

Individual Demographic Form (IDF) New ⓘ

Photo 1	<input type="button" value="Add Image"/>	Photo 1 Date	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>
Title	<input type="text" value="- Please Select -"/>	Gender	<input type="text" value="- Please Select -"/>
* First Name	<input type="text"/>	* Last Name	<input type="text"/>
Middle Name	<input type="text"/>	Suffix	<input type="text"/>
Birth Date	<input type="text" value="MM/DD/YYYY"/> <input type="button" value="📅"/>	Goes By	<input type="text"/>
SSN	<input type="text"/>	Medicaid Number	<input type="text"/>
	<small>xxx-xx-xxxx / xxxxxxxxx</small>	Phone Number	<input type="text"/>
E-mail	<input type="text"/>	Ethnicity / Hispanic Origin	<input type="text" value="- Please Select -"/>
Race	<input type="text" value="- Please Select -"/>		
Class Membership	<input type="text" value="- Please Select -"/>		

Residential Address

Residential Program / Site Address	<input type="text" value="- Please Select -"/>		
Attention or in care of	<input type="text"/>		
Address	<input type="text"/>	<input type="text"/>	
	<small>Street 1</small>	<small>Street 2</small>	
	<input type="text"/>	<input type="text"/>	<input type="text" value="Country"/>
	<small>City</small>	<small>State</small>	<small>Country</small>
Location	<input type="button" value="📍"/>		
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>		


Residential County State	<input type="text" value="- Please Select -"/>	Residential County	<input type="text" value="Country"/>
Service County State	<input type="text" value="- Please Select -"/>	Service County	<input type="text" value="Country"/>

Mailing Address

Attention or in care of	<input type="text"/>	<input type="checkbox"/> Same as Residence Address	
Address	<input type="text"/>	<input type="text"/>	
	<small>Street 1</small>	<small>Street 2</small>	
	<input type="text"/>	<input type="text"/>	<input type="text" value="Country"/>
	<small>City</small>	<small>State</small>	<small>Country</small>
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Additional Phone	<input type="text"/>		

Individual Demographic Form (IDF) Admitted ⓘ

T-Notes

<p>Photo 1</p> 	<p>Photo 1 Date</p> <input type="text" value="07/01/2020"/>
<p>Title</p> <input type="text" value="Mr"/>	<p>Gender</p> <input type="text" value="Male"/>
<p>* First Name</p> <input type="text" value="Isaac"/>	<p>* Last Name</p> <input type="text" value="Patrick"/>
<p>Middle Name</p> <input type="text"/>	<p>Suffix</p> <input type="text"/>
<p>Birth Date</p> <input type="text" value="02/07/2010"/>	<p>Goes By</p> <input type="text"/>
<p>SSN</p> <input type="text"/> <p><small>xxx-xx-xxxx / xxxxxxxx</small></p>	<p>Medicaid Number</p> <input type="text"/>

0000: 00000000000 0000000 Month/Date/Year (000/000/00000) 0000000 00000 0000
 0000 000 000000 000000000000 00 0000000000 00000000 0000 0000 000000000000
 00000 0000000000000000 0000/ 0000/0000 0000000 00000 00000 0000 00000000000000
 00000 0000000000000000 0000000 0000 00000000000 00000 000000 (00000 00000000000000
 0000000000 000000)

Title

*** First Name**

Middle Name

Birth Date

◀
July 2020
▶

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

⊕

MM/DD/YYYY

□□□□:

- ‘Goes By’ □□□□□□ □□□□□□ □□ □□□□□□□□ □□□□□□ □□ □□□□ □□□□□□ □□□□ □□□□□ □ □□□□ □□□□□ □□□□□□□□□□ □□□□ □□□□□□
- ‘SSN’ □□□ ‘Medicaid Number’ □□ □□□□□□□□ □□□□ □□□□ □□□□ □□□ □□□□□□ □□□□□□ □□ □□□□□□□□□□ □□□□□□□□□□ □□□□□□□□□□
- ‘Email’ □□□□ ‘Phone Number’ □□□□□□□□□□ □□□□□□□□; □□□□ □□□□□ □□□□ □□□□ □□□□□□□□

- 'Race', 'Ethnicity/Hispanic Origin' & 'Class Memberships' 0000000000 000000 0

Birth Date	<input type="text" value="02/07/2010"/>		Goes By	<input type="text" value="Mugisa"/>
SSN	<input type="text"/>		Medicaid Number	<input type="text"/>
	<small>xxx-xx-xxxx / xxxxxxxx</small>			
E-mail	<input type="text" value="patrick@demomail.com"/>		Phone Number	<input type="text" value="001122001122"/>
Race	<input type="text" value="- Please Select -"/>	▲	Ethnicity / Hispanic Origin	<input type="text" value="- Please Select -"/>
				▲
Class Membership	<input type="text" value="- Please Select -"/>	▼		


- 000000 000000 (**Residential Address**) 000 0000000 000000 (**Mailing Address**) 0000000 0000000000 0000000 00000 000000000 0000000000 0000 0000000 00000 0000000 00000 00000 00000 00000


□□□□ □□□□ □□□□ □□□□ □□□□ □□ □□□□□□ □□□□□□□□□□ □□□□ □□□□□□□□□□ □□□□□ □□□□□□

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved

Back to [Form](#)

PDF & Printable

 [Display PDF](#)



 [Emergency Data Form](#)

□. Individual Demographic Form □□ □□□□□□ □□□□ **Form** □□□□□□□□ □□□□□ □□□□□□

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved

Back to [Form](#)

