

Individual Data form (IDF) - Pag-Edit ng Individual Data

Ang **Individual Data form (IDF)** ay naglalaman ng mga impormasyon na ukol sa individual na kailangan para sa kanilang pangangalaga. Ang mga users ay pwede ilagay ang mga impormasyon na kinakailangan ng kanilang organisasyon. Ang mga impormasyon na ilalagay sa IDF ay lalabas din sa **Emergengy Data Form (EDF)**, sa demographic report at sa iba pang mga report ng system. Ang IDF at EDF ay madali lamang i-convert sa .pdf format upang maiprint o maibahagi.

Ang mga sumusunod ay ang mga bahagi ng Individual Data Form:

- Identification Data
- Medical Information
- Guidelines
- Behavior

1. Upang makapag enter at mag update ng impormasyon sa **Individual Data** form, i-click ang **Individual** Tab na asa Dashboard.

To Do	Car	e
Individual	T-Log	New Search Archive
Health	Case Note	New Search Archive Bulk PDF
Admin	General Event Reports (GER)	New Search
Agency Reports	GER Resolution	New Unaddressed GERs Open Resolutions Open Investigations Search
Individual Home Page	Multi-Individual Event (MIE)	New Search



2. Pagkatapos ay i-click ang **Search** sa hilera ng **Individual Data** sa bahagi ng **Care**.

To Do	Ca	re
Individual	T-Log	New Search Archive
Health	Case Note	New Search Archive Bulk PDF
Admin	General Event Reports (GER)	New Search
Agency Reports	Multi-Individual Event (MIE)	New Search
	Witness Report (GER)	Search
Individual Home Page	Event Summaries	View
Settings	ISP Data	New Search Report Search Report Archive
	ISP	New Search Review Acknowledge Archive
	ISP Program	New Search Archive Acknowledgement Report
	ISP Program Template Library	New Draft Published Search
	Global Template Library	Search ISP Template
	Individual Data 🛛 🗕	Search
	Time Tracking	Record Data View

3. Ang **Individual Search** page ay bubukas upang mahanap ang nais na individual. I-type ang pangalan ng individual (lalabas ang mga pangalan ng **individual** sa pag type ng unang tatlong letra ng first o last name ng individual. Piliin ang nais at ito ay lalabas sa box). I click ang **Search** button sa ibabang bahagi ng page.



Individual Search	
Individual	ang Q
Social Security Number	Angela Mary Thabang Motseko
Medicaid Number	
Medicare Number	
Form ID	
Birth Date From	MM/DD/YYYY 🗰
То	MM/DD/YYYY 🗰
Admission Date From	MM/DD/YYYY 🗰
То	MM/DD/YYYY 🚔
ID Number	
ІД Туре	- Please Select -
Program (Site)	Search
Entered By	Search
Status	- Please Select -
▲ Clear Selection	
Cancel	Search

4. From the **Individual Search** page, Click on the name of the Individual, and his/her **Individual Data** form will be presented.

												The Person-Ce	Y ento	ap ered. Dat)° C	Flobal Driven.			
Individual Search)																	15	• Records
Form ID \$	Individual	Social Security Number	¢	Medicaid Number	¢	Medicare Number ‡	Statu	s ¢	Birth Date	Entered By	¢	Admitted By \$	Las	t Updated By	\$	Admission Date	¢	ID Number \$	Time Zone
IDF-DEMOTPHL- G7Q29D7EDMULW	Mary, Angela						Admit	ted	05/01/2010	Rahman, Ferdaus / Supervisor		Rahman, Ferdaus / Supervisor	Rah Tea	iman, Imran / cher		01/01/2017			Asia/Manila
Showing 1 to 1 of 1 entries																		Previous	1 Next

5. Magpunta sa ibabang bahagi ng page at I-click ang **Edit Individual Date** button para makita ang form na pwede nang baguhin.

	PDF			
	Display PDF			
and the second				
Back	Edit Individual Data	Mark as Deceased	Discharge	Send via SComm

Identification Data

Sa bahagi na ito, maaring ilagay ng user ang anumang impormasyon depende sa pangangailangan ng kanilang ahensya.

1. Sa bahaging ito nilalaman ang mga basic na demographics information ng isang individual. Maaaring ilagay ang **Birth Date**, **Photo**, **Gender**, **Race**, **Characteristics**, **Citizenship**, **Address** etc. Ang mga item na opsyonal ay lalabas sa anumang report kapag ito ay nilagyan ng impormasyon.



