



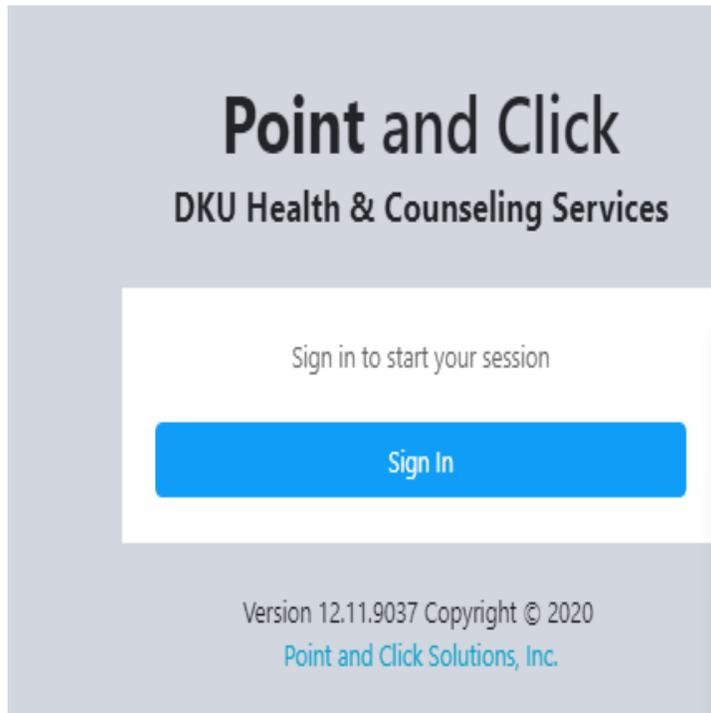
Medical service Point and click for Students



