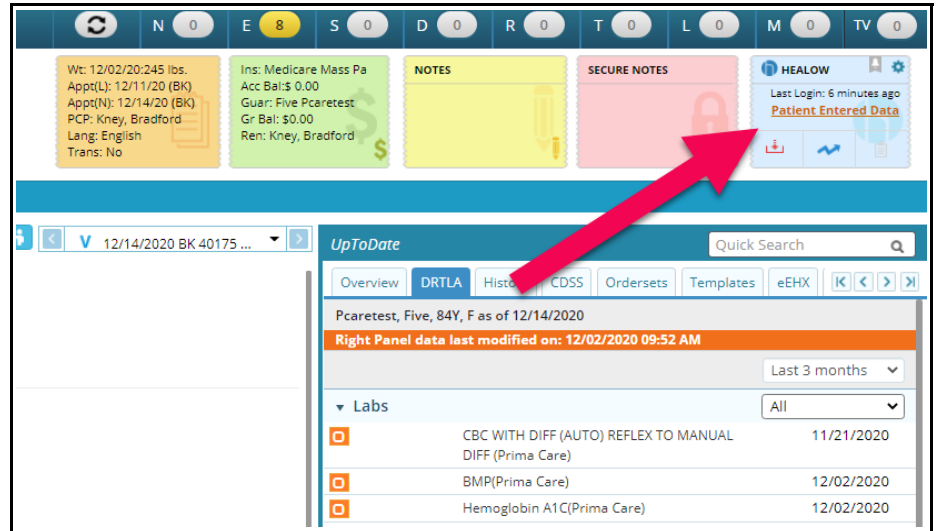


# Working with Questionnaires on the Health Portal

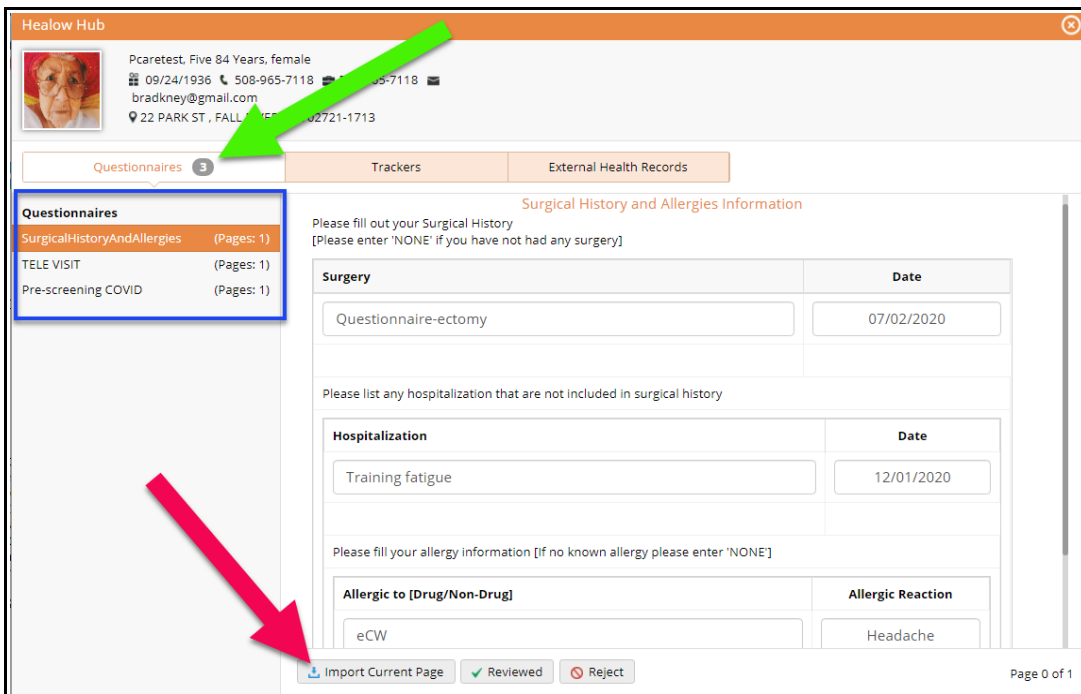
## eCW 11e

The Prima CARE Health Portal includes a patient history form, as well as a number of questionnaires. The questionnaires include general review of systems forms, a COVID symptom form, a pre-Fibroscan form, the Epworth Sleepiness Scale, and more. These forms can be completed by the patient on the Health Portal from home, and then imported into the patient's progress note during the visit (whether an in-office visit or a telehealth visit).

In the patient's progress note screen, click on the “Patient Entered Data” in the Healow Hub.



In the Healow Hub, you can see that Five Pcaretest filled out 3 questionnaires (green arrow). These questionnaires are listed in the box highlighted in blue. The first questionnaire is selected in this screenshot, and can be viewed in the right panel.



Once the form has been reviewed, it can be imported into the current note (red arrow).

Here you can see that the surgical and hospitalization history was imported into Five Pcaretest's chart.

**Surgical History** (Pcaretest, Five -12/14/2020 09:30 am, OV)

Pt. Info Encounter Physical Hub

Surgical HX

Enter keyword

	Date (Mo/Yr)	Surgery
1	07/02/2020	Questionnaire-ectomy
		Write text and Press Enter

Hospitalization

Enter keyword

	Date (Mo/Yr)	Reason
1	12/01/2020	Training fatigue
		Write text and Press Enter

One BIG problem with this workflow is that the data imported from the questionnaire writes over any existing history.

