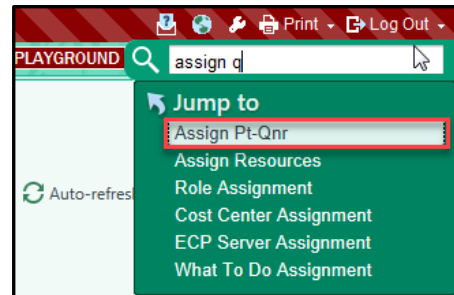
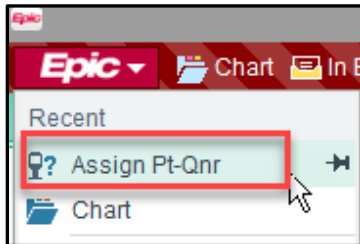


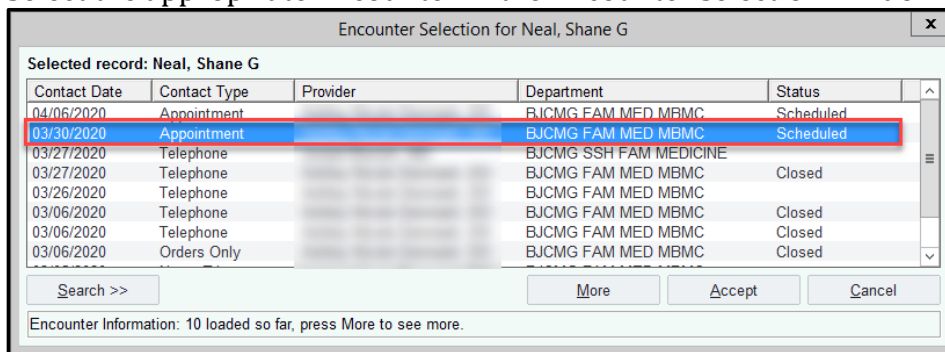
HIP TIP

Sending History Questionnaires via MyChart

1. Click the **Epic** Button
2. Select **Assign Pt-Qnr** (You can also use the Search bar)

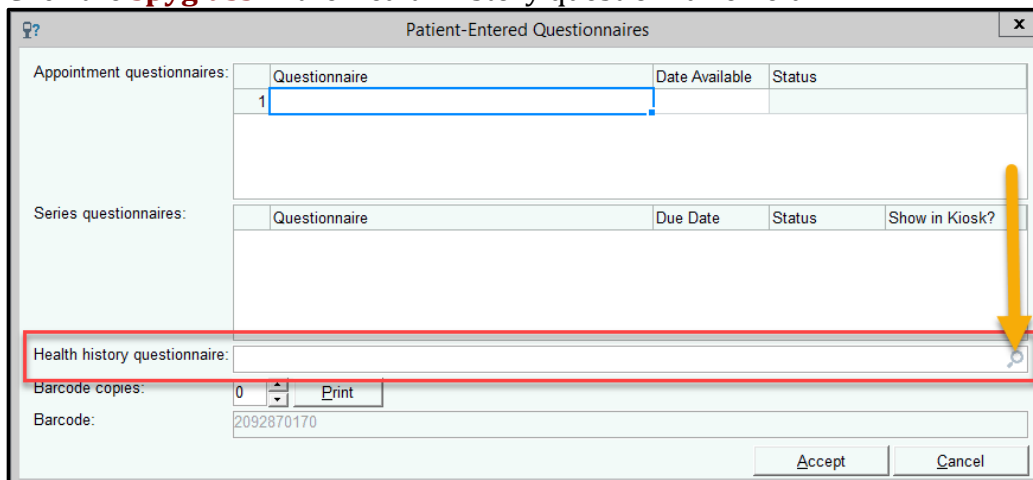


3. Search for Patient.
4. Select the appropriate Encounter in the Encounter selection window.

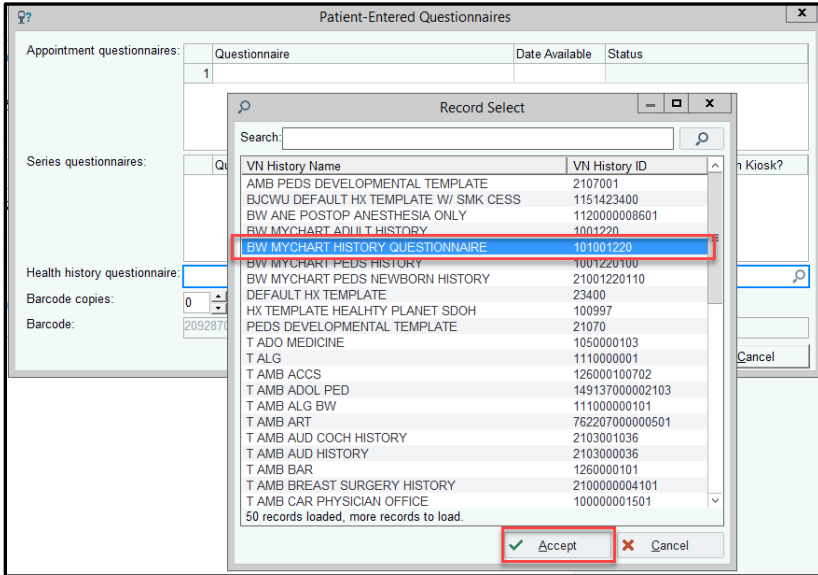


The Patient-Entered Questionnaires box displays. Here you will enter the questionnaire you would like to be sent to the patient.

