

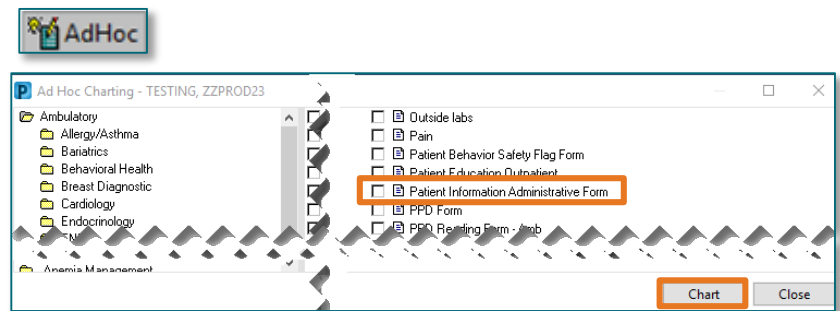
How to enter information on the Patient Information Administrative Form and where it will display.

Patient Information Administrative Form

The **Patient Information Administrative Form** is a shared form that has helpful information for clerical, clinical, administrative, and medical staff in the ambulatory practices.

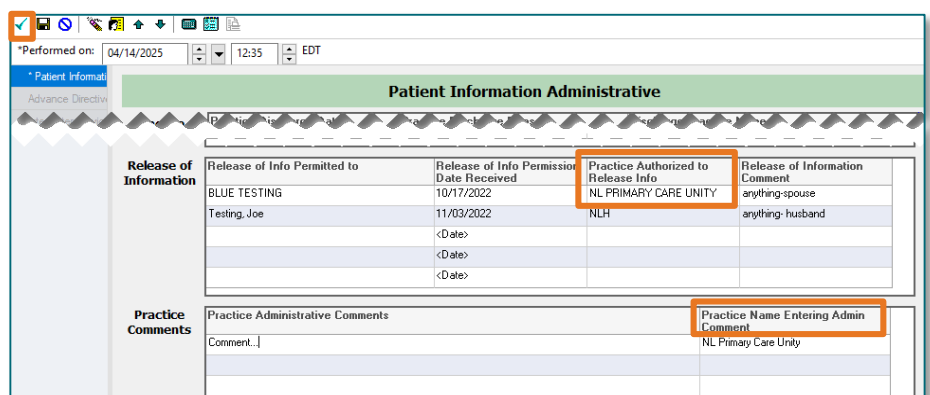
➤ Locating the Form

- From the toolbar, select **AdHoc**.
- From the Ambulatory Folder, select **Patient Information Administrative Form**.
- Select **Chart**.



➤ Documenting in the Form

- There are several fields, most free text, which can be completed in the Patient Information Administrative Form.
 - Practice Discharge
 - Consent to Care (used when the consent has been completed)
 - Preferred Name
 - Preferred Spoken Language
 - Advance Directive
 - No Shows
 - Release of Information (who able to speak to regarding this patient)
 - Practice Comments
- Enter the name of practice to avoid duplicate documentation by the same staff.
- Sign the form with the green checkmark once completed.



Release of Info Permitted to	Release of Info Permission Date Received	Practice Authorized to Release Info	Release of Information Comment
BLUE TESTING	10/17/2022	NL PRIMARY CARE UNITY	anything-spouse
Testing, Joe	11/03/2022	NLH	anything- husband
	<Date>		
	<Date>		
	<Date>		


Practice Comments

Practice Administrative Comments

Comment: []

Practice Name Entering Admin Comment: []

➤ **Demographics Tab**

- To view completed form, click **Demographics** tab.
 - This can be added if not visible.
 - Select the **Add MPage** icon. 
 - Search and select **Demographics**.

NOTE: The information is viewable by all practices using PowerChart Ambulatory.



Patient Information Administrative

ACO:

<u>Practice Discharge Date</u>	<u>Practice Discharge Reason</u>	<u>Practice Discharge Name</u>
10/05/21	Other: testing	testing

<u>Consent to Care Date Signed Amb</u>	<u>Consent to Care Signed in Office</u>
10/19/18	Pediatric Primary Care
10/17/22	NL PRIMARY CARE UNITY

Patient Preferred Name
Me

<u>Patient No Show Occurance Past 12 Months</u>	<u>Patient No Show Date</u>	<u>Patient No Show Practice</u>
1	10/18/18	
	11/03/22	NLH

<u>Release of Info Permitted to</u>	<u>Release of Info Permission Date Received</u>	<u>Practice Authorized to Release Info</u>	<u>Release of Information Comment</u>
BLUE TESTING	10/17/22	NL PRIMARY CARE UNITY	anything-spouse
Testing, Joe	11/03/22	NLH	anything- husband

<u>Practice Administrative Comments</u>	<u>Practice Name Entering Admin Comment</u>
Comment...	NL Primary Care Unity

Medical Power of Attorney Name : Testing, daughter 207-555-5555