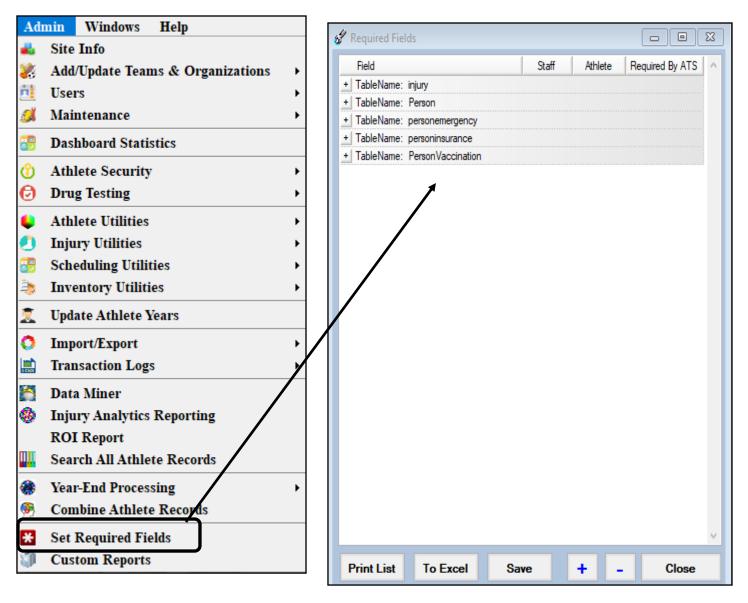
ATS—Setting Required fields for Demographics and Injury Documentation

ATS allows you the customizability and flexibility to set and require specific bits of demographic information as well as injury documentation information, insurance and emergency contacts. You can require these fields to be completed by both athletes and staff; this document will highlight the staff features. For Athlete Portal, see the <u>Patient Portal</u> Set Up help doc.

To set the required fields select Admin—> Setting Required Fields. That will open up the screen shown below.

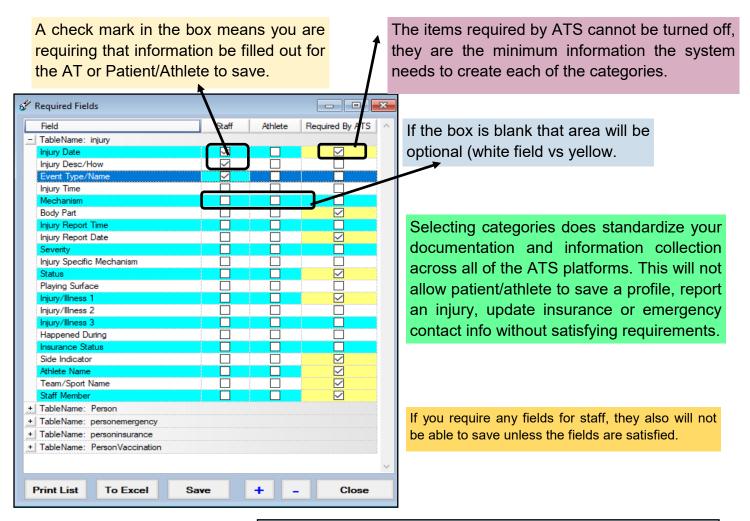
There are a few things required by ATS that are already marked (required by ATS cannot be turned off or changed). You are able to set different input requirements between staff and the patients/ athletes.



ATS—Setting Required fields for Demographics and Injury Documentation

Injury Documentation:

Once you have the required fields menu open, select the sign + next to the area you wish to work with. Once open you will see the areas that you can make required.



The areas you marked required will appear yellow/ tan instead of white indicating that information is required. The injury will not save if all the required areas are not completed.

General Injury Info	Injury Desc/How	Athlete	Name: Backstr	oke, Charley		<u> </u>		Status: Cu	rrent	-
Body Part		•	 Injured: Reports 					_ ¥ 🔽	Reinjury? 🗌 Mar	Follow-Up k for review
			Report			1	_	S 💿 🔽		Required
No			 Rtn to F 		~ CL	Days: (Seas	son Ending
		-	 Resolve 		✓ CL	Days #	## 1	Resolution:		-
Side:	-	0	Happened dur	ng:		•	U	Athletic Trainer:	🚺 Bypas	ss NCAA/HS?
MOI:		· 🕀	Playing Surface	* *		•	Ð	Ashley Sham		
SMOI:		• 🕀	Event Type/Na	ne:		•	Ð	Team:		
Severity:		• 😜	Surgery Requi	red? 🗌 on	1.1	V CL		Ins Status:		
Modality Rehab Li Date	mitation Service 1	lotes/SOAP No	otes Evaluations Modalities	Notes/More		Forms St Time	rength	NCAA/HS Invo Note(s)	bice Tracking	Modalities
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Record:	0 Of 0 🕨	• • • • • • • • • • • • • • • • • • •							>	Details
Record: 14 4	Of 0	• • • • • • • • • • • • • • • • • • •	Claim	Claim				DJO Submit		Details Print

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Person/Demographics:

💞 Required Fields			- • ×
Field	Staff	Athlete	Required By ATS
+ TableName: injury			
 TableName: Person 			
Additional Name 1			
Additional Name 2			
Additional Name 3			
Additional Name 4			
Primary Address	\checkmark		
Alternate Address			
Allergies			
Alternate ID			
Alternate Phone			
Birthday			
Blood Type			
Cell Number			
Primary City			
Alternate City			
Primary Country			
Alternate Country			
Current Medications			
Driver License			
Email			
Employment Status			
Ethnicity			
Family Physician			
First Name			
Gender			
IDNumber			
Languages			· · · · · · · · · · · · · · · · · · ·
Print List To Excel Sa	ve	+ -	Close

\rm Athlete - ,

The Person table allows you to set required fields in the athlete demographics area. You can choose different or the same requirements for staff or athletes. This will be required no matter the module used to enter the information.