5. Click the **spyglass** in the Health history questionnaire field.



6. Select **BW MYCHART HISTORY QUESTIONNAIRE**.
7. Click **Accept**.

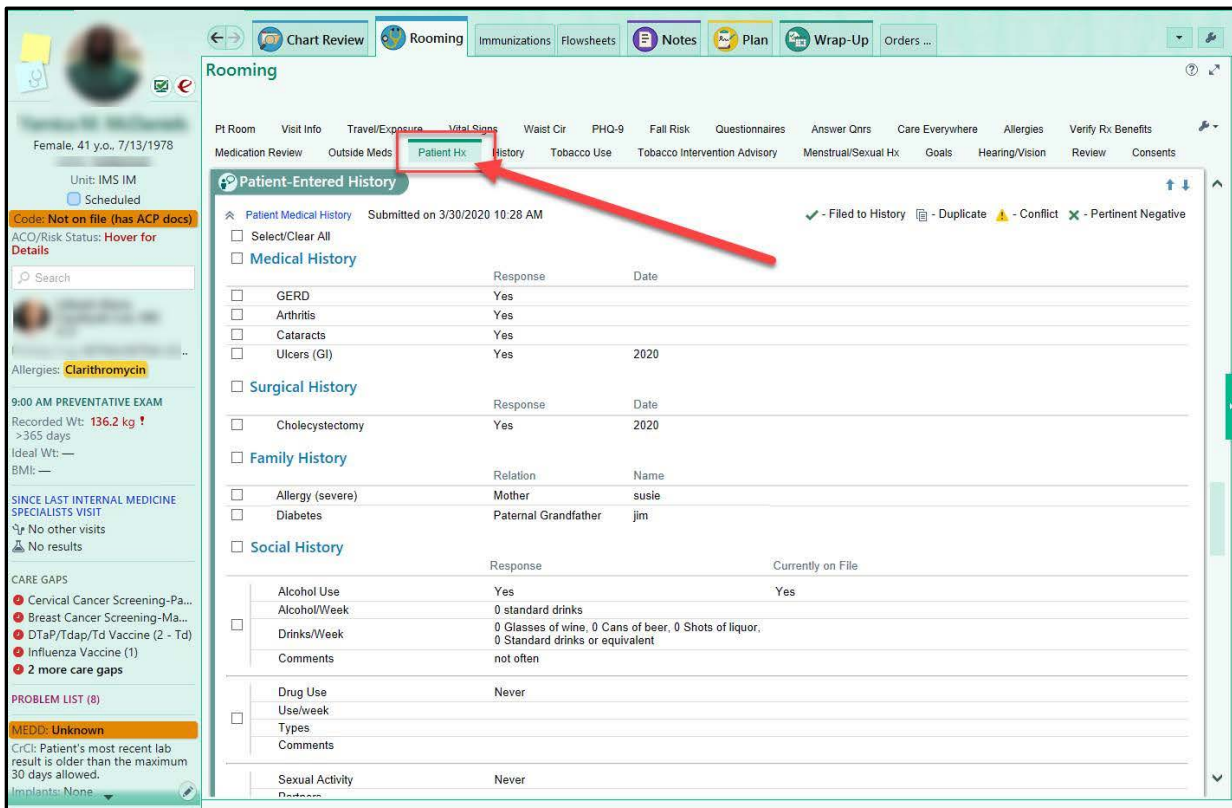


8. Click **Accept** once again in the Patient-Entered Questionnaires window.

Viewing History Questionnaires

If a patient has filled out a History Questionnaire you can see that data within the Patient History section within the encounter.

1. Open the patient's encounter associated with the sent questionnaire.
2. Click the **History** Section.



With this section expanded a Patient icon is alerting us there is patient entered data. Look to the key to see what icons mean. When reviewing information, you can select which information you would like to save to the patient's chart.

3. Select the **check box** next to an item you would like to add. If you would like to add all patient entered data, select the **"Select/Clear all"** box.

Patient-Entered History

Submitted on 3/30/2020 10:28 AM

Select/Clear All

Medical History

	Response	Date
<input checked="" type="checkbox"/> GERD	Yes	
<input checked="" type="checkbox"/> Arthritis	Yes	
<input checked="" type="checkbox"/> Cataracts	Yes	
<input checked="" type="checkbox"/> Ulcers (GI)	Yes	2020

Surgical History

	Response	Date
<input checked="" type="checkbox"/> Cholecystectomy	Yes	2020

Family History

	Relation	Name
<input checked="" type="checkbox"/> Allergy (severe)	Mother	susie
<input checked="" type="checkbox"/> Diabetes	Paternal Grandfather	jim

Social History

	Response	Currently on File
Alcohol Use	Yes	Yes
Alcohol/Week	0 standard drinks	
<input checked="" type="checkbox"/> Drinks/Week	0 Glasses of wine, 0 Cans of beer, 0 Shots of liquor, 0 Standard drinks or equivalent	
Comments	not often	
Drug Use	Never	
<input checked="" type="checkbox"/> Use/week		
Types		
Comments		
Sexual Activity	Never	

Key: - Filed to History | - Duplicate | - Conflict | - Pertinent Negative

Refer to the Key for meaning of icons

- If the patient has duplicate responses, an error message will appear.

4. Click **File & Close**.

Select/Clear All

Restore Close

File File & Close

Previous Next