

Data Capture

Home > Patient Information

Patient Information

Patient First Name:

Patient Last Name:

MRN#:

Email Address 1: E-mail

Caregiver Patient

Email Address 2: E-mail

Caregiver Patient

- Step 1 PATIENT INFORMATION
- Step 2 VIDEO INFORMATION SUMMARY
- Step 3 CONSENT
- Step 4 CONFIRMATION

Capture patient information and caregiver email addresses

Home > Patient Information > Video Information

Video Information Summary

Setting: ED

Diagnosis: Bronchiolitis

Video: All items checked

Bronchiolitis Home Care

What Is Bronchiolitis?

- Step 1 PATIENT INFORMATION ✓
- Step 2 VIDEO INFORMATION SUMMARY ✓
- Step 3 CONSENT
- Step 4 CONFIRMATION

Choose appropriate video prescriptions

Home > Patient Information > Consent

Consent

Patient Name: David Mathison

MRN#: 020202020

Video Selection: Bronchiolitis Home Care
What Is Bronchiolitis?

Patient Email Address: davidmathison@hotmail.com
dmathiso@childrensnational.org

Notes:

Terms of Agreement:

By initialing below, I authorize my health care provider to send me an email to the address above that contains health-related educational information about my child's visit to the emergency department today. I understand that the video is not a substitute to making a follow-up appointment.

- Step 1 PATIENT INFORMATION ✓
- Step 2 VIDEO INFORMATION SUMMARY ✓
- Step 3 CONSENT
- Step 4 CONFIRMATION

Confirm consent, and click SEND!



Use a tablet, computer, or smartphone to collect email address, choose videos, and confirm consent. The platform is HIPAA compliant and password protected.