



Healthcare Patient Intake & Registration Workflow Checklist 2026

Pre-Arrival & Appointment Verification

Steps to validate patient identity, appointment details, and insurance coverage prior to physical arrival.

Appointment Date

Scheduled Appointment Time

Patient Full Name

Appointment Type

- ☐ New Patient
- ☐ Follow-up
- ☐ Urgent/Walk-in
- ☐ Telehealth

Pre-Arrival Tasks Completed

- ☐ Insurance Verified
- ☐ Referral Received
- ☐ Pre-Registration Form Completed

Scan of Referral Document

 Upload File

Patient Identification & Demographic Collection

Protocol for verifying legal name, date of birth, contact information, and emergency contact details.

Legal First and Last Name

Write something...

Patient Date of Birth

Enter date...

Primary Phone Number

Write something...

Residential Address

Write something...

Gender Identity

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

Government Issued ID Scan

 Upload File

Patient/Guardian Verification of Accuracy

Insurance Verification & Authorization

Procedures for scanning insurance cards, verifying active coverage, and confirming required prior authorizations.

Primary Insurance Carrier Name

Write something...

Insurance Member ID Number

Write something...

Insurance Policy Effective Date

Enter date...

Insurance Type

- ☐ PPO
- ☐ HMO
- ☐ Medicare
- ☐ Medicaid
- ☐ Commercial/Private
- ☐ Self-Pay

Required Authorizations Verified

- ☐ Prior Authorization Obtained
- ☐ Referral Validated
- ☐ Network Status Confirmed

Insurance Card Scan

 Upload File

Registrar Verification Signature

Consent & Legal Documentation

Management of HIPAA privacy notices, general consent for treatment, and financial responsibility forms.

Date of Consent Signing

Documents Reviewed

- ☐ HIPAA Privacy Notice
- ☐ Consent for Treatment
- ☐ Financial Responsibility Agreement
- ☐ Release of Information (ROI)
- ☐ Telehealth Consent Form

Scanned Signed Documents

 **Upload File**

Registrar Verification Signature

Patient Identity Verified via ID

☐ Yes

☐ No

Medical History & Clinical Screening

Initial collection of allergies, current medications, and preliminary screening for high-risk symptoms.

Known Allergies

☐ Penicillin

☐ Latex

☐ Sulfa Drugs

☐ Peanuts

☐ None

Current Medications & Dosages

Write something...

Blood Type

- ☐ A+
- ☐ A-
- ☐ B+
- ☐ B-
- ☐ AB+
- ☐ AB-
- ☐ O+
- ☐ O-
- ☐ Unknown

Date of Last Major Surgery

Enter date...

Current Body Weight (kg)

Enter a number...

Patient/Guardian Attestation of Accuracy

Payment Collection & Financial Responsibility

Processing of co-pays, outstanding balances, and establishing payment plans for estimated out-of-pocket costs.

Co-pay Amount Collected

Enter a number...

Payment Method

- ☐ Credit/Debit Card
- ☐
- ☐ Check
- ☐ HSA/FSA Card

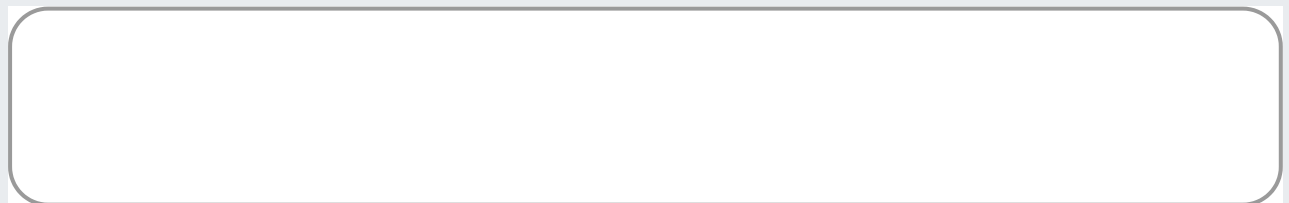
Outstanding Balance Notes

Write something...

Financial Responsibility Forms Signed

- ☐ Financial Policy Agreement
- ☐ Assignment of Benefits
- ☐ Deposit Receipt

Registrar Acknowledgment



Identity Verification & Photo Documentation

Scanning of government-issued IDs and capturing digital photographs to prevent medical identity theft.

Government ID Type

Write something...

ID Document Number

Write something...

ID Expiration Date

Enter date...

Scan/Photo of Government ID

 Upload File

Patient Facial Photo Capture

 Upload File

Verification Checklist Completed

- ☐ Name matches EHR record
- ☐ Photo matches patient face
- ☐ ID is unexpired
- ☐ Address verified

Registrar Verification Signature

Electronic Health Record (EHR) Integration

Final audit of data entry accuracy within the EHR system and ensuring all scanned documents are correctly attached.

Data Verification Checklist

- ☐ Patient demographics matched with ID
- ☐
- ☐ All mandatory clinical fields completed
- ☐ All signed consents uploaded

Scanned Identity Document

 Upload File

Scanned Insurance Card

 Upload File

Last Record Audit Date

Enter date...

Registration Clerk Notes

Write something...

Registrar Verification Signature

Patient Check-In Completion & Rooming Handover

Final communication to the clinical team and physical transition of the patient to the clinical waiting area or exam room.

Check-in Status

- ☐ Completed
- ☐ Pending Additional Info
- ☐ Escalated to Manager

Assigned Exam Room Number

Write something...

Handover Checklist Items

- ☐ Patient vitals updated in EHR
- ☐ All consent forms signed
- ☐ Insurance verified
- ☐ Co-pay collected

Handover Time

Enter time...

Staff Handover Signature

Clinical Notes or Special Instructions

Write something...

< Previous

> Next

🏆 Finish

🔧 Generate Sample Report