昆山杜克大学
DUKE KUNSHAN
UNIVERSITY

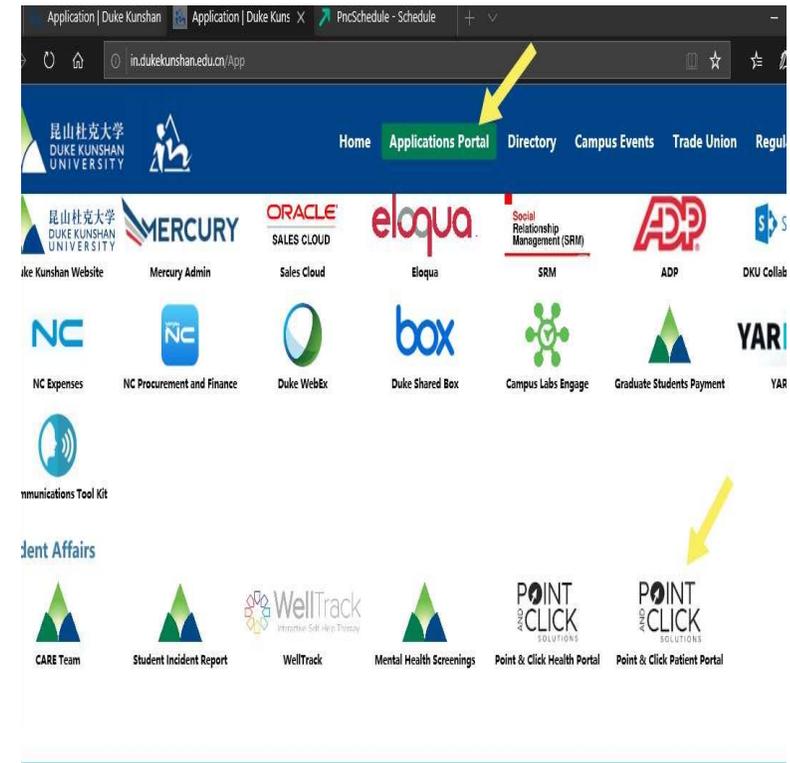
How to Sign in

1. <https://patientportal.dukekunshan.edu.cn/>

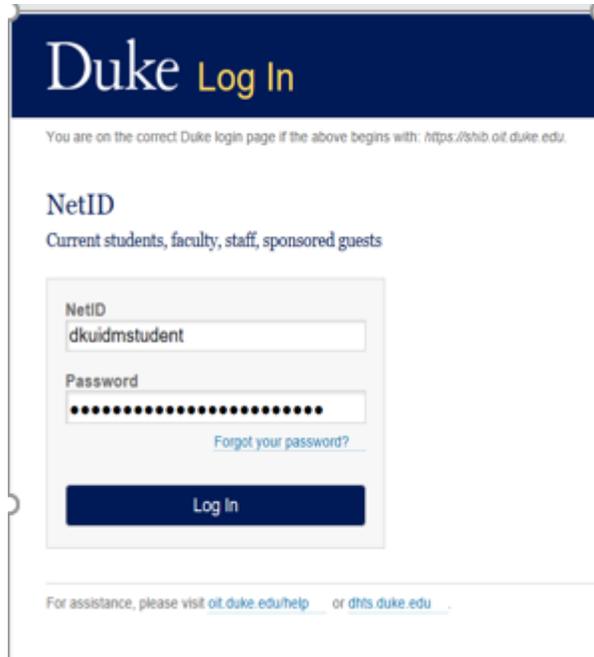


OR

2. Campus intranet applications Portal Point and click



Log in with your Net ID and Password, fill Your DOB for confirmation, then click “proceed”.



Duke Log In

You are on the correct Duke login page if the above begins with: <https://hhb.oit.duke.edu>.

NetID
Current students, faculty, staff, sponsored guests

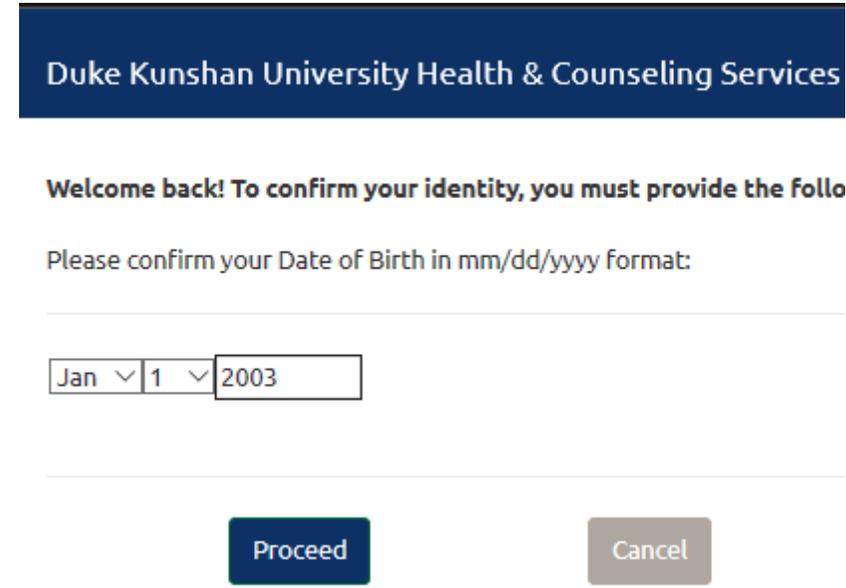
NetID
dkuidmstudent

Password
●●●●●●●●●●●●●●●●

[Forgot your password?](#)

Log In

For assistance, please visit oit.duke.edu/help or dhs.duke.edu.



