

1.0 Purpose

The purpose of this document is to describe the requirements for the patient demographics functions. The requirements include not only the data collection of patient medical history, but also the ability to search and find patient medical history information. The patient demographics will be used to track and store ClearView image and analysis data.

2.0 Scope

The scope of this document consists of the Patient Demographic processes as a whole, no other systems requirements are defined in this document. The initial release of this document addresses only the requirements for the core system, this will be augmented as new requirements are introduced.

3.0 System Requirements

General

Many of the services in the application run within the general client framework and can be accessed independently of the patient demographics. The General application framework is the overall framework of the application that provides authentication, navigation and integration services to other embedded services.

Assumptions and Dependencies

The user has logged into the system.

The user has appropriate permissions to enter the patient demographics.

Capture of patient demographics

These requirements are related to the workflow and process of capturing the patient demographics and persistence to the local storage.

- Users must be able to search for a patient in the system. All new patient entry must begin with the search screen. This is to ensure that there is not an existing patient.
- To search a patient, the user is prompted to enter at a minimum the patient's first or last name. Optionally, they can enter the patient's birth date and gender in order to narrow the search results.
- The system displays zero or more results for the search criteria entered.
- If the appropriate patient is not found, then the user is presented with the ability to create a new patient profile.
- If the patient is found, then the user is able to view the patient demographics information, capture a new scan for the patient selected, or enter a new patient profile.

Completing entry of a new patient.

The user will be prompted to enter the following information.

- a) Patient's remaining demographic information.
- b) Main problem(s).
 - 1) Effect on daily activities.
 - 2) Duration of symptoms and Diagnosis details.
 - 3) Treatments, effectiveness of treatments. Whether or not the patient has tried Acupuncture or Chinese herbal medicines.
- c) Past Medical History
 - 1) Allergies.
 - 2) Surgeries with Dates.
 - 3) History of diabetes / Hepatitis / Hyper Tension / Heart Disease / Cancer.
 - 4) List of all Medications/Supplements- The user will be able to select from a list provided on the screen of medications taken in the last two months (multiple choice). This will also include a selection of "Other" and the ability to enter a description of what "Other" is. This differs from the include example intake form where the entries are textual.
- d) Unusual physical job demands, psychological stress and/or chemical exposure at work or home.
- e) Average daily food intake information.
- f) Information on intake of tobacco/Nicotine, Caffeinated drinks, Alcoholic beverages and drugs and also if they have quit, the date when the quit consuming these products.
- g) Family history of diabetes, Heart Disease, High Blood pressure, blood disease, kidney disease, thyroid disease, reaction to anesthetics and cancer.
- h) Conditions experienced within past six months.
- i) Additional comments or information related to patient's health.
- j) Information on reproductive system for the patient.

The user can either cancel out of the process (Cancel) or they can save the information (Save).

All data will be saved on the local system located at the client location. This includes all information contained on the patient intake form and the unique identifier generated based upon the patients name, date of birth and gender.

Editing an existing patient.

In order to update a patient record the same procedure is used to retrieve the record through the search functionality outlined above.



Patient Demographics Functions Requirements

A user can add to or update any of the existing patient's information listed above.

Patient Demographic Information- Specific Data Points and expected format (highlighted in red)

Name: (required – auto populated from patient search screen)			
Street: (Text)		City: (Text)	State: Zip: (Text)
Birth date: (required – auto populated from patient search screen)	Age: (Calculated)	Place of Birth: (Text)	Gender (M\F option)
Height: (Text)	Weight: (Text)	E-mail: (Text)	
Home Phone: (Text)		Cell Phone: (Text)	
Occupation: (Text)		Social Security #: (Text)	
Emergency Contact: (Text)		Phone: (Text)	
Referred By: (Text)		Friend <input type="checkbox"/> Physician <input type="checkbox"/> Family Member <input type="checkbox"/> Acupuncturist <input type="checkbox"/> Nutritionist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Other <input type="checkbox"/> (Single-Option Select)	
Family Physician: (Text)		Address: (Text)	



