**Fields for Client file creation**

***\*Fields indicated are for your basic reference. You may choose to use all or selected fields for your prototype\****

*It will be good to have the option to add additional sections/fields during the course of usage.*

Client information

|  |  |
| --- | --- |
| 1. | User – ( this is for us to know who created each client file)- either system auto registers or appear as a field for us to choose. |
|  | Manager |
|  | Medical |
|  | Visa |
|  | Accounts |
|  |  |
| 2. | Client Name |
|  |  |
| 3. | DOB |
|  | Dd/mm/yyyy (calendar view to choose) |
|  |  |
| 4. | Passport Number/ID number |
|  |  |
| 5. | Client type |
|  | Individual |
|  | Company |
|  | Employee |
|  |  |
| 6. | Nationality |
|  | Options TBA at later point (too many) |
|  |  |
| 7. | Country of residence |
|  | Options TBA at later point (too many) |
|  |  |
| 8. | Referred by |
|  | Options TBA at later point (too many) |

Billing Address

|  |  |
| --- | --- |
|  | Billing Street |
|  | Billing City |
|  | Billing State |
|  | Billing Code |
|  | Billing Country |

Medical

|  |  |
| --- | --- |
| 1. | Medical-if yes, please tick |
|  |  |
| 2. | Ulink can claim |
|  | Yes |
|  | No |
|  |  |
| 3. | If No |
|  | Appt not made by Ulink |
|  | Old patient |
|  | Others |

Consultation

|  |  |
| --- | --- |
| 1. | Appointment date and time |
|  | Manual key-in (calendar view + time selection) |
|  |  |
| 2. | Doctor |
|  | Options TBA at later point (too many) |
|  |  |
| 3. | Speciality |
|  | Options TBA at later point (too many) |
|  |  |
| 4. | Clinic |
|  | Options TBA at later point (too many) |
|  |  |
| 5. | Referring Doctor (US Embassy) |
|  |  |
| 6. | Referring Doctor Email |
|  |  |
| 7. | Follow up date |
|  |  |
| 8. | Follow up person |
|  |  |
| 9. | Remarks |

* Note: Clinic field & Speciality to be dependent on doctor chosen

Eg: If Ang Ai Tin selected, Clinic field auto-fills with Thomson Medical Centre

* Referring doctor email dependent on referring doctor

Admission

|  |  |
| --- | --- |
| 1. | Case number |
|  |  |
| 2. | Hospital Admitted |
|  |  |
| 3. | Hospital Address |
|  |  |
| 4. | Date of Admission |
|  |  |
| 5. | Discharge date |
|  |  |
| 6. | Additional specialist |
|  |  |
| 7. | Remarks |
|  |  |

LOG

|  |  |
| --- | --- |
| 1. | If LOG issued, please tick |
|  |  |
| 2. | Amount covered |
|  | Full-inpatient |
|  | Full-outpatient |
|  | Full- day surgery |
|  |  |
| 3. | Other coverage |
|  |  |
| 4. | LOG issued date |
|  |  |
| 5. | Invoice date |
|  |  |
| 6. | Additional specialist |
|  |  |
| 7. | Remarks |
|  |  |