

(Individual Intake- Admit and Program Enrollment)

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 Image: Comparison of the company of

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Therap Global Person-Centered. Data-Driven.

Individual Demographic Form (IDF) New 6

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-xx-xxxx / xxxxxxxx					
E-mail				Phone Number		
Race	- Please Select -	•		Ethnicity / Hispanic Origin	- Please Select -	-
Class Membership	- Please Select -	•				
Residential Address						
Residential Program /	- Please Select -	•				
Attention or in care of						
Address						
	Street 1			Street 2		
		State	~		Country -	
	City	State		Zip Code	Country	
Location	•					
Primary Phone				Secondary Phone		
Additional Phone						
Mailing Address						
Attention or in care of			□ Same as	s Residence Address		
Address						
	Street 1			Street 2		
		State	~		Country -	
	City	State		Zip Code	Country	
Primary Phone				Secondary Phone		
Additional Phone						



. [][][] Last Name [] First Name [][]] .2

ndividual Demog	raphic Form (IDF) New 6			
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		

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 - .000000 00000 000000 00000 Middle Name and Suffix •

Therap^{*}Global Person-Centered. Data-Driven.

Individual Demog	raphic Form (IDF) Admitted	0		T-Notes
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				

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Global

Person-Centered. Data-Driven.

- - _____ ___ ___ ____ ____ = ____ \bullet = ___ ___ \bullet \bullet = ___ \bullet
 - - . [] Race, Ethnicity/Hispanic Origin & Class Memberships [] •

herap^{Global} Person-Centered. Data-Driven. Birth Date Goes By 02/07/2010 Mugisa SSN Medicaid Number xxx-xx-xxxxx / xxxxxxxxx E-mail **Phone Number** patrick@demomail.com 001122001122 Race Ethnicity / Hispanic - Please Select -. - Please Select -. Origin **Class Membership** - Please Select -•

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Person-Centered. Data-Driven.

esidential Address					
Residential Program / Site Address	- Please Select -	•			
Attention or in care of	Simon Solomon				
Address	Plot XYZ, Muwafu Curve,				
	Street 1			Street 2	
	Kampla	State	~		Uganda 🔺
	City	State		Zip Code	Country
Location	•				
Primary Phone				Secondary Phone	
Additional Phone					
Additional Phone					
Additional Phone ailing Address Attention or in care of	Simon Solomon		✓ Same as	Residence Address	
Additional Phone ailing Address Attention or in care of Address	Simon Solomon Plot XYZ, Muwafu Curve,		Same as	Residence Address	
Additional Phone ailing Address Attention or in care of Address	Simon Solomon Plot XYZ, Muwafu Curve, Street 1		Same as	Residence Address	
Additional Phone ailing Address Attention or in care of Address	Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla	State	Same as	Residence Address	Uganda
Additional Phone ailing Address Attention or in care of Address	Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla City	State	Same as	Residence Address	Uganda - Country
Additional Phone ailing Address Attention or in care of Address Primary Phone	Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla City	State	Same as	Residence Address Street 2 Zip Code Secondary Phone	Uganda • Country
Additional Phone ailing Address Attention or in care of Address Primary Phone Additional Phone	Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla City	State	Same as	Residence Address Street 2 Jip Code Secondary Phone	Uganda • Country
Additional Phone alling Address Attention or in care of Address Primary Phone Additional Phone	Simon Solomon Plot XYZ, Muwafu Curve, Street 1 Kampla City	State	Same as	Residence Address Street 2 Zip Code Secondary Phone	Uganda • Country

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IDF 0000 0000 0000 0 00000 0000 000 .0000 00000 0000 0 0000 00000 00000



.PDF _____ ___ ___ ___

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved
Back to Form
PDF & Printable
Display PDF

The form IDF-SQANY-J994N9ZK27GAY has been successfully saved

Back to Form

.Pending Admission



. Admit "DDD" DDD DDD DDD IDF DD DDDDD DDD DDD DDDDD DDDD.1

Cancel Back			Delete Mark as Deceased Withdraw Admit Edit
Advance Directives Case Status Diagnosis List Program Enrollments	Allergy Profile Consent List Individual Details Shared Contact List	Assessment List Contact List Insurance Team Members	Attached Files Custom Fields Pending Admission Notes