Patient Demographics Functions Requirements

Main Problems the Patient would like to address

Main Problem(s): (Text)	
Has your problem(s) affected your daily activities: YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE SPECIFY:	
WORK <input type="checkbox"/> HOW? (Checkbox)(Text)	
SLEEP <input type="checkbox"/> HOW? (Checkbox)(Text)	
EATING <input type="checkbox"/> HOW? (Checkbox)(Text)	
How long have you had symptoms: (Text) Days (Text) Wks (Text) Months (Text) Yrs (Text)	Do you have a diagnosis? YES <input type="checkbox"/> NO <input type="checkbox"/> (Single-Option Select)
Describe Diagnosis: (Text)	
What treatments have you tried? (Text)	
Were they helpful? YES <input type="checkbox"/> NO <input type="checkbox"/> (Single-Option Select)	
Have you been treated with acupuncture or Chinese herbal medicine? YES <input type="checkbox"/> NO <input type="checkbox"/> (Single-Option Select)	

Past Medical History

ALLERGIES: (Text)					
SURGERIES/TRAUMAS: (NOTE YEAR FOLLOWING DESCRIPTION): (Text)					
Please check if you have a history of: (Multi-Option Select)	Diabetes <input type="checkbox"/>	Hepatitis <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	Cancer <input type="checkbox"/>
List all Medications, Vitamins & Herbs Taken within the last two (2) months:					

Unusual Physical Demands, Psychological stress, Chemical Exposure

(Text)

Patient Demographics Functions Requirements

DESCRIBE YOUR AVERAGE DAILY FOOD INTAKE:

1 ST Meal	2 nd Meal	3 rd Meal	4 th Meal	5 th Meal	Snacks
(Text -- All)					

Use of Drugs, Nicotine, Caffeine and Alcohol

	Tobacco/Nicotine	Caffeinated Drinks	Alcoholic Beverages	Drugs
TYPE	(Text)			
AMOUNT	(Text)			
QUIT? MO/YR	(Month DropDown) (Year Drop Down)			

Family History

	MOTHER	FATHER	SIBLINGS	OTHER
DIABETES	(CheckBox -- all)			
HEART DISEASE				
HIGH BLOOD PRESSURE				
BLOOD DISEASE				
KIDNEY DISEASE				
THYROID DISEASE				
REACTION TO ANESTHETICS				
CANCER				

Patient Demographics Functions Requirements

Previous Conditions

Pain/ Distension on Side (CheckBox -- all)	Shortness of Breath	Easily Fatigued	Labored Breathing	Vertigo
Acid Reflux	Sweat Easily	Lethargy	Rapid Breathing	Ear Ringing, Low
Stress Related Diarrhea	Cold Sweats	Loss of Appetite	Weak Voice	Aching Back
Enlarged Thyroid	Cold Limbs	Indigestion	Post Nasal Drip	Aching Knees
Cystic Breasts	Limb Edema	Abdominal Bloating	Cough with Phlegm	Cold Limbs
Constipation	Dizziness	Loose Stool	Dry Cough	Copious Urine
Ear Ringing, High	Palpitations	Tired After Eating	Hoarse Voice	Frequent Urination
Impatience	Difficulty Falling Asleep	Blood in Stool	Dry Mouth/Throat	Night Time Urination
Insomnia	Poor Memory	Rapid Hungering	Allergies	Urinary Pain
Headache on Sides	Anxiety	Bad Breath	Dry Skin	Water Retention
Sudden Deafness	Night Seating	Mouth Sores	Depression	Hair Loss
Limb Numbness	Hot Hands or Feet	Nausea	Difficulty Falling Asleep	Day Break Diarrhea
Twitches or Tremors	Chest Tightness	Vomiting	Stomach Ache	Impotence
Dry Eyes, Nails or Hair	Chest Pain	Belching	Dry Stool	Loss of Libido
Seizures or Stroke	Edema	Hiccoughs		Declining Memory

Additional Comments about Health

(Text)

Sexual Health. Only applicable section will be available depending upon gender section.

FOR WOMEN ONLY:

Age at 1 st menses (CheckBox – all – on\off\null)		Pale Color		Number of Pregnancies	
Age at menopause		Red Color		Number of Miscarriages	
If menstruating: Regular Cycles		Purple Color		Number of Abortions	
Delayed cycles		Thin discharge		Birth Control Used	
Early cycles		Thick discharge		Presently Pregnant	
Light flow		Clotted discharge		Pain in Menstruation	
Heavy flow		PMS		Bleeding between Periods	
Normal flow		Menstruation Irregularity		Hot Flashes	

FOR MEN ONLY:

Premature Ejaculation (CheckBox – all – on\off\null)		Weak Erection		Impotence	
Excessive Sexual Drive		Loss of Sexual Drive		Emission	
Active Sexual Life		Masturbation			



Patient Demographics Functions Requirements

Document Revision History

Version Number:	Description of Change:	Date:	Updated by:
000	Introduction	5/24/11	A. Mason