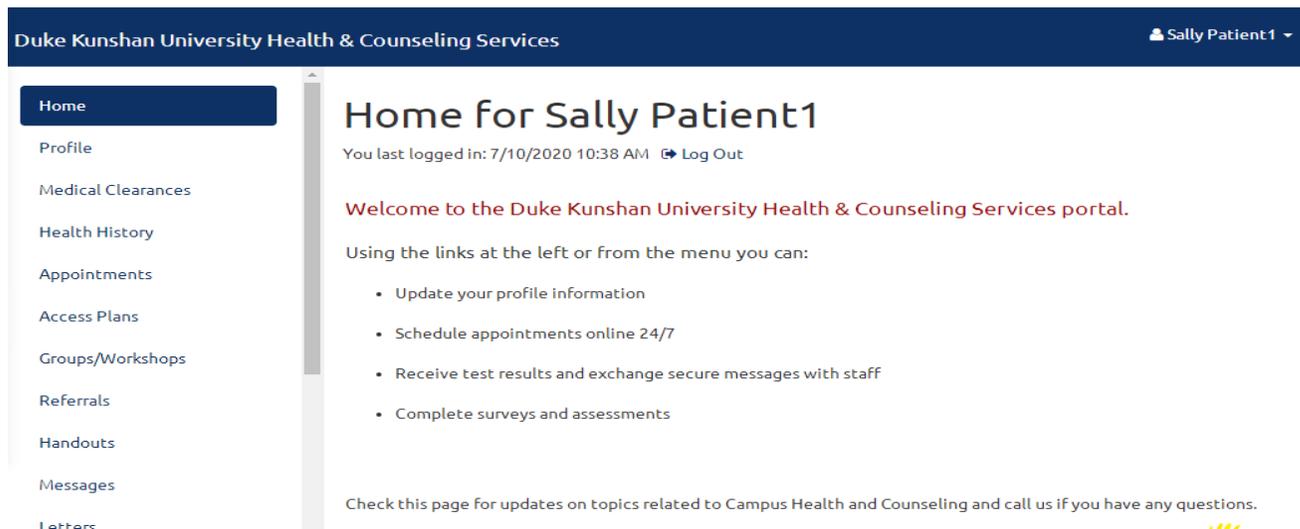
Duke Kunshan University Health & Counseling Services

Welcome back! To confirm your identity, you must provide the follo

Please confirm your Date of Birth in mm/dd/yyyy format:

Jan 1 2003

Proceed **Cancel**



Duke Kunshan University Health & Counseling Services Sally Patient1

Home

- Profile
- Medical Clearances
- Health History
- Appointments
- Access Plans
- Groups/Workshops
- Referrals
- Handouts
- Messages
- Letters

Home for Sally Patient1

You last logged in: 7/10/2020 10:38 AM [Log Out](#)

Welcome to the Duke Kunshan University Health & Counseling Services portal.

Using the links at the left or from the menu you can:

- Update your profile information
- Schedule appointments online 24/7
- Receive test results and exchange secure messages with staff
- Complete surveys and assessments

Check this page for updates on topics related to Campus Health and Counseling and call us if you have any questions.

Profile

Click “edit” to complete your profile correctly

Profile for Sally Patient1

Date of Birth:	January 01, 2003	
Email Address:	patient1@test.edu	
Preferred Name:	Sally	Edit
Gender Identity:	Non-binary	Edit
Pronouns:	They, Them, Theirs	Edit
Local Phone:	(800) 555-1212	Edit
Mobile Phone:	34677	Edit
Text Messaging:	Enabled	Edit

Medical clearances

1. Click “update” ,then read the consent detail information and click “submit Final” to sign the consent .

Attention : You can only get medical service after signing HS Patient Rights , Responsibilities , and Consent to medical care .

The screenshot shows a web interface for medical clearances. On the left is a sidebar with navigation links: Home, Profile, Medical Clearances (highlighted in dark blue with a yellow 'Not Satisfied' badge), Health History, Appointments, Access Plans, Groups/Workshops, Referrals, Handouts, Messages, and Letters. The main content area has a heading 'Medical Clearances' and a list of instructions: 1. Enter the dates of immunization for all immunizations, 2. Upload a copy of your immunization record (Required), 3. Complete your health history. Below this is a note: 'Please note: It is not sufficient to just upload your immunization record requirements.' The overall status is 'Overall Clearance Status: Not Satisfied'. A table lists items required for clearance: CAPS Minor Consent, Health Minor Consent, HS Patient Rights, Responsibilities and Consent to Medical Care (highlighted with a yellow oval), Immunization Record, and Measles. Each item has an 'Update' button. To the right of the table are three checkboxes for consent, each with a corresponding text block. At the bottom right are two buttons: 'Submit Final' (dark blue) and 'Cancel' (grey), each with a text block explaining their function.

1. Enter the dates of immunization for **all** immunizations
2. Upload a copy of your immunization record **(Required)**
3. Complete your health history

Please note: It is not sufficient to just upload your immunization record requirements.

Overall Clearance Status: ✖ Not Satisfied

Items required for clearance:

Clearance	Update
CAPS Minor Consent	Update
Health Minor Consent	Update
HS Patient Rights, Responsibilities and Consent to Medical Care	Update
Immunization Record	Update
Measles	Update

your health.