. DDDD DDD DDD DD DD Admission Date DDDDD DDDD DDD D DDDD DDDD $\mathbf{.2}$

Admit Individual Pending Admission ()						
Individual Isaac Patrick						
* Admission Date 01/01/2019						
Cancel Back	Done					

.00 Done 0000 000 0 0000 0 0000 000 .3

InerapGlobal Person-Centered. Data-Driven. Admit Individual Pending Admission

T-Notes

Individual Isaac Patrick

* Admission Date
01/01/2019

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Person-Centered. Data-Driven.

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

Back to Form | List

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

Back to Form | List

Individual Demographic Form (IDF) Admitted 6

Individual Isaac Patrick

T-Notes



Address List

Assessment List

Custom Fields Individual Details

Program Enrollments

Advance Directives Attached Files Diagnosis List Individual Home Page Shared Contact List Album Case Status Guardian List Insurance Team Members Allergy Profile Contact List Health Profile Pending Admission Notes



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				< >
Cancel				Save



Enrollable Program(s)				-
Program Name 1≢		Site Name		Action
(Demo) Education and Development	nt	(Demo) TG Center for Children With Special Needs		Enroll
Program Enrollment			×	Enroll
				Enroll
Enrollment Date *				Enroll
	12/18/2022			Enroll
				Enroll
Behavioral Therapy		DEMO SITE (BD)		Enroll



Enrollable Program(s)										_
Program Name ↑ 				Sit	e Name	•				Action
(Demo) Education and Development				(D	emo) TC	G Cente	r for Childi	ren With Special Needs		Enroll
Program Enrollment									×	Enroll
									_	Enroll
Enrollment Date *	12/18/20	022		É	4	Enroll				Enroll
	Ľ						_			Enroll
	<	Dec		∨ 2	022		~ >			Enroll
Behavioral Therapy	S	Μ	Т	W	Т	F	S			Enroll
Bluestar(Day shift)	27	28	29	30	1	2	3			Enroll
Child Care Center	4	5	6	7	8	9	10			Enroll
Class 1	11	12	13	14	15	16	17			Enroll
Class 1										Enroll
Class -1	18	19	20	21	22	23	24			Enroll
Class 2	25	26	27	28	29	30	31			Enroll
Class-one				De	ino Sile	Airica				Enroll

(Demo) Education and Development			(Demo) TG Center for Children With Special Needs	Enroll	
Aarambha	Program Enrollment			×	
ADD DEN				_	
Attendand	Enrollment Date *	40/44/0000			
Beginners		12/14/2022			
Beginners					
Behavioral	Therapy		DEMO SITE (BD)	Enroll	

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Enrolled Program(s)				_
Program Name ↑ ₹	Site Name	Enrollment Date	Discharge Date	Action
(Demo) Academic Activities	Therap Global Demonstration Provider	12/14/2022		Discharge / Edit
Showing 1 to 1 of 1 entries				< 1 >

Enrolled Program(s)				-	
Program Name ↑ ₹	Site Name	Enrollment Date	Discharge Date	Action	
(Demo) Academic Activities	Therap Global Demonstration Provider	12/14/2022		Discharge / Edit	
Showing 1 to 1 of 1 entries				< 1 >	
Cancel				Save	

Therap Global Person-Centered. Data-Driven.

Individual Demo	graphic Form (IDF) Admitted 9				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		Secondary Phone			
Additional Phone					
Mailing Address					
Attention or in care of	Simon Solomon				
Address	Plot XYZ, Muwafu Curve, Kampala, Uganda				
Primary Phone		Secondary Phone			
Additional Phone					
View PDFs					
Cancel Back		SComm Mark as Deceased	Discharge	Mark as Pending Admission	Edit
Address List	Advance Directives	Album	Alle	ergy Profile	
Assessment List	Attached Files	Case Status	Co	ntact List	
Custom Fields	Diagnosis List	Guardian List	He	alth Profile	
Individual Details	Individual Home Page	Insurance Team Members	Per	nding Admission Notes	
Frogram Enrollments	Shareu Contact LISI	ream wempers			

