



Co-Signer Signature

Time of Treatment:

Time of Treatment:

Patient Demographics

Edit

Date of Birth:

Sex:

Birth History

GA at Birth:

Multiple Birth: Undetermined

Race, Ethnicity, and Preferred Language

Race:

Ethnicity:

Pref. Language:

Other Language:

Other Language:

Patient Information

Patient Flags:

PCP:

Custom 1:

Custom 2:

Custom 3:

Old ID#:

Relation to Bill Payer:

Alternate Identifiers

Diagnoses

Subjective

Goal 1

Progress

Select All

Goal 2

Goal 3

**Goal 4****Goal 5****Care Plan****Referral** **Screening** **Visit Documents**

Navigational Anchors in AGCAL OT Treatment

1. Time of Treatment:
2. Patient Demographics
3. Diagnoses
4. Subjective
5. Goal 1
6. Goal 2
7. Goal 3
8. Goal 4
9. Goal 5
10. Plan Notes
11. Referral Orders
12. Screening Orders
13. Prescriptions
14. Visit Documents