Individual Demographic Form (IDF) □□□□ Pending Admission □□□□□□□□□□
□□□□□□

Individual Demographic Form (IDF) Pending Admission   T-Notes

Individual Isaac Patrick

Therap System □□□□□□□□ **Individual-**□□□□ □□□□□□

□. □□□□□□ □□□ **IDF** □□ □□□□ □□□□ □□□ **Admit** □□□□□□ □□□□□□ □□□□□□


Cancel Back Delete Mark as Deceased Withdraw **Admit** Edit

Advance Directives	Allergy Profile	Assessment List	Attached Files
Case Status	Consent List	Contact List	Custom Fields
Diagnosis List	Individual Details	Insurance	Pending Admission Notes
Program Enrollments	Shared Contact List	Team Members	

□. □□□□□□□□ □□□□, Individual □□ □□□□□□ □□□□□□□□ (**Admission Date**) □□□□□□□□ □□□□□□

Admit Individual Pending Admission ⓘ T-Notes

Individual Isaac Patrick


* Admission Date 01/01/2019  ←

Cancel Back Done

□. □□□□□□ □□□□□ □□□□□□□□□□□□ □□ **Done** □□□□□□ □□□□□□ □□□□□□

Admit Individual Pending Admission ⓘ T-Notes

Individual Isaac Patrick

* Admission Date 01/01/2019 

Cancel Back Done

Form Admitted

The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted'

Back to [Form](#) | [List](#)

Form Admitted Individual Demographic Form Admitted

The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted'

Back to [Form](#) | [List](#)

Individual Demographic Form (IDF) Admitted 

T-Notes

Individual Isaac Patrick

Therap System Individual-

Therap Individual- (program) Program Enrollments

1. IDF Program Enrollments

Program Enrollments

Individual Name	Isaac Patrick
Date of Birth	07/02/2010
Individual Status	Admitted
Admission Date	01/01/2019
Provider Time Zone	Asia/Manila

Enrollable Program(s)

Program Name ↑	Site Name	Action
(Demo) Academic Activities	Therap Global Demonstration Provider	Enroll
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll
Class -1	Special (Demo) School	Enroll
Class 2	Special School	Enroll

Showing 1 to 4 of 4 entries < 1 >

Enrolled Program(s)

Program Name ↑	Site Name	Enrollment Date	Discharge Date	Action
No Program found with given criteria				

Showing 0 to 0 of 0 entries < >

Enrollment Date [Placeholder text for enrollment date field]

Enrollable Program(s)

Program Name ↑	Site Name	Action																																										
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll																																										
Program Enrollment [X]																																												
Enrollment Date * <input type="text" value="12/18/2022"/> <input type="button" value="📅"/> <input type="button" value="Enroll"/>																																												
<div style="border: 1px solid #ccc; padding: 5px;"> < Dec 2022 > <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th></tr> </thead> <tbody> <tr> <td>27</td><td>28</td><td>29</td><td>30</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr> <td>11</td><td>12</td><td>13</td><td style="border: 2px solid orange;">14</td><td>15</td><td>16</td><td>17</td></tr> <tr> <td style="background-color: #007bff; color: white; border-radius: 50%; padding: 2px;">18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr> <td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </tbody> </table> </div>			S	M	T	W	T	F	S	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
S	M	T	W	T	F	S																																						
27	28	29	30	1	2	3																																						
4	5	6	7	8	9	10																																						
11	12	13	14	15	16	17																																						
18	19	20	21	22	23	24																																						
25	26	27	28	29	30	31																																						
Behavioral Therapy		Enroll																																										
Bluestar(Day shift)		Enroll																																										
Child Care Center		Enroll																																										
Class 1		Enroll																																										
Class 1		Enroll																																										
Class -1		Enroll																																										
Class 2		Enroll																																										
Class-one	DEMO SITE (BD)	Enroll																																										

□. □□□□□ □□□□□□□□□□ □□ **Enroll** □□□□□ □□□□□ □□□□□□


(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Enroll
Program Enrollment [X]		
Enrollment Date * <input type="text" value="12/14/2022"/> <input type="button" value="📅"/> <input style="border: 2px solid orange;" type="button" value="Enroll"/>		
Aarambh		
ADD DEMO		
Attendanc		
Beginners		
Beginners		
Behavioral Therapy	DEMO SITE (BD)	Enroll

Enrolled Program(s) □□□□□□ □□□□□□□□□□ Program □□ □□□□□□□□□ □□□

Individual Demographic Form (IDF) Admitted

T-Notes

Individual Isaac Patrick, 3231256

Photo 1		Photo 1 Date	
Title	Mr	Gender	Male
First Name	Isaac	Last Name	Patrick
Middle Name		Suffix	
Birth Date	07/02/2010	Goes By	
SSN		Medicaid Number	
E-mail	patrick@demoemail.com	Phone Number	0011220011
Race		Ethnicity / Hispanic Origin	

Class Membership

Residential Address

Attention or in care of Simon Solomon

Address Plot XYZ, Muwafu Curve, Kampala, Uganda

Location

Primary Phone

Additional Phone

Secondary Phone

Mailing Address

Attention or in care of Simon Solomon

Address Plot XYZ, Muwafu Curve, Kampala, Uganda

Primary Phone

Additional Phone

Secondary Phone

View PDFs

- | | | | |
|---------------------|----------------------|---------------|-------------------------|
| Address List | Advance Directives | Album | Allergy Profile |
| Assessment List | Attached Files | Case Status | Contact List |
| Custom Fields | Diagnosis List | Guardian List | Health Profile |
| Individual Details | Individual Home Page | Insurance | Pending Admission Notes |
| Program Enrollments | Shared Contact List | Team Members | |