- It is your responsibility to make sure your clinician understands your health concerns.
- It is your responsibility to consider the information you are given about your care.
- It is your responsibility to yourself and your clinician, if you agree to a course of treatment, to follow including completing medication and returning for follow-up appointment.
- It is your responsibility to be cost conscious, to use the CHCS wisely and to pay any bills promptly, services obtained outside of CHCS are your financial responsibility.

Acknowledgement & Consent

I understand that the information in my medical records will be kept strictly confidential, and securely.**

I acknowledge that the personal health information will be protected and not disclosed to other personnel.**

I am giving permission to the DKU doctors, nurses, physician assistants, and their designates to provide care**

Submit Final Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

Cancel Click here to cancel entering the form
(Currently entered changes will not be saved.)

2. For those who under 18 years old, please click "update" for Health Minor consent, download the 18 parent/guardian medical consent and ask your parent/guardian to sign, then upload the form in the system.

1 of 1



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Please Print Clearly

Name of Student: _____ Date of Birth: _____
DKU ID: _____ Email Address: _____
Name and Phone Number of Emergency Contact: _____

Under 18 Parent/Guardian Medical Consent Form

Hereby I _____ [Printed Name of Student's Parent/
Guardian], as the student's guardian, authorize Duke Kunshan University ("DKU") Student Health Services as my child's health care proxy to make all health care decisions as may be considered necessary or advisable by the physicians at DKU Student Health Services for the student when he/she receives treatment in DKU Student Health Services. These decisions include but are not limited to giving consent to various medically related diagnosis, procedures and treatments.

I understand that this authorization will remain in effect until the student reaches age 18.

Signature of Student's Parent/Guardian

Date

Health Services Minor Consent

Health Services Minor Consent **Upload Needed**

Download the Health Services Minor Consent form if you will be under 18 and will utilize Health Services. Have a parent or legal guardian complete the form and upload it here.

Download

Preview

Download

Upload

Upload

Status: Upload Required

Cancel

Save

3. Click “immunization record” then click “upload” to upload your immunization record (For international students and HTM students only).

You will find the Status will change “Compliant” if you complete the clearance correctly

Immunization Record ✕

Immunization Record **Upload Needed**

Please use the upload button to submit your form.

Upload Received 4/8/2020 8:50 AM

Show Uploaded Document

Status: Upload Required

Additional Uploads

Upload



Cancel Save

Items required for clearance:

Clearance		Status	Details
CAPS Minor Consent	Update	✗ Not Compliant	No Data ⓘ
Health Minor Consent	Update	✗ Not Compliant	No Data ⓘ
HS Patient Rights, Responsibilities and Consent to Medical Care		✓ Compliant	Satisfied ⓘ
Immunization Record	Update	✗ Not Compliant	No Data ⓘ

Health History

- 1. Click “additions/changes are needed to updated your new medical history: allergy , medication , surgeries...”
- 2. Click “add” to update your health history
- 3. Always click “save” to update your new information

Duke Kunshan University Health & Counseling Services

Home
Profile
Medical Clearances **Not Satisfied**
Health History
Appointments
Access Plans
Groups/Workshops
Referrals
Handouts

Health History for Sally Patient1

You last reviewed your health history on: 7/10/2020 7:10 AM

Please review your allergies, medications, and personal health history below and click the appropriate button.

Additions/changes are needed **Looks good**

Allergies

The Item You Are Allergic To	Type of Reaction
Pollen; Reaction: sneezing, itchy eyes; Onset: childhood (Submitted)	
Air freshener	Difficulty Breathing

Medications

Home
Profile
Medical Clearances **Not Satisfied**
Health History
Appointments
Access Plans
Groups/Workshops
Referrals
Handouts
Messages

Air freshener Difficulty

Add **No Known Allergies**

Medications

Name of Medication

ALPHACLAV DUO 500/125, ALPHACLAV DUO FORTE 875/125

Add **No Current Medications**

Medical Conditions

Appointments :

1.click “schedule an appointment” ,then select “health service”

Duke Kunshan University Health & Counseling Services

- Home
- Profile
- Medical Clearances **Not Satisfied**
- Health History
- Appointments**
- Access Plans
- Groups/Workshops

