

## NEW PATIENTS

TESTPATIENT, WMC 

Patient Account 

Patient Appointments 

Documents 

Health Maintenance 

Review Medical Record 

Patient Summary

Allergies

Immunizations

Medical History

Medications

Orders

Problem List

Social History

Message a Provider 

### Patient Summary for: TESTPATIENT, WMC

Start Date   End Date   [Download](#) [Amend My Record](#)

<b>WMC TESTPATIENT</b>	
<b>Date of birth:</b>	January 1, 1983
<b>Sex:</b>	Female
<b>Language:</b>	English
<b>Race:</b>	no information
<b>Ethnicity:</b>	no information
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- ALLERGIES, ADVERSE REACTIONS, ALERTS
- MEDICATIONS
- PROBLEMS
- PROCEDURES
- RESULTS
- ENCOUNTERS
- FAMILY HISTORY
- FUNCTIONAL STATUS
- IMMUNIZATIONS

1. Log into your portal at least 20 min prior to your first appointment
2. Click Review Medical Record
3. Complete Allergies, Medical History, Surgical History, Family history, Medications, Social History (alcohol and tobacco use)