

Appointment Conversion Creating a New Patient

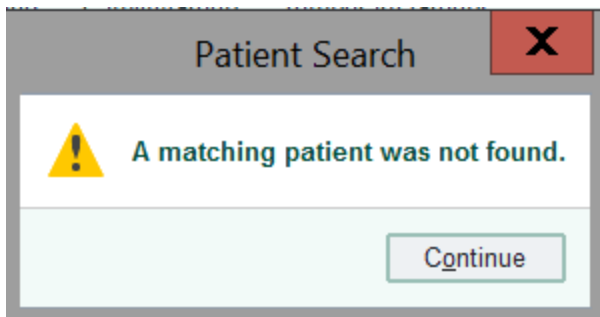
1. Open Hyperspace.
2. Select Appts at the top left corner.



3. Search for the patient by name or MRN first to make sure they don't already exist in the system.

A screenshot of the 'Patient Lookup' dialog box. It has a title bar with a close button (X). Below the title bar are tabs: 'Select Patient', 'Patient Search' (selected), 'Recent Patients', 'Family/Group', and 'Temporary Groups'. The form contains fields for 'Name/MRN:', 'SSN:', 'Birth date:', 'Phone #:', 'EPI ID:', 'Sex:', and 'Zip Code:'. There is a checkbox for 'Use sounds-like'. At the bottom are buttons for 'New', 'Find Patient', 'Clear', 'Accept', and 'Cancel'.

4. If the patient isn't in Epic, you will get this warning.



5. Enter the patient's Name (Last, First), SSN, Sex, and Birth Date.

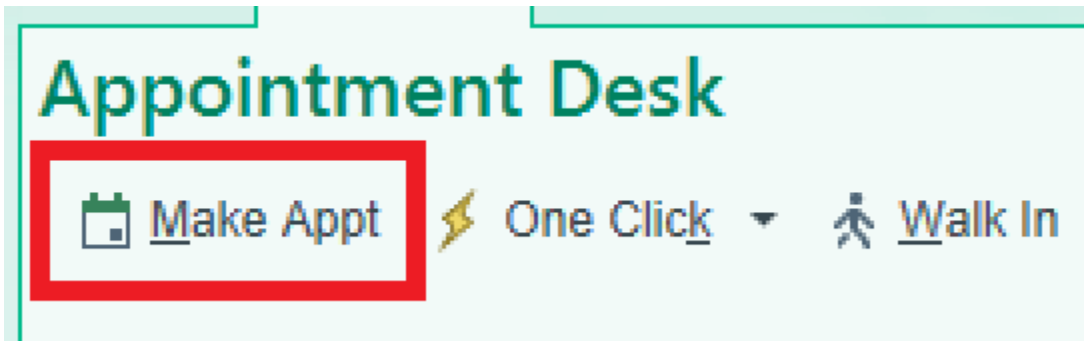
A screenshot of the 'Patient Lookup' dialog box with the following information entered: Name/MRN: Lenny, Ursala; SSN: xxx-xx-0000; Birth date: 2/25/1991; Sex: Female [1]. The 'Phone #' field is empty and highlighted with a blue border. The 'New' button is highlighted.

6. Select New.

Use sounds-like

New

7. Make the patient's appointment by selecting Make Appt Activity.



8. Enter all demographics the patient providers.

Patient Demographics

Name: SSN:

Sex: Birth date: Aliases:

1-Permanent 2-Temporary 3-Confidential

Address:

City (or ZIP):

State: ZIP:

County:

Country:

Contact information:

Number Type	Number
1 Home Phone	<input type="text"/>
2 Work Phone	<input type="text"/>
3 Mobile	<input type="text"/>

Email:

Comments:

General Information

Phonetic name:

Needs interpreter?:

English fluency:

Written language:

Ethnicity:

Veteran status:

Gender identity:

Sexual orientation:

Marital status:

Preferred language:

Form confidence:

Race:

Religion:

Branch of service:

9. Enter appropriate appointment information (for more in depth steps, visit the Appointment Conversion tip sheet).

Make Appointment

Department: MCD FAMILY MEDICINE [10201101] Appt notes: ear ache

Visit type: OFFICE VISIT [1004] Provider or resource: PROVIDER POOL SHARMA, ABHILASHA, MD [59] in MCD FAMILY MEDICINE [10201101]

10. Update Travel Questionnaire.

Ursala Lenny Female, 30 years, 2/25/1991 MRN: 204779

Communicable Disease Screening

In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes No / Unsure Unable to assess

Have you had a COVID-19 viral test in the last 14 days?

Yes - Positive result Yes - Pending result Yes - Negative result No Unable to assess

Do you have any of the following new or worsening symptoms?

None of these
 Unable to assess
 Abdominal pain
 Bruising or bleeding
 Chills
 Cough
 Diarrhea
 Fatigue
 Fever
 Joint pain
 Loss of smell
 Loss of taste
 Muscle pain
 Rash
 Red eye
 Runny nose
 Severe headache
 Shortness of breath
 Sore throat
 Vomiting
 Weakness

Travel History

Have you traveled internationally or domestically in the last month?

Yes No Unable to assess

Enter a location + Add Travel

No Documented Travel

11. Once in Registration, go to the Visit Info form (left of registration).

Lenny, Ursala

- Visit Info
- Px/Dx
- Provider Info
- Guarantor Accounts
- Specialty Billing Info

12. Between February 26 and March 31, all patients that are “New” to Epic but exist in NextGen, will need to have their NextGen MRN entered in the field on the Visit Info form.
 - a. We do this so we can reconcile the NextGen patient record with the Epic patient record on April 1 (Go-Live).

Visit claim:	<input type="text"/>		
Special needs:	<input type="text"/>	Request fin. assist?	<input type="text"/>
Farm Worker Status:	<input type="text"/>	Housing Status:	<input type="text"/>
Seasonal/Migratory:	<input type="text"/>	Accident related?	<input type="text"/>
Private encounter?	<input type="text"/>		
Survey opt out?	<input type="text"/>		
Interp assign status:	<input type="text"/>	Interp type:	<input type="text"/>
Interp comments:	<input type="text"/>	Interpreter vendor:	<input type="text"/>
Interpreter name:	<input type="text"/>		
Billing number type:	<input type="text"/>		
Transportation:	<input type="text"/>		
How patient heard about us:	<input type="text"/>		
NextGen MRN:	<input type="text"/>		

13. Enter if the visit is related to an accident.

Visit claim:	<input type="text"/>		
Special needs:	<input type="text"/>	Request fin. assist?	<input type="text"/>
Farm Worker Status:	<input type="text"/>	Housing Status:	<input type="text"/>
Seasonal/Migratory:	<input type="text"/>	Accident related?	<input type="text"/>
Private encounter?	<input type="text"/>		
Survey opt out?	<input type="text"/>		
Interp assign status:	<input type="text"/>	Interp type:	<input type="text"/>
Interp comments:	<input type="text"/>	Interpreter vendor:	<input type="text"/>
Interpreter name:	<input type="text"/>		
Billing number type:	<input type="text"/>		
Transportation:	<input type="text"/>		
How patient heard about us:	<input type="text"/>		
NextGen MRN:	<input type="text"/>		

14. Click Accept.

a. 