Appointments for Sally Patie

[Schedule an appointment](#)

Please be sure to fill out your Visit Questionnaire before your appointment

Currently scheduled appointments

- **Tuesday, July 14, 2020 2:20 PM with GAO, HUI (MONA) MD**
for a PC visit at Health Services Rm 1024
Checked in: Tuesday, July 14, 2020 12:52 PM



Duke Kunshan University Health & Counseling Services

- Home
- Profile
- Medical Clearances **Not Satisfied**
- Health History
- Appointments**
- Access Plans

Please select the department in which you would like to schedule your appointment.
If you have an **urgent condition**, you should seek emergency services.
If you believe that you need to be seen today, and you are unable to reach your provider, please call 911.

Select One

- Health Services
- Counseling and Psychological Services

[Continue](#) [Cancel](#)

2. Select your visit type , then Select your visit reason

Duke Kunshan University Health & Counseling Services

Home

Profile

Medical Clearances

Health History

Appointments

Access Plans

Groups/Workshops

Please select the type of appointment that you would like to schedule

Select One

- Nurse Visit (Lab Test, Wound Care, Medical Supply, Vitals Check)
- Sick Visit
- Non-Urgent Visit
- Couple Contraceptive Consult

Continue Cancel

Duke Kunshan University Health & Counseling Services

Home

Profile

Medical Clearances

Health History

Appointments

Access Plans

Groups/Workshops

Referrals

Handouts **1 Unread**

Messages

Letters

Downloadable Forms

Forms

Specify Appointment Reason

PC Same Day Visit

Select Reason:

- Abdominal Pain
- Allergic Reaction
- Cough
- Diarrhea
- Dizziness
- Fainting
- Fever
- Headache
- Nausea
- Sore Throat
- Urinary Symptoms
- Vomiting

Continue Cancel

3. Confirm your contact information , then enter your callback Number

Duke Kunshan University Health & Counseling Services

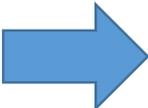
- Home
- Profile
- Medical Clearances
- Health History
- Appointments**
- Access Plans
- Groups/Workshops

Confirm Contact Information

Please confirm your contact information. It is very important that this is accurate.

Email Address: **patient1@test.edu** [Edit Email Address](#)
Local Phone: **(800) 555-1212** [Edit Phone Number](#)
Local Address: **1 Any Street gfdsgf** [Edit Address](#)
Anytown, MA 12345

[Continue](#) [Cancel](#)



Duke Kunshan University Health & Counseling Services

- Home
- Profile
- Medical Clearances
- Health History
- Appointments**
- Access Plans

Callback Number

Please enter a callback number where you can be reached in case of an emergency.

Callback Number:

[Continue](#) [Cancel](#)

4. Select the appointment slot, and click “continue”.

Confirm the appointment detail ,date/time/provider..... Then click “schedule”

Duke Kunshan University Health & Counseling Services

Home
Profile
Medical Clearances
Health History
Appointments
Access Plans
Groups/Workshops
Referrals
Handouts **1 Unread**
Messages
Letters
Downloadable Forms
Forms
Insurance Card
Survey Forms
My Medical Record
Medical Visit Summaries
Immunizations
Log Out

Schedule Appointment

Appointments available to book via the web:
For: 6/23/2020
Visit Type: PC SAME DAY
Specified Reason Code:
- Cough

Continue **Cancel**

Select Appointment

<input type="radio"/>	Tuesday, June 23, 2020 11:00 AM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 11:20 AM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 11:40 AM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:00 PM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:00 PM (20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:20 PM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:20 PM (20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:40 PM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 1:40 PM (20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:00 PM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:00 PM (20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:20 PM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:20 PM (20 min)	ZUO, JINGFU MD at Health Services Rm 1024
<input type="radio"/>	Tuesday, June 23, 2020 2:40 PM (20 min)	GAO, HUI (MONA) MD at Health Services Rm 1024

Duke Kunshan University Health & Counseling Services

Home
Profile
Medical Clearances
Health History
Appointments
Access Plans
Groups/Workshops
Referrals
Handouts **1 Unread**
Messages
Letters
Downloadable Forms
Forms
Insurance Card

Almost there...

