



Indiana
Department
of
Health

INDIANA PATIENT REGISTRY TRAINING - DEMOGRAPHICS

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Demographics Screen

Demographics | Injury | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI | Outcome

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics » Mark As Complete

⚠ Demographics has not been submitted.

Medical Record Number Registry #: Account Number

Injury Date
Incident Date Time

Patient Information

Last Name Social Security #
Patient's First Name SSN is not available
Middle Initial

Date of Birth / / * Age (at date of incident): *
Age Units: Not Applicable *
Race: * Ethnicity: Not Applicable * Gender: Not Applicable *
Height in inches: * Height: cm * Estimated Body Weight: lbs Kg *
Address Favorite Locations



Demographics Screen (2)

Demographics | Injury | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI | Outcome

▶ Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics » Mark As C

⚠ Demographics has not been submitted.

Medical Record Number Registry #: Account Number

Injury Date

Incident Date * Time *

Patient Information

Last Name Social Security #
 SSN is not available

Patient's First Name Middle Initial

Date of Birth / / * Age (at date of incident): *
Age Units: Not Applicable ▼ *

Race: *
Not Applicable
American Indian
Asian
Black or African American

Ethnicity: Not Applicable ▼ * Gender: Not Applicable ▼ *

Height in inches: * Height: cm * Estimated Body Weight: lbs Kg *

Address Favorite Locations ▼



Demographics Screen – Injury Date

Demographics | Injury | Pre-Hospital | Referring | ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI | Outcome

► Edit Incident » Trauma Incident Form (Full Record with ICD-10) » Demographics » Mark As C

⚠ Demographics has not been submitted.

Medical Record Number Registry #: Account Number

Injury Date

Incident Date * Time *

Patient Information

Last Name Social Security # SSN is not available

Patient's First Name

Middle Initial

Date of Birth / / * Age (at date of incident): *
Age Units: *



Race: * Ethnicity: * Gender: *

Height in inches: * Height: cm * Estimated Body Weight: lbs Kg *

Address Favorite Locations

Demographics Screen – Injury Date (2)

Injury Date

Incident Date  * Time * 

Patient Information

<p>Last Name</p> <p>Patient's First Name</p> <p>Middle Initial</p> <p>Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> *</p> <p>Race <input type="text" value="Not Applicable"/> *</p> <p>Height in inches: <input type="text"/> *</p> <p>Address <input type="text"/></p> <p>Address Line 2 <input type="text"/></p> <p>Country <input type="text"/></p>	<p>Social Security # <input type="text"/></p> <p><input type="checkbox"/> SSN is not available</p> <p>Age (at date of incident): <input type="text"/> *</p> <p>Age Units: <input type="text" value="Not Applicable"/> *</p> <p>Ethnicity: <input type="text" value="Not Applicable"/> *</p> <p>Height: <input type="text"/> cm*</p> <p>Estimated Body Weight: <input type="text"/> lbs <input type="text"/> Kg *</p> <p>Favorite Locations <input type="text"/></p>	<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">August 2017</p> <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></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>6</td><td>7</td><td style="background-color: #ffffcc;">8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td> </tr> <tr> <td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td> </tr> <tr> <td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td> </tr> </tbody> </table> </div>	S	M	T	W	T	F	S			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		
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13	14	15	16	17	18	19																																						
20	21	22	23	24	25	26																																						
27	28	29	30	31																																								

Demographics Screen – Injury Date (3)

Medical Record Number Registry #: Account Number

Injury Date

Incident Date  * Time  *

Patient Information

Last Name Social Security #
 SSN is not available

Patient's First Name

Middle Initial

Date of Birth / / * Age (at date of incident): *

Race Age Units: * Ethnicity: *

Not Applicable
American Indian
Asian
Black or African American



Demographics Screen – Date/Time Helper

Auto Populate Date Fields

Incident Date

This date/time will be used to auto-populate the fields listed below.
(Click on the Label to populate)

	Dates	Times
Date Discharged from ED (Physical Exit)		
Date Discharged from ED (Orders Written)		
Date Arrived in ED/Acute Care	08/08/2017	
Blood Ordered Date		
Crossmatch Date		
Blood Administered Date		
Hospital Discharge Date (Physical Exit)		
Hospital Discharge Date (Orders Written)		

You can click into any date field to change to a different date or to delete the auto-populate

Demographics Screen – Patient Information

Patient Information

Last Name

Patient's First Name

Middle Initial

Social Security #: Display SSN SSN is not available

Date of Birth: 01 / 21 / 1998 * Age (at date of incident): 22 * Age Units: Years * Ethnicity: Not Hispanic or Latino * Gender: Male *

Race: White * American Indian * Asian * Black or African American * Estimated Body Weight: 150.00 lbs * 68.04 Kg *

Height in inches: 87 * Height: 220.98 cm * Favorite Locations:

Address: Address Line 2: Country: United States * Home Zip/Postal Code: 46222 * [Postal Code Lookup](#)

Add to Favorite Locations

City: Indianapolis * County: Marion * State: Indiana *

Alternate Residence: - Alternate Residence - * Homeless * Undocumented Citizen * Migrant Worker * Not Applicable *

Would you like to participate in the follow up survey?: No *

Demographics Screen – Patient Information (2)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Age (at date of incident): *

Age Units: *

Race: *

Ethnicity: *

Gender: *

Height in inches: *

Height: cm *

Estimated Body Weight: lbs
 Kg *

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code: *

Add to Favorite Locations

City: * County: * State: *

Alternate Residence: *

Would you like to participate in the follow up survey?:



Demographics Screen – Injury Date (3)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Social Security #:

