

Therap
Therap
Therap
Therap
<u>Admin </u>



To Do		General			
Individual	Provider	Preferences Password Policy			
Health		Archive Preference			
Agency	User	New List Import from Excel Search Imported Excel Titles New Title Assign External System ID Two Factor Authentication Self Password Res			
Billing	Physician Information	List Physician List			
Admin	User Privileges	Manage Archive Legacy Archive Upto Jul 201			
Agency Reports		Care			
Individual	Individual Demographics	List Search Custom Fields			
Home Page	Individual Intake	New Pending Admission Notes Import from Excel			
Settings	Enrollment	By Program By Individual Import from Excel			
	Contact	New List Import from Excel			



Individual Demographic Form (IDF) New 0

Photo 1	Add Image	Photo 1 Date	MM/DD/YYYY	
Title	- Please Select - ▼	Gender	- Please Select -	
* First Name		* Last Name		
Middle Name		Suffix		
Birth Date	MM/DD/YYYY 🛗	Goes By		
SSN		Medicaid Number		
	XXX-XXX-XXXX / XXXXXXXXX			
E-mail		Phone Number		
Race	- Please Select -	Ethnicity / Hispanic	- Please Select -	
	-110000000	Origin	- 1 10000 00000	
Class Membership	- Please Select - ▼			
Residential Address				
Residential Program /	- Please Select - ▼			
Site Address Attention or in care of				
Address				
Addivas	Street 1	Street 2		
	State	V	Country	
	City State	Zip Code	Country	
Location	•			
Primary Phone		Secondary Phone		
Additional Phone				
Residential County		Residential County		
State	- Please Select -	Residential County	County	
Service County State	- Please Select - ▼	Service County	County	
Mailing Address				
Attention or in care of		☐ Same as Residence Address		
		Same as residence Address		
Address	Street 1	Street 2		
			Country	
	City State	Zip Code	Country ~	
Primary Phone		Secondary Phone		
Additional Phone				
Cancel Back				Save



O. Individual O First Name O OOOO OOO OOO OO Last Name O OOOO OOO OOO

Individual Demographic Form (IDF) New 1						
Photo 1	Add Image	Photo 1 Date	MM/DD/YYYY			
Title	- Please Select -	Gender	- Please Select - ▼			
* First Name	Isaac	* Last Name	Patrick			
Middle Name		Suffix				
Birth Date	MM/DD/YYYY	Goes By				



Individual Demographic Form (IDF) Admitted 19						
Photo 1		Photo 1 Date	07/01/2020			
Title	Mr -	Gender	Male ▼			
* First Name	Isaac	* Last Name	Patrick			
Middle Name		Suffix				
Birth Date	02/07/2010	Goes By				
SSN		Medicaid Number				
	xxx-xx-xxxx / xxxxxxxxx					



	<		July 2020				>
	Su	Мо	Tu	We	Th	Fr	Sa
	28	29	30	1	2	3	4
	5	6	7	8	9	10	11
Title	12	13	14	15	16	17	18
nas	19	20	21	22	23	24	25
* First Name	26	27	28	29	30	31	1
	2	3	4	5	6	7	8
Middle Name				\$			
Birth Date	MM/	DD/YY	ΥΥ				

