

Health Design Challenge | Section and Fields

Demographics

- First Name
- Last Name
- Gender
- Martial Status
- Religious Affiliation
- Ethnicity
- Language Spoken
- Address
- Telephone
- Birthday

Guardian

- Role
- First Name
- Last Name
- Address
- Telephone

Provider

- Name of Provider
- Address
- Telephone

Allergies

- Allergy Name
- Reaction
- Severity

Immunizations

- Date
- Immunization Name
- Type
- Dose Quantity (value / unit)
- Education/Instructions

Medication

- Date
- Type
- Name of Medication
- Instructions
 - Dose Quantity (value / unit)
 - Rate Quantity (value / unit)
- Name of Prescriber

Plan of Care

- Planned Activity Name
- Planned Date
- Instructions

Problem List

- Observation
- Status
- Date
- (Age at onset)

Procedures

- Procedure
- Date
- Name of Org.
- Address

Lab Results

Section will be added on 10/29