Display SSN SSN is not available

Age (at date of incident): *

Age Units: *

Race: *

American Indian

Asian

Black or African American

Ethnicity: *

Gender: *

Height in inches: *

Height: cm *

Estimated Body Weight: lbs *

Kg *

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code *

[Postal Code Lookup](#)

Add to Favorite Locations

City * County * State *

Alternate Residence: *

Undocumented Citizen

Migrant Worker

Not Applicable

Would you like to participate in the follow up survey?: *

Demographics Screen – Patient Information

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Social Security #:
 Display SSN SSN is not available

Age (at date of incident): *

Age Units: *

Race:
American Indian
Asian
Black or African American *

Ethnicity: *

Gender: *

Height in inches: *

Height: cm *

Estimated Body Weight: lbs
 Kg *

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code: *

Add to Favorite Locations

City: * County: * State: *

Alternate Residence:
Homeless
Undocumented Citizen
Migrant Worker
Not Applicable *

Would you like to participate in the follow up survey?: *

Demographics Screen – Patient Information (5)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Social Security #:
 Display SSN SSN is not available

Age (at date of incident): *

Age Units:

Race: *
American Indian
Asian
Black or African American

Ethnicity: *

Gender: *

Height in inches: *

Height: * cm

Estimated Body Weight: lbs
 Kg *

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code: * [Postal Code Lookup](#)

Add to Favorite Locations

City: * County: * State: *

Alternate Residence: *
Homeless
Undocumented Citizen
Migrant Worker
Not Applicable

Would you like to participate in the follow up survey?:

Demographics Screen – Patient Information (6)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Social Security #:

Display SSN SSN is not available

Age (at date of incident): *

Age Units: *

Race: *

American Indian

Asian

Black or African American

Ethnicity: *

Gender: *

Height in inches: *

Height: cm *

Estimated Body Weight: lbs *

Kg *

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code: *

Add to Favorite Locations

City: * County: * State: *

Alternate Residence: *

Homeless

Undocumented Citizen

Migrant Worker

Not Applicable

Would you like to participate in the follow up survey?:

Demographics Screen – Patient Information (7)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Race
 American Indian
 Asian
 Black or African American *

Height in inches: *
 Height: cm *

Address
 Address Line 2
 Country *

Home Zip/Postal Code *

Add to Favorite Locations
 City * County * State *

Alternate Residence:
 Undocumented Citizen
 Migrant Worker
 Not Applicable *

Age (at date of incident): *
 Age Units: *

Social Security #:
 Display SSN SSN is not available

Ethnicity: *
 Gender: *

Estimated Body Weight: lbs
 Kg *

Would you like to participate in the follow up survey?: *



Demographics Screen – Patient Information (8)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Social Security #:
 Display SSN SSN is not available

Age (at date of incident): *

Age Units: *

Race: *
American Indian
Asian
Black or African American

Ethnicity: *

Gender: *

Height in inches: *

Height: cm *

Estimated Body Weight: lbs
 Kg *

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code: * [Postal Code Lookup](#)

Add to Favorite Locations

City: * County: * State: *

Alternate Residence: *
Homeless
Undocumented Citizen
Migrant Worker
Not Applicable

Would you like to participate in the follow up survey?: *

Demographics Screen – Patient Information (9)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Race
 American Indian
 Asian
 Black or African American *

Height in inches: *
 Height: * cm

Age (at date of incident): *
 Age Units: *

Social Security #:
 Display SSN SSN is not available

Ethnicity: *
 Gender: *

Estimated Body Weight: lbs
 Kg *

Address
 Address Line 2
 Country *
 Favorite Locations

Home Zip/Postal Code *

Add to Favorite Locations
 City * County * State *

Alternate Residence:
 Homeless
 Undocumented Citizen
 Migrant Worker
 Not Applicable *

Would you like to participate in the follow up survey?:

Demographics Screen – Patient Information (10)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Age (at date of incident): *

Age Units: *

Race: (dropdown menu: White, American Indian, Asian, Black or African American)*

Ethnicity: *

Gender: *

Height in inches: *

Height: cm*

Estimated Body Weight: lbs
 Kg*

Address

Address Line 2

Country: *

Favorite Locations

Home Zip/Postal Code: *

Add to Favorite Locations

City: * County: * State: *

Alternate Residence: (dropdown menu: - Alternate Residence - Homeless, Undocumented Citizen, Migrant Worker, Not Applicable)*

Would you like to participate in the follow up survey?: *

Demographics Screen – Lookup

Lookup

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

State

County

City

Postal Code:

Demographics Screen – Patient Information (11)

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth / / *

Age (at date of incident): *

Age Units: *

Race *

Ethnicity: *

Gender: *

Height in inches: *

Height: cm *

Estimated Body Weight: lbs *

Kg *

Address

Address Line 2

Country *

Favorite Locations

Home Zip/Postal Code *

Add to Favorite Locations

City * County * State *

Alternate Residence: *

Would you like to participate in the follow up survey?:

Demographics Screen – Financial Information (12)

Financial Information

Primary Method of Payment: *

Other Billing Source:

Secondary Method of Payment:

Secondary Other Billing Source:

Third Method of Payment:

Third Other Billing Source:

Billed Hospital Charges: \$

Work Related:

Reimbursed Charges: \$

Demographics Screen – Save & Continue

Add to Favorite Locations

City Indianapolis * County Marion * State Indiana *

Alternate Residence: - Alternate Residence -
Homeless
Undocumented Citizen
Migrant Worker
Not Applicable *

Would you like to participate in the follow up survey?: No

Financial Information

Primary Method of Payment: Not Billed (for any reason) *

Other Billing Source:

Secondary Method of Payment: - Secondary Method of Payment -

Secondary Other Billing Source:

Third Method of Payment: - Third Method of Payment -

Third Other Billing Source:

Billed Hospital Charges: \$

Work Related: No

Reimbursed Charges: \$