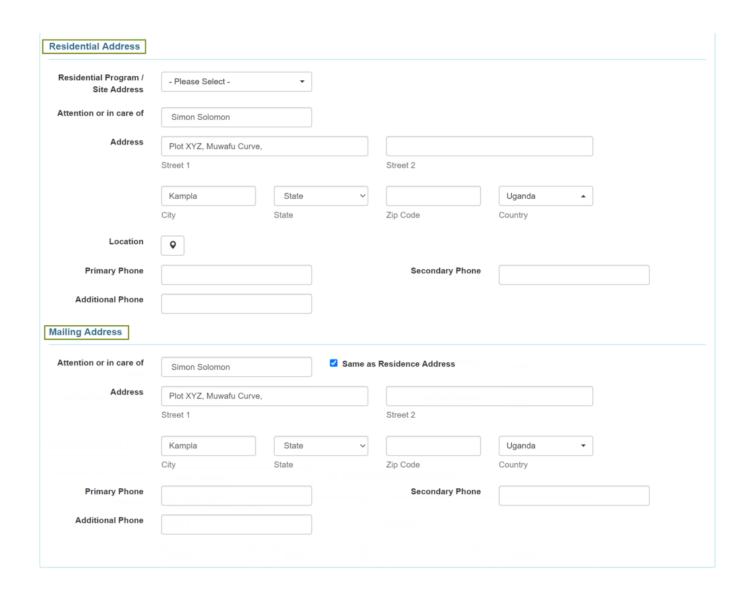
- 'Race', 'Ethnicity/Hispanic Origin' & 'Class Memberships' $\hfill\square \hfill\square \hfill \hf$



Birth Date	02/07/2010	Goes By	Mugisa
SSN		Medicaid Number	
	xxx-xx-xxxx / xxxxxxxxx		
E-mail	patrick@demomail.com	Phone Number	001122001122
Race	- Please Select -	Ethnicity / Hispanic Origin	- Please Select -
Class Membership	- Please Select - ▼		

•	[[[]]] (Residential	Address)		(Mailing	Address)	





 $_{\odot}$





The form IDF-SQANY-J994N9ZK27GAY has been successfully saved	
Back to Form	
PDF & Printable	
Display PDF Emergency Data Form	
Individual Demographic Form	
The form IDF-SQANY-J994N9ZK27GAY has been successfully saved	
Back to Form	
Individual Demographic Form (IDF) DDDD Dending Admission DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	חח
Individual Demographic Form (IDF) Pending Admission	T-Notes
Individual Demographic Form (IDF) Pending Admission 6 -	1-Notes

Therap System [][][] Individual-[][] [][][]

Individual Isaac Patrick



0. 00000 000 **IDF** 00 0000 000 **Admit** 00000 00000





O. OOOOOO 00000 000000000 00 **Done** 00000 00000 00000





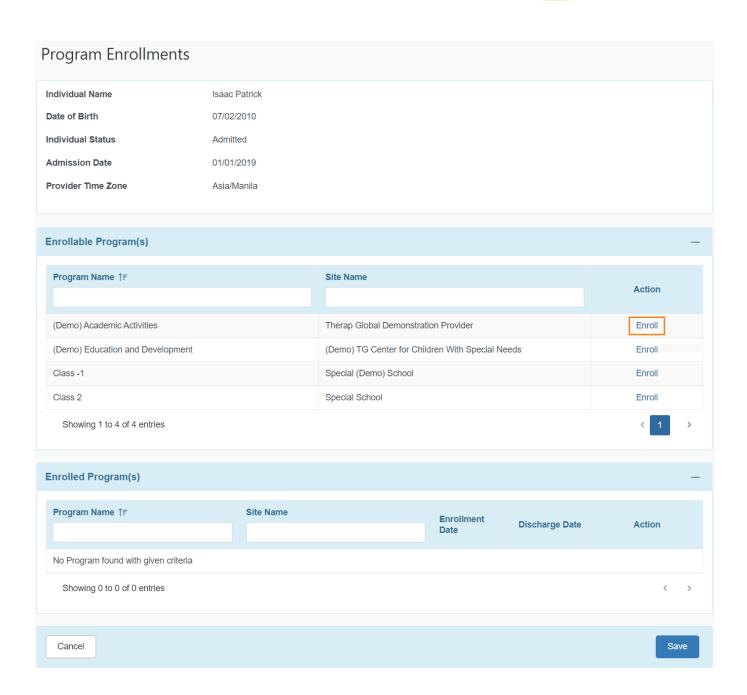
The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted'	
Back to Form List	
[]. Form [] []	e d
The form IDF-SQANY-J994N9ZK27GAY has been successfully 'Admitted'	
Back to Form List	
Individual Demographic Form (IDF) Admitted 🖲 —	T-Notes
Individual Isaac Patrick	
<u>Therap System [][][][] Individual-[][] [][][][][]</u>	
Therap	100000