Identification Data			Jump to
First Name:*	Angela	Last Name:*	Mary
Middle Name:		Suffix:	
SSN:		Birth Date:	05/01/2010
	Format: xxx-xx-xxxx or xxxxxxxxx		
Photo 1		Date:	Remove Reset Add
Photo 2		Photo 2	
	NONE	Date:	Remove Add
Gender:	Please Select 🗸	Goes By:	
Medicaid Number:			
ID Type:	- Please Select -	JD Number:	
Additional ID Type:	- Please Select -	 Additional ID Number: 	
Race:	Available Items Add all	elected Items	Remove all
	American Indian/Alaskan Native + ^ Fil	ipino	_
	Asian +		
	Asian Indian +		
	Black/African American +		
	Declined +		
	Guamanian or chamorro 🛛 + 👻		
Ethnicity/Hispanic Origin:	- Please Select - V		
Height:	3 v Feet 2 v	Inch	
Weight Range:	From 50 lbs To 52 lbs		
Hair Color:	Black	Other:	
Eye Color:	Brown v	Other:	
Characteristics:	3000 characters left		
	gets a bit hyper at times		
Deimana Oral		041	
Language:	Other ~	other:	Filipino
Primary Written Language:	Other v	Other:	Filipino
Interpreter Needed	⊖Yes ⊖No ⊖Unknown		
Religion:	Buddhist v	Other:	
Citizenship:	Other 🗸	Other:	Filipino
Marital Status:	- Please Select - 🗸	Marital Status Data	
Admission Date:	01/01/2017	Status Date.	
Date of Discharge:			
Date of Death:			
Individual's Time			
Zone:*	Asia/Manila v		
Living Arrangement:	- Please Select -	~	
Addross			
Address			
Residential Address			
Site	' Please Select V		
Attention or in care	ot:		
Street 1:	1118 Roxas Boulevard, cor Street	2:	
Country:	Philippines v		
State City:	Counts	<i>/</i> :	
ZIP:			
	•		
Location	•		
Primary Phone:	Secon	dary Phone:	
Additional Phone:			
Mailing Address			
Same as Reside	ntial Address		
Street 1:		.	
Country:	Dhilippings	•	
State	Philippines V		
City:	County	<i>r</i> :	
ZIP:			
Primary Phone:	Second	dary Phone:	
Additional Phone:			
E-mail:			
nial ni			
Birth Place			
Country:	Philippines V Other:		
State			
City:			



2. Upang makapag lagay ng photos ng individual, i-click ang **Add** or **Remove** sa bahagi ng Photo area. Kapag i-click ang Add ito ay bubukas ng Upload Image window.

I-click ang **Choose File** button, hanapin ang nais na imahe at I-double click ito, pagkatapos ay i-click ang **Upload Image** button.

Makikita ang thumbnail view ng imahe na iyong napili sa photo area.

Photo 1 Date:	Remove Reset Add
🎁 Therap :: Upload Image - Google Chrome	- 🗆 X
Therap Services LLC [US] secure.th	nerapglobal.net/ma/common
Upload Im	nage
Name Choose File No file ch	nosen
70 Open	×
← → ✓ ↑ Kew Volume (E:) > Avatar	✓ Ö Search Avatar 🔎
Organize 🔻 New folder	BB 🕶 🛄 💡
Quick access Quick access Desktop Downloads Documents	Selected-Avatars-190303-04 Selected-Avatars-190303-05 Selected-Avatars-190303-05 Selected-Avatars-190303-06 Selected-Avatars-190303-07
Dicturee File name: Angela Mary_2	All Files Open Cancel
Cancel	Upload Image

Maaari kang maglagay ng dalawang imahe ng individual. Ang bawat imahe ay hindi dapat lalagpas ng 3MB, at jpg at jpeg files lamang ang maaaring i-upload.



3. Upang makapili ng **Gender** ng Individual, i-click ang drop down menu at piliin ang gender ng individual.

Gender:	Please Select V	
Medicaid Number:	Please Select	
ID Type:	Female	
	Unknown	

4. Pillin ang **Race** ng individual, i-click ang plus (+) icon mula sa **Available Items**. Ang napiling race ng individual ay makikita sa **Selected Items**.