In this example, the surgical history PRIOR to this visit is shown below:

**Surgical History**  
 CCY 2/13/19  
 Apendectomy 6/1/19  
 Inguinal hernia repair - right side 7/28/20

This is no longer in the patient's chart. So it is best to REVIEW the surgical history and hospitalizations provided by the patient on the Portal, but DO NOT import the data. If new data is entered by the patient, I suggest the medical assistant, nurse, or provider enter it manually into the current progress note.

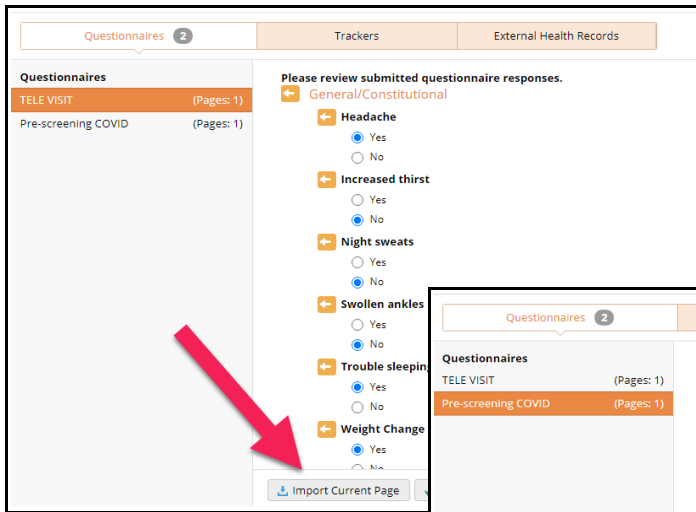
**Allergies** Allergy Log  N.K.D.A  Allergies Verified

Rx Drug Based Medisp... OR NonDrug Based

Agent/Substance	Reaction	Type	Status	Criticality	Onset Date
eCW	Headache		Active		
add/select a value and press Enter	add/select a value	--- Select ---	Active	Select	

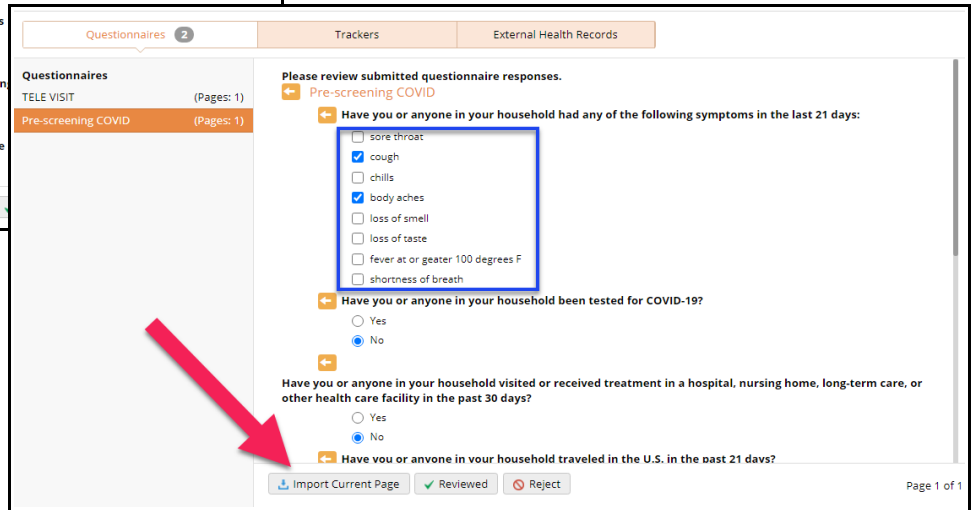
Likewise, the new adverse effect is imported to the chart, but this wipes out the previous allergy list – definitely NOT a good idea. So DO NOT import allergies from the Health Portal – enter them manually into the chart.

**Allergies**  
 ragweed: sniffles - Allergy - Criticality Low  
 Lisinopril: angioedema - Allergy - Criticality High  
 Allopurinol: rash - Allergy - Criticality High  
 Januvia: severe rash - Allergy - Criticality High



The forms are a different matter – it does make sense to import these into the review of systems section of the patient visit.

Clicking on the “Import Current Page” brings these questionnaires into chart.



ROS:

General/Constitutional  
 Increased thirst No. Trouble sleeping Yes. Swollen ankles No. Weight Change Yes. Headache Yes. Night sweats No.

PRE-SCREENING COVID 19  
 Have you or anyone in your household had any of the following symptoms in the last 21 days: cough, body aches. Have you or anyone in your household been tested for COVID-19? NO. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days? No. Have you or anyone in your household traveled in the U.S. in the past 21 days? Yes. Have you or anyone in your household traveled on a cruise ship in the last 21 days? No. Are you or anyone in your household a health care provider or emergency responder? No. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19? No. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? No. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? No.

Endocrine  
 Cold intolerance No. Difficulty sleeping Yes. Frequent urination No. Heat intolerance No. Fatigue Yes. Increased drinking No.

Note that forms with checkboxes only (see the first question in the COVID pre-screening questionnaire) import ONLY the positives, not the negatives (blue rectangles in the last 2 screenshots).

Brad Kney, MD  
 December 14, 2020