1. 000000 000 **IDF** 00000 0000 0000 **Program Enrollments** 00000 00000

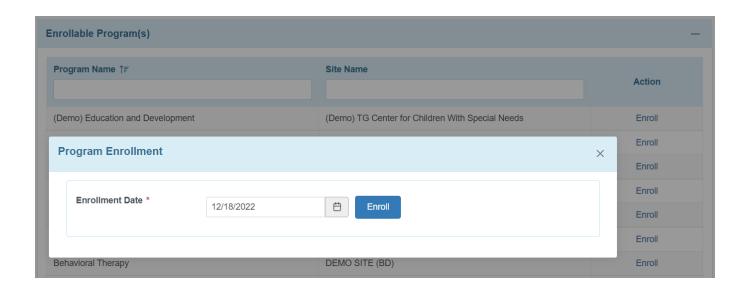


Address List Advance Directives Allergy Profile Album Assessment List Attached Files Case Status Contact List Custom Fields Diagnosis List Guardian List Health Profile Pending Admission Notes Individual Details Individual Home Page Insurance Program Enrollments Shared Contact List Team Members

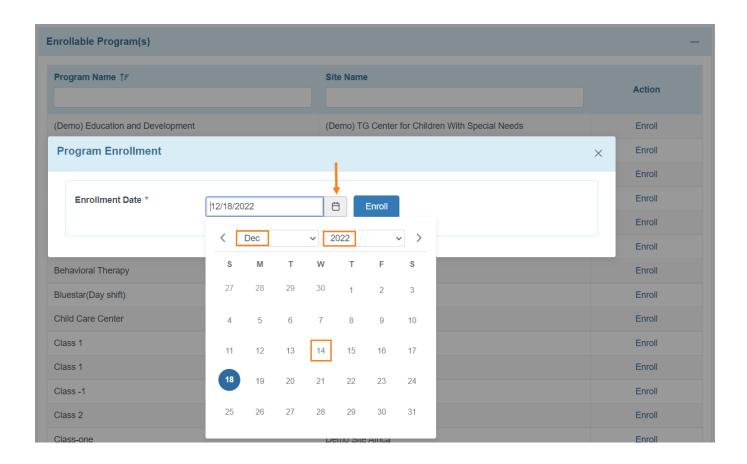




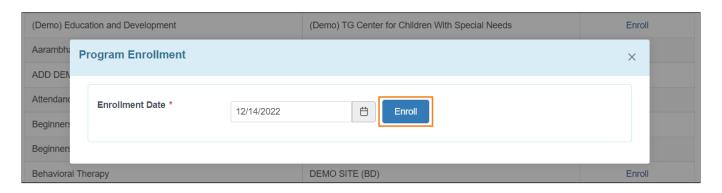








0. 00000 000000000 00 **Enroll** 00000 00000 00000











Individual Demographic Form (IDF) Admitted 9

T-Notes

Individual Isaac Patrick, 3231256

Photo 1



Photo 1 Date

Gender

Suffix

Goes By

Last Name

Male

Title

First Name

Middle Name

Birth Date 07/02/2010

E-mail patrick@demoemail.com

Race

Medicaid Number

Phone Number 0011220011

Ethnicity / Hispanic Origin

Class Membership

Residential Address

Attention or in care of Simon Solomon

> Address Plot XYZ, Muwafu Curve, Kampala, Uganda

Location

Primary Phone Secondary Phone

Additional Phone

Mailing Address

Attention or in care of

Plot XYZ, Muwafu Curve, Kampala, Uganda Address

Secondary Phone **Primary Phone**

Additional Phone

View PDFs

Cancel Back SComm Mark as Deceased Discharge Mark as Pending Admission Edit 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