Please confirm the appointment date and time:

Date/Time: **Tuesday, June 23, 2020 11:40 AM**
With: **GAO, HUI (MONA) MD**
Location: **Health Services Rm 1024**
Reason Code: **Cough**
Back Number: **123456**

Schedule **Retry** **Cancel**

Schedule the selected appointment.
Proceed to Visit Questionnaire

Return to the previous page
and select another appointment.

Cancel selection of this appointment,
and return to your appointment listing.

**You must complete a visit questionnaire prior to your appointment.
Please fill out the form
as best as possible at this time.
Please fill out the questionnaire at this time.**

5.Fill the related questionnaire , and Click “Submit Final”

This questionnaire is only for the specific disease.

6. Congrats , you got an appointment !

Visit Questionnaire

This information may not be reviewed until your visit and will be discarded if you cancel or no :

Diabetes Questionnaire

Please complete this form prior to being seen for your appointment.

When were you first diagnosed with diabetes?

What type of diabetes do you have? Type I diabetes type II diabetes

What current diabetes medications you utilize? insulin injection insulin pump oral h

Are you experiencing any of the following problems?

- Fatigue Yes No
- Weight gain or loss Yes No
- Blurred vision Yes No
- Increased hunger Yes No
- Numbness or decreased sensation Yes No
- Increased thirst Yes No
- Shortness of breath Yes No
- Increased urination Yes No
- Chest pain Yes No
- Frequent urination at night Yes No



Do you have any family history of heart disease? Yes No

Do you have any family history of blood clotting problems? Yes No

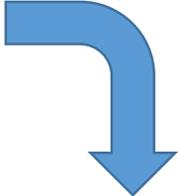
Do you have any family history of high blood pressure or stroke? Yes No

Comments

~Thank you~
7/6/2014

Submit Final

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)



All Done!

You have successfully booked the following appointment:

PC SAME DAY
6/23/2020 11:40 AM
With GAO, HUI (MONA) MD
At Health Services Rm 1024

Continue

Referrals

Click "referrals" to review the referral letter from your health provider ,you can print it out as needed

Duke Kunshan University Health & Counseling Services Sally Patient1

Referrals for Sally Patient1

Date	Type	Provider	Diagnoses	Status	
5/15/2020		Huashan Worldwide Medical Center	Allergic rhinitis, unspecified	PENDING	View
4/14/2020		Jen Ching Memorial Hospital VIP department	Acute upper respiratory infection, unspecified	PENDING	View
4/8/2020		Shanghai Jiahui International Hospital	Puncture wound without foreign body, right ankle, subsequent encounter	PENDING	View
3/13/2020		Allergy/Immunology	Nasal congestion	PENDING	View
3/12/2020			Burn of unspecified degree of right ankle, initial encounter	PENDING	View

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DKU Campus Health Services
8 Duke Ave, Kunshan City, Suzhou City, Jiangsu Province, China, 215316



昆山杜克大学
DUKE KUNSHAN UNIVERSITY

Date: 5/15/2020

Referral Form

Patient Information:

Patient Name: Patient1, Test
Patient DOB: 1/1/2003 (Pediatric)
Sex: M
Date: 5/15/2020

Insurance Info:
N/A

Ordering Provider:
TESTACCT TEST, PROVIDER 2
No. 8 Duke Avenue, Kunshan
Phone:
Fax:

Referred To:
Huashan Worldwide Medical Center 8th Floor, Outpatient Bldg. 1, Shanghai, 200040 Ph: ; Chiropractic Practice
Organization: Huashan Worldwide Medical Center
Specialty: Chiropractic Practice

Patient #: T001
Patient Address: 1 Any Street
Anytown, MA 12345
(Ph: (800) 555-1212), Anytown, MA 12345
Mobile Phone:
Encounter Number: P71-53

Handout

We will sent some related handout to you according to your medical condition, please read the handout after see the doctor .

