

OneSight IT Operations

Registration

MEEAP

User Guide



ONESIGHT

EssilorLuxottica Foundation

Overview

This document details the steps required to access the registration application on the MEEAP page.

Access

To access the “Registration” application, navigate to <https://www.onesightclinics.org/> and click on the “MEEAP” tab.




Now, click on the green “Patient Registration” button at the top.



Searching Registration

First you will be brought to the clinic login page. Please login with your credentials created for the specific clinic.



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System Access*Version 6.0*


User Name:

Password:

Enter your project specific login and password.
Logins expire at the end of the project.

LOGIN

You will now be on the “Registration Gateway” page. Here you will see multiple fields that we can search by. If a patient is pre-registered, you can search for their first and last name. If the patient is not pre-registered, you will still want to search via name as we will use that to register the patient.



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REGISTRATION GATEWAY*Version 6.0*

Search for patient to ensure they are not already registered.
If no registration exists you will be able to add it.

Clinic ID Number:

First Name:

Last Name:

Clinic Name:

Personal ID:

School/Community:

Active User: TRAIN

SEARCH REGISTRATIONS

CLEAR FORM

LOG OUT USER

You will now be brought to the registration report page. This will list every patient that has been registered based on your search criteria. At the top left you will see two options for “Search Again” and “Download Data.” Use the “Search Again” button to go back to the registration search page. Use the “Download Data” button to download this report in either CSV, Excel, or PDF format. You are also able to click on the “View Details” button found to the right of each patient to finalize registration.

Search Again	Download Data	
<u>CLINIC</u>	<u>CLINIC ID</u>	<u>PERSONAL ID</u>
2020-NA-United States-TRAINING	278870	1234
2020-NA-United States-TRAINING	279408	
2020-NA-United States-TRAINING	279443	

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>GROUP</u>	<u>GRADE</u>	<u>BIRTHDAY</u>	View Details
Test	Test	Test Environment	9th	1/1/2005	View Details
Patient	Test	Test Environment	4th	2/12/2009	View Details
Smith	Jim	Test Environment	3rd	2/9/2009	View Details

Below is a list of all fields from this report.

Clinic – The name of the clinic this patient is on.

Clinic ID – The unique clinic ID for this patient.

Personal ID – The ID generally based off of a patient barcode or school/state ID.

First Name – The patient’s first name.

Last Name – The patient’s last name.

Group – The school, group, or community the patient is a part of.

Grade – The grade the patient is in.

Birthday – The patient’s date of birth.

New Registration

If there are no patient's based off of your search criteria, you should see a button labelled "New Registration" at the bottom of the page.

NEW REGISTRATION

Clicking on this button will bring you to the clinic registration screen.

Clinic Registration

Project Details

Active User: *TRAIN*

-- Logout --

Clinic Name / Nombre de la Clinica *

Today / hoy *

School/Group/Community: *

2020-NA-United States-TRAINING ▾

Any ▾

Select/Seleccionar ▾

The first section is labelled "Project Details" and will have the following fields:

Clinic Name – Displays the current clinic. This cannot be changed and is based off of your login.

Today – Choose the current day of the week.

School/Group/Community – Dropdown of available groups for the clinic.

Personal Data

Personal Identification Number:

Scan Barcode ID Here

First Name / Nombre de Pila *

Last Name / Apellido *

Birthday (MM/DD/YYYY) *

cumpleaños 📅

Age *

NaN

Grade *

Select ▾

Gender / Género *

Select ▾

Patient Ethnicity *

Select ▾

Contact Email

Phone Number

For MEEAP Programs Only:

Is patient identified as Aboriginal or Torres Strait Islander? ▾

The next section is labelled “Personal Data” and will have the following fields:

Personal Identification Number – Field for unique number to the patient. This may be pre-printed labels or a student’s ID.

First Name – The patient’s first name.

Last Name – The patient’s last name.

Birthday – The patient’s birthday.

Age – The patient’s age. This will calculate automatically based off of the birthday.

Grade – The patient’s grade.

Gender – The patient’s gender.

Patient Ethnicity – The patient’s ethnicity.

Contact Email – The patient’s email if they have one.

Phone Number – The patient’s phone number if they have one.

