

Electronic Medical Record



(sample chart – not a real patient)

body, anne e (Calvin (they)) - Client #: 10153179 4/12/1984 - *F - 33 yrs

OpenRegistration v12.10 - Edit Client Registration

General | **Address** | Academic | PCP | Emergency Contact | Parent/Guardian | Guarantor | Comment

Title: **Last Name: body **First Name: anne Middle: e Suffix: Is Subscriber (Non-client):

Preferred Name: Calvin (they) **DOB: 04/12/1984 **Sex: Female Gender Identity: Male Sex Assigned at Birth: Female Marital Status: Living w/ partner

Preferred Language: Spanish Race/Ethnicity: Amerind, Native Ala:

- | | | | |
|---|--|---|--|
| <p>Automatically populated from Registrar</p> <ul style="list-style-type: none"> Female Male Unknown | <ul style="list-style-type: none"> Female Male Transfemale/MTF Transmale/FTM Transgender Gender Non-Conforming Different Identity | <ul style="list-style-type: none"> Female Male Other | <ul style="list-style-type: none"> Single Married Domestic Partnered Divorced Separated Widowed Unknown Living w/partner |
|---|--|---|--|