OBPatientForm Portlet Training Guide

December 5th, 2017
Section 1. Overview

Topics:
1. Homepage and Login
2. Patient Information and Background
3. Risk Factors and Medical History
4. Referrals
5. Medication & Late Entry
6. Generating Patient Reports
7. Conclusion
Section 1.1 Form Portlet Homepage

Home Screen lets you start logging a new patient’s information

All new forms start with basic health insurance information (As well as name, last name, etc)

Easy-to-use text boxes
Section 1.2 Inputting Patient Information

The form continues with basic information about the patient.

Health insurance member ID

Basic contact information

Input medical information

Expected delivery center
Section 1.3 Risk Factors & Medical History

Discuss past complications and risk factors

- For past and current pregnancies

- By trimester inputs

- Home family life and background questions
Section 1.3 Risk Factors & Medical History Continued

Transportation and Housing Risk Factors

Domestic Violence Factors

Mental and Physical Factors covered
The referrals section allows a doctor to input whether a referral has been completed, is needed, or is N/A.

Referrals cover domestic violence, substance abuse, Home environment factors, genetic factors, mental Health factors, and more.

Medical practitioners can then keep track of needed Referrals and follow up on them.
Section 1.5 Medication & Late Entry

Similar to referrals, practitioners can note medications the patient is taking.

The “Late Entry into Prenatal Care” Section allows practitioners to mark any factors that forced a patient not to seek out prenatal care until after the 1st trimester.
## Section 1.6 Patient Report

### Health Plan

Amerihealth Caritas District of Columbia

### Provider Information

<table>
<thead>
<tr>
<th>Provider Name:</th>
<th>Absolute Providers LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPI / Provider Number:</td>
<td>12345</td>
</tr>
<tr>
<td>Phone:</td>
<td>202-555-5555</td>
</tr>
<tr>
<td>Fax:</td>
<td>202-555-5666</td>
</tr>
</tbody>
</table>

### Patient Information

<table>
<thead>
<tr>
<th>First Name:</th>
<th>John</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI:</td>
<td>Q</td>
</tr>
<tr>
<td>Last Name:</td>
<td>Pulbic</td>
</tr>
<tr>
<td>Member ID / MA Recipient Number:</td>
<td>54321</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>12/12/1997</td>
</tr>
<tr>
<td>Age:</td>
<td>30</td>
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<tr>
<td>Home Phone:</td>
<td>202-555-1111</td>
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<tr>
<td>Alternate Phone:</td>
<td>202-555-1112</td>
</tr>
<tr>
<td>Date of First Prenatal Visit:</td>
<td>00/01/2017</td>
</tr>
<tr>
<td>Date of EDC:</td>
<td>00/02/2017</td>
</tr>
</tbody>
</table>

- Generate reports with provided information
- Print & view reports
- Export reports as a PDF
Section 1.7 Conclusion

Able to immediately start a new patient
And export or print results of the form