

WOLF EMR Data Mapping



WOLF EMR

- Sent to Netcare (CED Report) and HDR
- Sent only to healthcare data repository (HDR)
- Sent to CPAR and healthcare data repository
- Sent to Netcare, CPAR and HDR

TEST, LADY A (Mary)

Name: TEST, LADY A (highlighted in orange)

Primary Service Provider: Baker, Bill (highlighted in orange)

Address: 123 Main Street, Edmonton, Alberta (highlighted in orange)

Birthdate: 29-Aug-1954 (highlighted in orange)

Gender: Female (highlighted in orange)

Referral Expiry Date: (highlighted in green)

Referral Justification Date: (highlighted in green)

Relationship: Son (highlighted in orange)

Referred By: Charles, John Dr. (highlighted in orange)

Appointment Detail

Patient: TEST, LADY A

Service Provider (Physician): McCaffrey, Barbra M (highlighted in orange)

Appt With: McCaffrey, Barbra M (highlighted in orange)

Reason: DM FU (highlighted in red)

Appointment for: Type: Clinic Hours (highlighted in red)

Scheduled: 30/Mar/2020 (highlighted in red)

Location: Toward Optimized Practice (highlighted in orange)

TEST, LADY A (Mary)

VITALS - BP: 120/80 (highlighted in red)

Height: 170 (highlighted in red)

Weight: 76 kg (highlighted in red)

BMI: 26.3 (highlighted in red)

Diagnosis: Diabetes Mellitus -Type 2- Non Insulin Dependent (highlighted in red)

Referrals: CARDIOLOGY (highlighted in blue)

TEST, LADY A (Mary)

Current Diagnosis: Diabetes Mellitus -Type 2- Non Insulin Dependent (highlighted in red)

Onset: 19/11/2019 (highlighted in blue)

Existing Referral from March 30, 2020

Referral MD: Baker, Bill, M.D. (highlighted in orange)

Primary (To): Tester Test -CARDIOLOGY- (highlighted in red)

Referral Reason: Diabetes Mellitus - (highlighted in red)

Appt Date/Time: (highlighted in red)

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Vaccinations

TEST, LADY A (Mary) PHN 12346-6789

Born: 29-Aug-1954 (65 yr) Sex: F Status: N/A
 123 Main Street, Edmonton AB H C (780) 555-5555 Pri: John Charles W

Log Multum Primary Immunizations have been Completed for Patient

***Vaccination Date:** 19-Nov-2019

Location: Toward Optimized Practice
 Administration Facility: Clinic
 *Administered By: Physician/Nurse Prac
 Baker, Bill, M.D.

*Vaccine: Influenza

*Lot #: 2440 Expiry: 14-Jan-2015

Route: mL Dbl-Click to Edit Master List

*Vaccination Injection Site: L Deltoid

Clinical Records

TEST, LADY A (Mary) PHN 12346-6789

Born: 29-Aug-1954 (65 yr) Sex: F Status: N/A
 123 Main Street, Edmonton AB H C (780) 555-5555 Pri: John Charles W

Allergy To: Medication Category Vaccine Type Other

Ibuprophen

Clinical Status: Active

Certainty: Reaction: Symptoms: Note:

Date Noted: 19-Nov-2019

Physicians / Service Providers in Clinic

Office Service Provider: Baker, Bill

Name / Address | Other Data | Company / Bank | Locum / Work Coverage | Billing | Skills | Security | PCR | Shared Health Exchange

Uses Billing Bill to Patient Physician Confirm Patient / Service Provider when entering New Bill Increment Encounter Number

GST Registration Number: Province Billing

Practitioner Number: 929430008 Default Payee Number: 6896100 Payee Numbers:

Uses Clinic Diagnostic Codes (NOT Prov Codes) Birthdate Required on Province bills

Default Service Location: Facility: <No Default> Functional Center:

Configuration

PBF Configuration HL7 Lab Configuration Billing Configuration

Clinic Address / Phone Runtime Configuration Appointment Configuration

Clinic Name: Toward Optimized Practice

Address: 12315 Stony Plain RD

City / Town: Edmonton Province / State: Alberta

Country: Canada Postal Code: T2R 0S9

Phone: (403) 555-1234 Fax: (403) 555-2345

gMail: food@hotmail.com

Physicians / Service Providers in Clinic

Office Service Provider: Baker, Bill

Name / Address | Other Data | Company / Bank | Locum / Work Coverage | Billing | Skills | Security | PCR | Shared Health Exchange

Name: Title: Dr. Family: Baker Given: Bill Middle:

Phone Numbers: Home: 604-589-9658 Pager: 604-587-7845 Cellular: 604-586-9658

Qualifications: Credential: M.D. Speciality: General Practice

Resource Type: Practitioner Primary Location: Toward Optimized Practice Initial Group: