Supported Specialty WebEOC Boards

$M\Delta RT (V_{C})$	lunteer M	edically-relate	d Access Requ	lests)	Incide	ent Depender
		-	Ť			1
escriptior	1: This bo	ard captures	and tracks m	edically-related	access rec	quests and the
olunteer re	sponse.					
ews: The	re is one l	list view for th	his board that	provides full ac	cess for the	e users.
				e call, the facili		
					ly needing	
e appointi		/time and sta		лт.		
-1-1 2047						
aining - 2017			VMART			
New Entry			Search	Clear Search		Filter By Stat
						Iter for Flag: All
Date/Time of Call 03/09/2017 13:44:42	Facility Name Dr. Joe's Office	Appointment Date/Time 03/14/2017 13:45:13	Appointment Confirmed	Status In Progress	Last Updated 03/20/2017 09:13:11	Action Edit Details Map
03/06/2017 11:27:53	CVS Pharmacy	03/06/2017 19:00:00	\checkmark	New Request	03/13/2017 13:43:25	Edit Details
03/02/2017 10:59:33	Hospital	03/04/2017 10:59:44	\checkmark	Completed-Returned Home	03/07/2017 10:15:25	Edit Details Map
03/05/2017 14:02:43	Doctor's Office	03/07/2017 14:06:01	\checkmark	Destination Reached	03/07/2017 09:43:22	Edit Details Map
сс • D	earch cap	fields for spe	cified text	e, Call Reason, atus by using th		
• S		•	cility Name b	by clicking on the	e correspor	nding column
• D	etails butt	on to view de	etails for the r	equest.		
				ng call record.		
		•	•	er is generally lo	aatad	
• 1/1	iap Capab	muv lo view w	песе песаш			
	• •			• •	Jourou.	

• *New Entry* button to create a new call record.

