/>	Zipcode/Postcode <input type="text"/>	
Country <input type="text"/>	Home Phone Number* <input type="text"/>	
Work Phone Number <input type="text"/>	Cell Phone Number <input type="text"/>	

Slide 5
 Text Captions: When your ready click on the next tab "Emergency Contact Information" to continue.

Identification	Emergency Contact Inf...	Healthcare Provider	Insurance Provider
----------------	---------------------------------	---------------------	--------------------

Emergency Contact Information

In case of an emergency it is critical to have the most accurate information supplied so a loved one can be contacted.  

Emergency Contact Information  		
Primary Contact (Full Name)*	Relationship	
<input type="text"/>	<input type="text"/>	
Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip	Country	
<input type="text"/>	<input type="text"/>	
Cell Phone	Home Phone	
<input type="text"/>	<input type="text"/>	
Work Phone	Email	
<input type="text"/>	<input type="text"/>	
Secondary Contact (Full Name)	Relationship	
<input type="text"/>	<input type="text"/>	

Slide 6
Text Captions: Primary Contact is * also a required field.

Identification	Emergency Contact Inf...	Healthcare Provider	Insurance Provider
----------------	---------------------------------	---------------------	--------------------

Emergency Contact Information

In case of an emergency it is critical to have the most accurate information supplied so a loved one can be contacted.  

Emergency Contact Information 

Primary Contact (Full Name)*	Relationship	
<input type="text"/>	<input type="text"/>	
Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip	Country	
<input type="text"/>	<input type="text"/>	
Cell Phone	Home Phone	
<input type="text"/>	<input type="text"/>	
Work Phone	Email	
<input type="text"/>	<input type="text"/>	
Secondary Contact (Full Name)	Relationship	
<input type="text"/>	<input type="text"/>	

Slide 7

Text Captions: Once you have completed this form, please review all of the remaining forms in the tabs above.

Additional Tabs



Slide 8