Duke Kunshan University Health & Counseling Services

- Home
- Profile
- Medical Clearances **Not Satisfied**
- Health History
- Appointments **1 Questionnaire**
- Access Plans
- Groups/Workshops
- Referrals
- Handouts**

Handouts for Sally Patie

- Abdominal Pain Follow-up Instructions **Dismiss**
- Alcohol Facts **Dismiss**
- Allergies to Food **Dismiss**
- Wound Care **Dismiss**
- Upper Respiratory Infection (URI) **Dismiss**

Abdominal Pain Follow-up Instructions

Your clinician does not think it is necessary for you to be admitted to the hospital at this time because the cause of abdominal pain is very easy to recognize; at other times it may be one of the more difficult diagnoses to make. So it is important for you to be aware of and watch for the following symptoms:

Watch for These Symptoms

We will ask that you watch for the development of the possible symptoms listed and report them to your clinician for additional medical attention if:

- The pain becomes worse, sudden, sharp, or changes location.
- You have an increase in fever or develop shaking chills, or develop a fever.
- You vomit many times or your vomiting persists.
- You see blood in your urine, vomit, or bowel movements.
- You see coffee grounds-appearing vomit; or maroon or tarry black bowel movements.
- You move your bowels many times; or your bowel movements stop (become constipated) or you cannot pass gas, especially if you are also vomiting.
- Your skin or the whites of your eyes turn yellow.

Message

1. Click the Message to read the message from clinic, You may also reply the message to discuss the medical issue with clinic staff

The screenshot displays a web interface for 'Duke Kunshan University Health & Counseling Services'. On the left is the 'Secure Messages Inbox' with a table of messages. A blue arrow points from the 'Subject' column of the first message to the 'Message Details' view on the right.

Secure Messages Inbox

New Message Refresh

Read	From	Date	Subject
✓	TEST, NURSE	5/8/2020 9:09 AM	Read
✓	TEST, PROVIDER 1	3/13/2020 7:05 AM	Read Te

Secure Messages Message Details

From: TEST, NURSE
TO: Patient1, Test
Message Type: Communication
Priority: Normal
Date: Friday, May 8, 2020 9:09 AM
Subject:
Attachments:

Message Text:

Hello,

Just checking in to see how you are.

NURSE TEST

Reply Close

2. Click “new message” to send a message to your health provider, Select the communication option, then click “continue”.

Select the recipient and text your message , you may also put attachment (medical document from the other facility....) , then click “sent”.

We'll contact with you ASAP, if any emergency , please call us directly.

The image displays a three-step process for sending a secure message through the Duke Kunshan University Health & Counseling Services portal.

Step 1: Secure Messages Inbox
The user is on the 'Secure Messages Inbox' page. A 'New Message' button is visible in the top left corner. Below the header, there is a table of messages:

Read	From	Date
✓	TEST, NURSE	5/8/2020 9:09 AM
✓	TEST, PROVIDER 1	3/13/2020 7:05 AM

Step 2: Select Communication Option
The user is prompted to 'Select Communication Option'. The options are:

- Message to a **Counselor**
- Message to a **Nurse**
- Message to a **Medical Doctor**
- Message for a **Prescription Refill** for a provider I have seen at DKU

Step 3: Compose New Secure Message
The user is on the 'Compose New Secure Message' page. The form includes:

- Recipient:** [Please Select Recipient] (with a 'Select Recipient' button)
- Message Type:** Standard Secure Message
- Subject:** [Text input field]
- Attachments:** [Add attachment... button]
- Message Body:** [Large text area for composing the message]

Buttons for 'Continue', 'Cancel', 'Send', and 'Cancel' are present at the bottom of each step.

Letters

You will receive letters from doctor ,such as medical certificate

Attention: this document is not an excuse for exam absence or deferring

Duke Kunshan University Health & Counseling Services

- Home
- Profile
- Medical Clearances **Not Satisfied**
- Health History
- Appointments **1 Questionnaire**
- Access Plans
- Groups/Workshops
- Referrals
- Handouts
- Messages
- Letters**

Letters for Sally Pat

- TEST, PROVIDER 2 4/8/2020 8:22 AM [View](#)
- TEST, PROVIDER 1 3/13/2020 7:12 AM [View](#)



8 Duke Ave, Kunshan Shi, Suzhou Shi, Jiangsu Sheng, China, 215316

Campus Health Services Medical Certificate

Current Date: 4/8/2020

Patient Name: Patient1, Test

DKU ID: T001

The above named person consulted me on \$AppointmentDateTime\$.

