



VOICES OF DETROIT INITIATIVE

VODI SCREEN SHOTS REPORTS FROM MINIMUM CLINICAL RECORDS

Close

Patient Registration Wizard

Insurance Contact Demographic Employment Income HRA Part 1 HRA Part 2 Complete

Medical Home <None Selected>

Has the [Patient Consent](#) form been signed? * Yes No

Has health care insurance (including Medicaid)? * Yes No

Has applied for Medicaid in the last 3 months? * Yes No

Has been denied Medicaid in the last 3 months? * Yes No

Next

Close

Patient Registration Wizard

Insurance Contact Demographic Employment Income HRA Part 1 HRA Part 2 Complete

Medical Home <None Selected>

Has the [Patient Consent](#) form been signed? * Yes No

Has health care insurance (including Medicaid)? * Yes No

Has applied for Medicaid in the last 3 months? * Yes No **Required**

Has been denied Medicaid in the last 3 months? * Yes No **Required**

Next

Close

Patient Registration Wizard

Insurance Contact Demographic Employment Income HRA Part 1 HRA Part 2 Complete

Rate of pay per month?	3,096.00
Unemployment benefits per month	0.00
Child support per month	0.00
Social security per month	0.00
Pension per month	0.00
Spouse income per month	0.00
Other income per month	0.00
Total income per month	3,096.00

No Income

Previous Next

Close

Patient Registration Wizard

Insurance

Contact

Demographic

Employment

Income

HRA Part 1

HRA Part 2

Complete

Last Name *	First Name *	Middle Name	Maiden Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth *	National Identifier (SSN) ¹	Day Phone ¹	Evening Phone ¹
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address 1 - Type: *

Address *

City * State * Zip *

Address 2 - Type:

Address

City State Zip

Emergency Contact ¹

Name

Phones: Day Home Cell

Address

City State Zip

Previous

Next

Close

Patient Registration Wizard

Employed or self-employed? *

Employer Name Phone Contact Name

Address

City State Zip

Eligible for health insurance through employer? Yes No N/A

How much does patient pay per month for employer-provided insurance?

Hours worked per week?

Rate of pay

Rate of pay per month?

Close

Patient Registration Wizard

Rate of pay per month?

Unemployment benefits per month

Child support per month

Social security per month

Pension per month

Spouse income per month

Other income per month

Total income per month

No Income

MCR | Reports | Admin | Logged On: Randy Stuck [Logout] [About]

Find Patient

Last Name: First Name: DOB: Patient ID:

Last Name	First Name	Middle Name	DateOfBirth	Consent Signed?	Medical Home	Registration Completed	
doe	jane		03/03/1997	Yes	CHASS Midtown	Yes	View Patient

[Users](#) [Roles](#) [Providers](#)

[Create New User](#)

	Logon Name	Email Address	Last Login Date	Last Activity Date	Approved?	Locked Out?	
Select	admin		2/8/2007 4:36:38 PM	2/8/2007 4:37:58 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete
Select	Andrew Dignan	dignan@fusemail.com	2/8/2007 11:11:03 AM	2/8/2007 4:30:05 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete
Select	Frank Loversky	frank.lovsky@tools4medicine.com	1/1/0001 12:00:00 AM	1/1/0001 12:00:00 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete
Select	Karl Costenbader	karl@competent.com	2/2/2007 2:59:42 PM	2/2/2007 2:59:43 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete
Select	Lucille Smith	slucille@med.wayne.edu	1/10/2007 4:39:36 PM	1/10/2007 4:39:55 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete
Select	Parada Jordan	pjordan@med.wayne.edu	1/26/2007 2:36:58 PM	1/26/2007 2:47:19 PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete
Select	Randy Stuck	randy.stuck@tools4medicine.com	2/9/2007 8:19:43 AM	2/9/2007 8:19:47 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Delete

[Users](#) [Roles](#) [Providers](#)

Role Name	
Administrator	Delete
Registration Clerk	Delete
Researcher	Delete
User	Delete
VODI Admin	Delete

[Add New Role](#)

New role name:

[Users](#) [Roles](#) [Providers](#)

[Provider Name](#)
No records to display.

[Create New Provider](#)

[Add New Provider](#)

Provider Information

Name

Location

Organization

Sub-Organization