Health History

Does the patient or anyone in their family have any history of:

Glaucoma: *	Diabetes *	Hypertension *	Cataracts *	Macular Degeneration *
Select: ▾	Select: ▾	Select: ▾	Select ▾	Select ▾

NO TO ALL

UNKNOWN TO ALL

Please list any medications :

Please list any allergies:

General Notes

Has the Patient worn glasses before? *

Has a paper consent form been submitted to OneSight

No ▾

The next section is labelled “Health History” and has the following fields:

Glaucoma – Dropdown with the options of Yes (Patient), Yes (Family), No, and Unknown.

Diabetes - Dropdown with the options of Yes (Patient), Yes (Family), No, and Unknown.

Hypertension - Dropdown with the options of Yes (Patient), Yes (Family), No, and Unknown.

Cataracts - Dropdown with the options of Yes (Patient), Yes (Family), No, and Unknown.

Macular Degeneration - Dropdown with the options of Yes (Patient), Yes (Family), No, and Unknown.

Next, there are two yellow buttons for “No To All” or “Unknown To All”. Pressing either of these will automatically fill out the previous fields.

Please list any medications – Empty field to type in any of the patient’s medications.

Please list any allergies – Empty field to type in any of the patient’s allergies.

General Notes – Empty field to type in any notes about the patient.

Has the Patient worn glasses before – Dropdown with the options of “No”, “Unknown”, “Yes Prior (Within a year)”, “Yes Prior (More Than 1 Year)”, and “Yes (Currently Wearing)”.

Has a paper consent form been submitted to OneSight – Dropdown with options of “Yes” or “No”. If the option for “Yes” is chosen, you will not need to fill out the Dilation or Liability section.

***** Without a signed paper consent form you must ask the patient the following questions and record their responses to each.****

I. Waiver of Dilated Fundus Exam

Do you give permission for the optometrist to dilate your eyes in order to perform a more complete examination of your eyes at the OneSight Vision Clinic. Do you understand this might make your vision blurry and your eyes more sensitive to light for about 4 hours.

Has the patient provided Consent to Dilate? *

Please select the correct response ▾

If a paper form has not been submitted, you will need to ask the patient if they consent to dilation or not. Use the dropdown to select the appropriate answer.

Every patient that participates in a OneSight clinic **must** sign a Media Release Form. Please indicate if the patient provides or denies media consent.

Is consent to Photograph Given? *

Please select the correct response ▾

If a paper form has not been submitted, you will need to ask the patient if they consent to media or not. Use the dropdown to select the appropriate answer.

III. Confidentiality/Privacy and Release of Liability

I release OneSight, the independent optometrists performing the eye exam, and any co-sponsoring agency from any claims, demands, or liability arising out of the services provided at the OneSight Vision Clinic in exchange for the free vision services provided.

I understand that OneSight will keep my personal information confidential, but they may use any data collected for analysis or research. In any case, data will not identify me (or my child if they are receiving services).

Registration File

Browse... No file selected.

Partner Consent

Yes ▾

Consent to treat must be obtained by every patient attending a OneSight clinic. Patients may refuse to give consent, but in so doing they are prohibited from participating in anyway.

Confirm Consent has been Given *

PLEASE CONFRIM ▾

Was this patient screened prior to clinic?

Select ▾

Would you Like to Enter Pretest Results?

No ▾

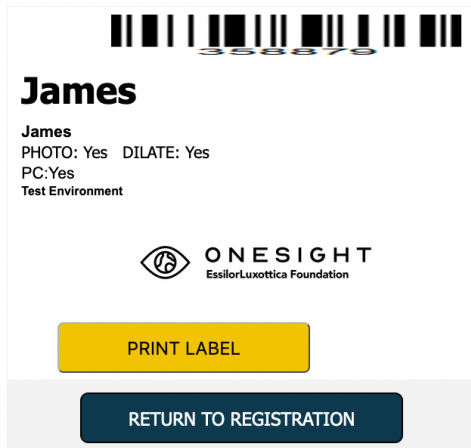
The last section is for confidentiality/privacy and release of liability. If there is a partner form, you can upload it using the browse file button.

Confirm Consent has been Given – Use the dropdown to select “Yes” for consent to treat. Registration cannot be completed unless consent is given.

Was this patient screened prior to clinic – Select “Yes” or “No” from the dropdown.

Would you like to Enter Pretest Results – Select “Yes” or “No” from the dropdown. If “Yes” is selected, you will see fields to enter VA results.

Once the form is completed, please click the blue “Submit” button found at the bottom of the page.



You will now see the patient’s name badge label on the screen. Press the yellow “Print Label” button to print the label. You can also press “Return to Registration” to go back to the search screen.