



Healthcare Everywhere Medication

Enter Information ✖

[Enter Information](#) |
 [Medical Release Form](#) |
 [Update Information](#) |
 [Multimedia](#) |
 [Print](#) |
 [User Guide](#)

Adult

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

Identification

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


Identification +

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

Slide 1

Text Captions: Getting Started

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



Healthcare Everywhere Medication

Enter Information ✖

Enter Information ?

> Adult

Medical Release Form ?

Update Information ?

Multimedia ?

Print ?


User Guide ?

Identification Emergency Contact Inf... Healthcare Provider

Identification

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

Identification ? +

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Email Address	Date Birth* 
<input type="text"/>	<input type="text"/>
Home Address*	City*
<input type="text"/>	<input type="text"/>
State	Zipcode/Postcode
<input type="text"/>	<input type="text"/>

Slide 2
Text Captions: The * indicates required fields
This will open the first form "Identification"

Identification		Emergency Contact Inf...	Healthcare Provider	Insurance Provider	L
Identification This form contains the information suggested to have with you if you were to arrive in the ER.  					
Identification  					
First Name*	Last Name*	 <input type="text" value="None"/> 			
<input type="text"/>	<input type="text"/>				
Email Address	Date Birth*				
<input type="text"/>	<input type="text"/> 				
Home Address*	City*				
<input type="text"/>	<input type="text"/>				
State	Zipcode/Postcode				
<input type="text"/>	<input type="text"/>				
Country	Home Phone Number*				
<input type="text"/>	<input type="text"/>				
Work Phone Number	Cell Phone Number				
<input type="text"/>	<input type="text"/>				

Slide 3

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*	Last Name*	
John		
Email Address	Date Birth*	
Home Address*	City*	
State	Zipcode/Postcode	
Country	Home Phone Number*	
Work Phone Number	Cell Phone Number	None

Slide 4
 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.							
<div style="text-align: right;">    </div>							
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 5
Text Captions: Primary Contact is * also a required field.

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

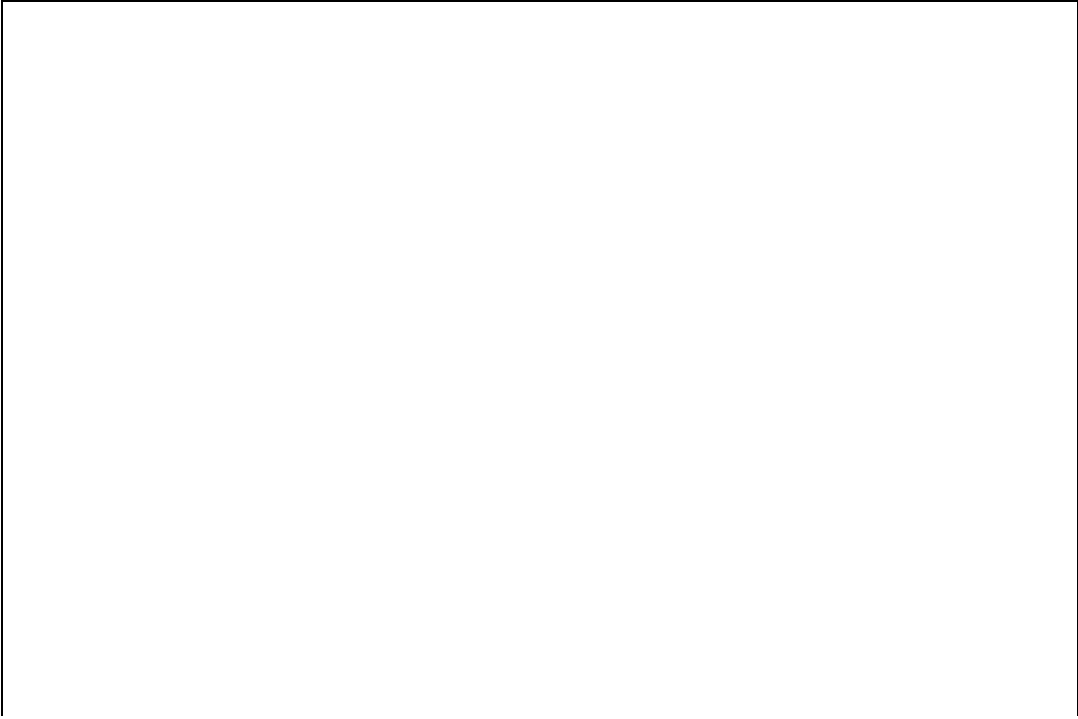
Emergency Contact Information

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 6
Text Captions: Once you have completed this form, please review all of the remaining forms in the tabs above.
Additional Tabs



Slide 7