Variations: None



Supported Specialty WebEOC Boards

Sector data is a given in the image is a given in t		mergency Contact information.
AACCC Sul Many Bane		
Sind Production Beesen for da Clinital Transplantion Namedia Clinital Transplantion Namedia Staff Nome Clinital Transplantion Namedia Staff Nome Clinital Transplantion Namedia Name Transplantion Clinital Transplantion Namedia Clinital Transplantion Namedia Name Transplantion Name Transplantion Clinital Transplantion Namedia Name Transplantion Name Transplantion Clinital Transplantion Clinital Transplantion Clinital Transplantion Clinital Transplantion Name Transplantion Clinital Transplantion Name Transplantion Clinital Transplantion Clinital Transplantion Clinital Transplantion Clinital Transplantion Name Transplantion Clinital Transplantion </th <th></th> <th></th>		
<pre>inter tead</pre>	-	
Reserved of a dynamic and		
Clief Insportion Needs	Starr Email:	
Caurtor driptime Field where Field where Sourceter freework Converse Converse Caurtor freework Caurtor Caurtor<	Reason for Call:	0
<pre>is spokenet contracts Fieldy Address Fieldy Ad</pre>	Critical Transportation Needed:	
Faily, Name Sinvolvate Rance Views Sourchase Rance Views <		
Faith Adda As Successful to an index of the second of t	,]
Source Reverse Markey who scale that is the second construction of the factor of the factor for treatments by a construction of the factor		
<pre>bit best determined by best</pre>		
Energency_Context Section Manne:	Are there neighbors/family who could help:	
Basedine Histopast	Does the client have resources to pay a contractor:	
Sinc Image: Since Add Comments Image: Since Caller/Client's Name Image: Since Cander Image: Since Canditional information Image: Sinc		v
Connext		
Clear Information Section Caller/Client's Name Home Proces Cell Phone Cost the client have 72 hours supply of 10d and reliant Phone Does the client have 72 hours supply of 10d and reliant Phone Multicitation Cost the client have 72 hours supply of 10d and reliant Phone Cost the client have 72 hours supply of 10d and reliant Phone Cell Phone Cost the client have 72 hours supply of 10d and reliant Phone Cost the client have		V
Cleant Information Section Caller/Cleant's Name Home Phone Cell Phone Cost the client have 72 hour supply of food and cell rest Additional Information Does the client have 72 hour supply of the dame Additional Information Cell Phone		
Caller/Client's Name: Home Phone: Call Phone: Email: Address: Type of Neighborhood: Gender: Ape: Anbulstory: Other Medical Condition(Concert: Manual: Does client have 72 hours supply of food and wate: Does the client have power: Does the client have power: Does the client have source of heat: Additional Information: Phone:	Add Comments:	
Caller/Client's Name Home Phone Call Phone Enalt Address Type of Neighborhood Gender: Age: Anbulatory: Other Medical Condition/Concert: Other Medical Condition/Concert: Other Medical Condition/Concert: Does the client have 72 hours supply of load and water Matheware Additional Information: Emergency Contact Section Name: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone:		
Home Phone Cell Phone Email Address Type of Neightonhood Gender: Age: Anbulatory: Cher Medical Constitution Gender: Age: Anbulatory: Cher Medical Constitution Other Medical Constitution Other Medical Constitution Other Medical Constitution Does dient have 72 hours supply of food and water: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Does the client have 72 hours supply of medication: Matter in the food of the client have 72 hours supply of medication: Matter in the food of the client have 72 hours of the client have 72 ho	Client Information S	ection
Cell Phone Email Address Type of Nejborhood: V Cender: Age: Age: Age: Age: Age: Condent:	Caller/Client's	Name:
Email: Address: Type of Neighborhood: Cender: Orgender: Age: Age: Age: Age: Age: Age: Age: Age: Cender: Age: Age: Age: Age: Age: Age: Age: Age: Andbiator; Cender: Age: Age: Ambulator; Does the client have 72 hours supply of food and water Does the client have 72 hours supply of food and water Does the client have power: Phone: <	Home	Phone:
Address Type of Neighborhood. Length of driveway and geographic situation. Gender: Ancoulatory: Other Medical Condition/Concern: Obes the client have 72 hours supply of Condition/Concern: Does the client have power: Does the client have source of heat: Additional Information: Phone: Phone: Phone: Phone: Phone: Phone: <	Cell	Phone:
Type of Neighborhood: Length of driveway and geographic situation: Gender: Age: Age: Age: Age: Age: Ambulatory: Other Medical Condition/Concern: Does client have 72 hours supply of food and Does the client have 72 hours supply of a medication: Does the client have power: Does the client have source of heat: Additional Information: Emergency Contact Section Name: Phone: Phone: Phone: Poefault Features • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability		Email:
Type of Neighborhood: Length of driveway and geographic situation: Gender: Age: Age: Age: Age: Age: Ambulatory: Other Medical Condition/Concern: Does client have 72 hours supply of food and Does the client have 72 hours supply of a medication: Does the client have power: Does the client have source of heat: Additional Information: Emergency Contact Section Name: Phone: Phone: Phone: Poefault Features • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability	A	ddress: Get Address Map It
Length of driveway and geographic situation:		
Gender: Age: Age: Andulatory: Andulatory: Does client have 72 hours supply of food and water: Does the client have 72 hours supply of . Does the client have supply of . Does the client have supply of . Does the client have power: Does the client have supply of . Additional Information: Relationship to Client: Phone: Phone: Relationship to Client: Oefault Features Spell Check button to ensure correct spelling Drop down lists to maintain data consistency Mapping Capability		
Age:		
Ambulatory: Other Medical Condition/Concern: Does defent have 72 hours supply of food and wate: wate: Does the client have 72 hours supply of medication: Does the client have power: Additional Information: Phone: Phone: Phone: Phone: Phone: Phone: Image: Phone: Default Features Spell Check button to ensure correct spelling Drop down lists to maintain data consistency Mapping Capability		
Other Medical Condition/Concerning Does client have 72 hours supply of food and water Does the client have 72 hours supply of good and medication: Does the client have power: Does the client have source of heat Additional Information: Additional Information: Phone: Phone: Phone: Phone: Default Features Spell Check button to ensure correct spelling Drop down lists to maintain data consistency Mapping Capability	Amb	
Dees client have 72 hours supply of food and water Dees the client have 72 hours supply of medication: Dees the client have power: Dees the client have power: Additional Information: Emergency Contact Section Name Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: P		
water: Does the client have 72 hours supply of		
medication: Does the client have power: Does the client have source of heat: Additional Information: Additional Information: Emergency Contact Section Name: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone:		water:
Does the client have power: Does the client have source of heat: Additional Information:		
Does the client have source of heat: Additional Information: Emergency Contact Section Name: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: </th <th></th> <th></th>		
Additional Information:		· _
Emergency Contact Section Name: Phone: Phone: Relationship to Client: V Default Features • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability		
Emergency Contact Section Name: Phone: Phone: Relationship to Client: V Default Features • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability		
Name: Phone: Phone: Phone: Relationship to Client: Image: Spell Check button to ensure correct spelling • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability	Additional Infor	nation:
Name: Phone: Phone: Phone: Relationship to Client: Image: Spell Check button to ensure correct spelling • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability		
Phone: Relationship to Client: Default Features • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability	Emergency Contact Sectio	1
Relationship to Client: Image: Client: Default Features • • Spell Check button to ensure correct spelling • Drop down lists to maintain data consistency • Mapping Capability	Name	
 Default Features Spell Check button to ensure correct spelling Drop down lists to maintain data consistency Mapping Capability 	Phone	
 Spell Check button to ensure correct spelling Drop down lists to maintain data consistency Mapping Capability 	Relationship to Clien	
Drop down lists to maintain data consistencyMapping Capability	Default Features	
Drop down lists to maintain data consistencyMapping Capability	 Spell Cl 	eck button to ensure correct spelling
Mapping Capability		
	 Drop do 	wh lists to maintain data consistency
	 Manning 	ı Capability
Cneck boxes for easy recording		



Supported Specialty WebEOC Boards

7:53 mail.com h 1000 lerndon VA 22901 <u>Glient information Sect</u>			
mail.com 1 3 00 Ierndon VA 22901			
1 200 Iemdon VA 22901			
1 200 Iemdon VA 22901			
1 200 Iemdon VA 22901			
2.00 Ierndon VA 22901			
lemdon VA 22901			
lemdon VA 22901			
Gilent information Sect			
Client Information Sect			
Gilent information Sect			
<u>Client information Sect</u>			
<u>Client Information Sect</u>			
Client Information Sect			
Client Information Sect			
	<u>n</u>		
ve Rd. Centreville, VA. 20121-2517			
s very upset.			
Emergency Contact Sec	on		
		h is very upset.	h is very upset.

Variations: None