Race:	Available Ite	ms	Add all	Selected Iter	ns	Remove all	
	Asian Indian		+ 🔺				
	Black/African Am	erican	+ _				
	Chinese		+				
	Declined		+				
	Filipino		+-				
	Guamanian or cha	amorro	+				
	Japanese		+ .)		
				I			
Rac	te:	Available Items		Add all	Selected Item	s	
		Asian Indian		+ .	Filipino		_
		Black/African American		+			
		Chinese		+			
		Declined		+			
		Guamanian or chamorro)	+			
		Japanese		+			
		Korean		+ -			
				Ţ			

5. Optional lamang ang **Address**, ngunit upang hindi magkaroon ng error sa pag-save palitan ang bansa mula sa USA sa bansa kung nasaan ka.

Therap Global Person-Centered. Data-Driven.

Re	esidential Address			
Re	esidential Program / te	Please Select ▼		
At	ttention or in care of:			
St	reet 1:		Street 2:	
Co	ountry:	USA	¥	
St	ate	Please Select 🔻		
Ci	ty:		County:	
ZI	P:			
	cation	•		
	Cation	_		
Pr	imary Phone:		Secondary Phone:	
Ad	dditional Phone:			
	Residential Address Residential Program Site Attention or in care Street 1: Country: State City: ZIP:	s n / Please Select of: Philippines	Street 2:	
	Location	Q		

Paalala: Kung hindi napalitan ang bansa na USA, iyong makikita ng ganitong error kapag isave ang form.



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Residential Address			
Residential Program / Site	Please Select ▼		
Attention or in care of:			
Street 1:		Street 2:	
Country:	USA	· · ·	
State Required	Please Select ▼		
City:		County:	
ZIP:			
Location	Q		
		Constant Phone	

Medical Information

Sa bahaging ito ay maaring ilagay ang mga pangunahing impormasyon na kinakailangan para sa pangangalagang medikal ng individual tulad ng **Emergency Orders**, **Adaptive Equipment**, **Blood Type** etc. Ito ay opsyonal lamang



Medical Information		
		Jump to
Emergency Orders:	About 2929 characters left	
	Mary may have breathing problems. Therefore, she must carry a inhaler.	in
Adaptive Equipment:	About 2960 characters left	
	She doesn't need any adaptive equipment.	11
Blood Type:	A+ •	
Developmental Disability:	Cerebral Palsy Epilepsy Autism Neurological Impairment Other	
Intellectual Disability:	◯ Mild ◯ Moderate ◯ Severe ◯ Profound ◯ Unspecified	
Primary Care Physician:	Add Primary Care Physician	Clear
Other Medical Information:	3000 characters left	
		1

Guidelines

Ang bahaging ito ay opsyonal lamang, dito nillalaman ang mga patungkol sa daily living activities ng individual. Kasama rito ang mga guideline patungkol sa **dietary**, **eating**, **communication**, **supervision**, **toileting** at **bathing**.



Guidelines		
Ourdennes		Jump to
Guidelines:	About 2967 characters left Mary, can eat only processed foods	
	hary can cat only processed roods	
Fating Guidelines:	About 2967 characters left	
Luting Guidemest	She needs assistance while eating	
Communication	- Please Select -	
Modality:	- Please Select -	
Other:	Communication Device	
	Non-Verbal	
	Sign	
	Verbal	
Communication	Other	
Comments:		
Supervision:	Assistance for personal care V Other:	
Supervision	3500 characters left	
Comments:		
Food Texture:	Whole or Normal consistency	
Liquid Consistency:	- Please Select - 🔻	
Referral Source:	3000 characters left	
Toileting Status:	Requires Physical Assistance/Equipment 🔻	
Bathing Status:	Requires Support to Bath/Shower 🔻	
Mealtime Status:	Requires Support to Eat	
Guardian of Self	◯ Yes ◯ No . ● Unknown	
Do not notify Far Reportable(Medium r	mily/Guardian as there is written advice that they do not want to be notified for incidents notification level), Serious Reportable(High notification level) or have Abuse/Neglect spec	defined as ified.



Behavior

Sa bahaging ito ng **Behavior Management** maaring ilagay ang mga concerns patungkol sa behavior ng individual at kung may mga kaakibat na behavior plans.

Behavior ————						
Behavior Management:	3000 characters left					
	Need to handle her very carefully when she is in a bad mood.					

Matapos malagay ang mga nais na i-edit, i-click ang Save button sa ibabang bahagi ng form.

					<u></u>
Back				\rightarrow	Save

Matapos masave, makikita ang mensahe na "Succesfully Saved". Patunay na naedit ang IDF.



I-click ang **back** upang bumalik sa **Individual Data** form page.