The history and the clinical findings of the medical condition have been sufficient in my opinion for the patient to be or medical leave from April 8, 8am to April 8, 12pm, totally 0.5 days.

Kindly do the help.

Physician: TESTACCT Signature:

This medical certificate is only for DKU internal use, and this document is not an excuse for exam absence or deferrin

Insurance

You can add your insurance information if necessary .

Duke Kunshan University Health & Counseling Services Sally

Referrals
Handouts
Messages
Letters
Downloadable Forms
Forms
Insurance Card
Survey Forms
My Medical Record
Medical Visit Summaries
Immunizations
Log Out

Insurance Cards for Sally Patient1

Please scan and upload images of the front and back of your insurance card. We accept the following file types
JPEG, JPG. Show

Add New Card Filter

Deleted	Added On	Added By
	5/15/2020 8:42 AM	Patient
	4/1/2020 4:16 AM	Patient

Showing 1 to 2 of 2 entries Show 100 entries < Previous 1

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Medical record

1.You can find your visit history , medication history....

2.If you did Lab test in Campus clinic , you can also find it in PNC and you may print it as needed

Duke Kunshan University Health & Counseling Services

- Access Plans
- Groups/Workshops
- Referrals
- Handouts
- Messages
- Letters
- Downloadable Forms
- Forms **2 to Complete**
- Insurance Card
- Survey Forms
- My Medical Record**

Medical Records for Sally Patient1

Visits Problems Allergies/Meds Radiology Labs Procedures

Date	Provider	Department
7/14/2020	GAO, HUI (MONA) MD	PRIMARY
6/19/2020	GAO, HUI (MONA) MD	PRIMARY
6/19/2020	GAO, HUI (MONA) MD	PRIMARY
5/8/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING
5/8/2020	TEST, COUNSELOR	COUNSELOR
5/8/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING
5/7/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING
5/7/2020	ZUO, YABEI (JULIA) RN	NURSING
5/6/2020	WANG, ZHAOZHAO (ZOE) RN	NURSING

Medical Records for Sally Patient1

Visits Problems Allergies/Meds Radiology **Labs** Procedures

Coll. Date	Test Name	Result	Flag	Reference	Units	
6/12/2020	Rapid Strep - In House					View Report
	Rapid Strep	Positive	Abnormal	Negative		
3/13/2020	Rapid Strep - In House					View Report
	Rapid Strep	Negative		Negative		

Medical Visit Summaries

You can find your medical visit summaries as well

- Access Plans
- Groups/Workshops
- Referrals
- Handouts
- Messages
- Letters
- Downloadable Forms
- Forms 2 to Complete
- Insurance Card
- Survey Forms
- My Medical Record

Medical Visit Summaries for Sally Patient1

Show Access Logs Popup Window

To view an individual personal record, click on View on the desired record.

Date	Type	Subject	
3/13/2020	CDA	Patient1, Test - Discharge Summary 3/13/2020	Export Vi

Medical Visit Summaries

Patient1, Test - Discharge Summary 3/13/2020

Patient Test Patient1
Date of birth January 1, 2000
Sex Male
Patient IDs Pat_T001

Contact info Primary Home:
1 Any Street
Anytown, MA 12345
Tel: (800) 555-1212

Healthcare service Office Visit at March 13, 2020, 09:15:00 +0800

Attending physician Provider 1 Test
Contact info Work Place:

CHIEF COMPLAINT

No data available

VITAL SIGNS

No data available

ADVERSE REACTIONS, ALERTS, ALLERGIES

No data available

MEDICATIONS

No data available

MEDICATIONS ADMINISTERED DURING VISIT

No data available

PROBLEMS

Always Log out after you use the PNC to protect your private information!

Duke Kunshan University Health & C

- Access Plans
- Groups/Workshops
- Referrals
- Handouts
- Messages
- Letters
- Downloadable Forms
- Forms **2 to Complete**
- Insurance Card
- Survey Forms
- My Medical Record
- Medical Visit Summaries
- Immunizations
- Log Out**



Thank you for your time , if you need any medical help , please call clinic or email us !
Tel : 0512-36657228
Email : campushealth@dukekunshan.edu.cn