CTP Status

Status

A Position/Dis As Of

CTP Date

The areas you have made required will appear yellow/ tan. The entry will not be saved until all required areas are completed.

have made opear yellow/ will not be	Phone: Year:
equired areas	Address/Other Additional Info Academic Eligibility Custom Addr Name 1 Driver #: Scholarship Country: Language: Passport #: Red Shirt C/S/Z: Copy From Last Physical: / / ぐ CL Country: Phone: Physical Expires: / / ぐ CL Street: Country: Signature on File / / ぐ CL C/S/Z: Employed: Wantal: ✓
	Communications Twitter andle: Cel: Text #: Text #: Pace: Pa

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Team/Sport/Even

Emergency Contacts:

🖌 Required Fields)		
Field	Staff Athlete	Required By ATS			
+ TableName: injury	oran / enioro	rioquirod by riro			_
+ TableName: Person			The emergency	/ contact area c	an be
- TableName: personemergency			customized as	well, allowing	you to
Contact Text#				, 0.	•
Contact Cell#			collect the inforr	mation your orgar	lization
Contact Email			needs Again v	ou can choose d	ifferent
Contact Entail					
Contact Notes			or the same re	equirements for s	staff or
Contact Phone			athletes.		
Contact Work#					
		···•.			
Contact Employed Employer Address					
Employer City					
Employer Phone					
Employer State					
Employer Zipcode					
Contact Employer Contact Relationship					
· · · · · · · · · · · · · · · · · · ·					
Contact Sort Order					
+ TableName: personinsurance					
+ TableName: PersonVaccination					
Print List To Excel Save	+ -	Close			
	😂 Athlete - ,				
	Minor	Archived	Cleared to Play / /	CL CTP Status:	~
The evene year have	Name:		Team/Sport/Event	Status 🔺 Position/Dis As Of	CTP Date
The areas you have	(First)	(MI) (Last) Year:			
marked required will be	Gender:	DOB: / / V CL			
·					
a tan/yellow. The entry	Email:	Age 0	Record: 14 4 0 0F 0 0 01 0		>
will not save until all	Expiring Insurat			Comp Cognitive Concuss Complete	Card View
required areas have			eneral Insurance Emergency eFiles & Do	ics Additional Info Strength	Emergency
required areas have	Name #	t Relation Text Number Work Phone	Employed Employer Name Employer Address		Remove
been completed.	Phone Ce		Employer City	Employer State Employer Zipcode	
	Notes 0		Employer Phone		Сору
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	11				Add From Reg
	Record:	0 Of 0 🕨 📲 🕨			Card View
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					Athlete ID
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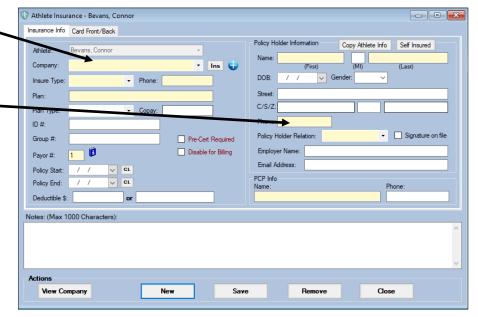
3

Field	Staff	Athlete	Required By ATS
+ TableName: injury			
+ TableName: Person			
+ TableName: personemergenc	y		
- TableName: personinsurance			
CoPayNote			
GeneralNote			
GroupNumber			
IDNumber			
Insurance Company			
InsurancePhone			
Insurance Type			
Card Back Image			
Card Front Image			
Front/Back Card Image			
Payor Level			
PCPName			
PCPPhone			
Insurance Plan			
Insurance Plan Type			
Deductable			
Deductable(Text)			
Policy End Date			
PH City			
PH Dob			
Policy Holder Email			
PH Employer Name			
PH First Name			
PH Gender			

Athlete Insurance:

You can require as much or as little insurance information as you would like. You are also able to require a picture of their card be uploaded prior to saving. Again, you can choose different or the same requirements for staff or athletes.

The areas you have made required will be yellow/tan in color. The entry will not be saved until all areas have been completed.



Vaccination Information:

	Field	Sta	ff Athl	ete Re	quired By ATS	s
+	TableName: injury					-
	TableName: Person					
+	TableName: personemergency					
	TableName: personinsurance					
-						
	Admin By			7		
	Lot No			3		
	Manufacturer		j	j		
	Comments]		
	Vaccination Status	Ĺ	J	<u>ן</u>		
	Vaccination Type]		
	Rec Location		J]		
	Shot 1 Date]		
	Shot 2 Date] []		
	Side Effects]		
	Card Image			2		
_		Save				

Vaccination requirements, were specifically added for COVID-19. This area could be utilized for any vaccination you would like to make as required information to be entered.

This section, unlike the others has no requirements from ATS. With differing rules/regulations and standards throughout, we thought best to have you set your own information.

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