



HEALTH CENTER WORKFLOW TEMPLATE Health Center Name: _ Names of Staff Completing this Template Repeat as needed for each shipment received name) identifies patients for first invites- working off a May provide patient with Patient Info Sheet and Patient Agreement Form for patient signature at this (staff name) scans and saves it in ___ (location in patient's medical record) This Registration Visit will be distinguished in the EHR by _____(visit type, reason for visit, etc.) helps participating patients to register for the program in Wellocity. Info Sheet and Patient Agreement Form for patient signature at this time. If Patient Agreement Form is signed, _____ (staff name) scans and saves it in

Patient is scheduled by .

Up Visit will be distinguished in the EHR by

_(staff name) for a



