



Healthcare Everywhere Medication

Enter Information ✖

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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



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> Adult

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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"/>	<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" value="None"/>  			
<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* John	Last Name* <input type="text"/>	
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"/>	
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
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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 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