



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 | +

First Name* 3

Last Name*

Email Address

Date Birth*

Home Address*

City*

State

Zipcode/Postcode

Slide 2
Text Captions: Then select "Child"

<p> Enter Information</p> <p style="text-align: center;">> Child</p>	<p style="text-align: center;"> 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 style="background-color: #006699; color: white; padding: 5px;">Identification</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid #ccc;">First Name*</td> <td style="width: 50%; border-bottom: 1px solid #ccc;">Last Name*</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Email Address</td> <td style="border-bottom: 1px solid #ccc;">Date Birth* </td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Home Address*</td> <td style="border-bottom: 1px solid #ccc;">City* State</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Zipcode/Postcode</td> <td style="border-bottom: 1px solid #ccc;">Country</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Home Phone Number*</td> <td style="border-bottom: 1px solid #ccc;">Work Phone Number Cell Phone Number</td> </tr> <tr> <td style="border-bottom: 1px solid #ccc;">Sex</td> <td style="border-bottom: 1px solid #ccc;">Height (inches) Weight</td> </tr> </table>	First Name*	Last Name*	Email Address	Date Birth*	Home Address*	City* State	Zipcode/Postcode	Country	Home Phone Number*	Work Phone Number Cell Phone Number	Sex	Height (inches) Weight
First Name*	Last Name*												
Email Address	Date Birth*												
Home Address*	City* State												
Zipcode/Postcode	Country												
Home Phone Number*	Work Phone Number Cell Phone Number												
Sex	Height (inches) Weight												
<p> Medical Release Form</p>													
<p> Update Information</p>													
<p> Multimedia</p>													
<p> Print</p>													
<p> User Guide</p>													
<p> Exit</p>													

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](#) |
 [L](#)

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
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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	
Address	City	State
Zip	Country	
Cell Phone	Home Phone	
Work Phone	Email	
Secondary Contact (Full Name)	Relationship	

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

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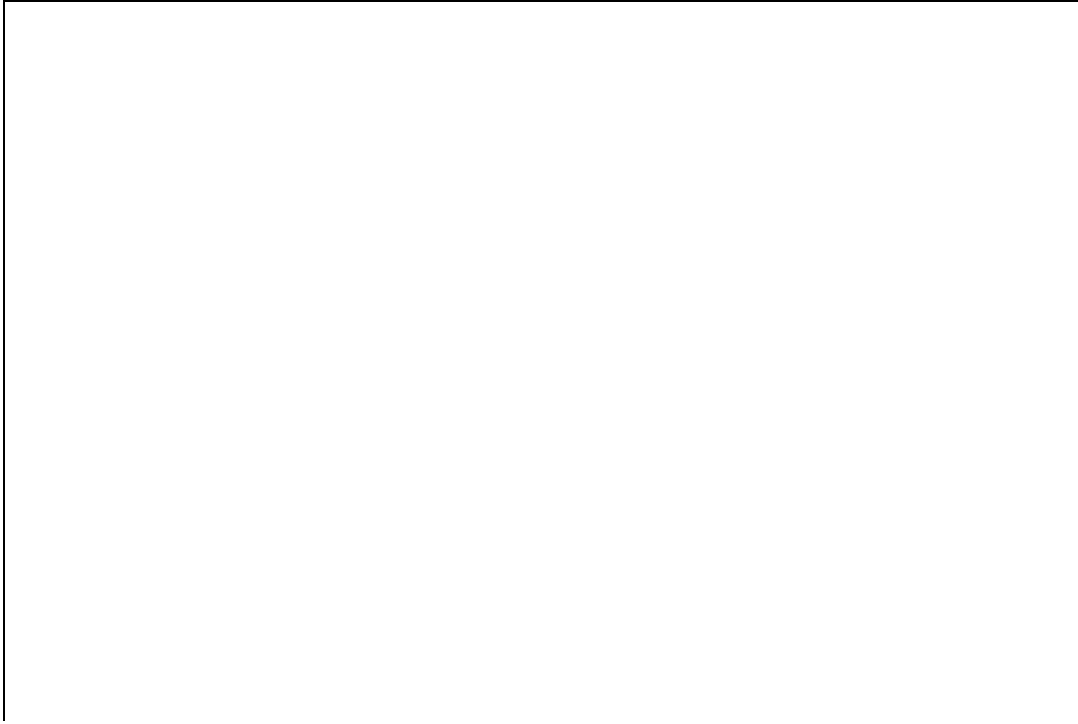
Emergency Contact Information

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