

New Patient Onboarding Checklist

Patient Name: _____

Date of Birth: _____

Date: _____

Provider: _____

1. Patient Information

- ☐ Full legal name
- ☐ Date of birth
- ☐ Address
- ☐ Phone number
- ☐ Email address
- ☐ Preferred communication method
- ☐ Emergency contact
- ☐ Primary care provider and other treating providers, if applicable
- ☐ Preferred language and interpreter needs
- ☐ Accessibility or accommodation needs

2. Insurance & Billing

- ☐ Insurance information collected
- ☐ Insurance eligibility and benefits verified
- ☐ Member/subscriber information confirmed
- ☐ Copay, deductible, coinsurance, or self-pay rate reviewed
- ☐ Financial/financial responsibility policy provided
- ☐ Good Faith Estimate provided when required for uninsured or self-pay patients
- ☐ Payment method collected, if applicable

3. Privacy & Consents

- ☐ Notice of Privacy Practices provided
- ☐ Acknowledgment of receipt documented
- ☐ Consent for treatment completed, when applicable
- ☐ Communication preferences documented
- ☐ Authorized representative or family contact documented, if applicable
- ☐ Release/authorization forms completed when required to share information with outside parties
- ☐ Telehealth consent completed when required by applicable law or practice policy

4. Clinical Intake

- ☐ Reason for visit / chief concern
- ☐ Current symptoms and concerns
- ☐ Medical history
- ☐ Surgical history, if applicable
- ☐ Current medications
- ☐ Allergies and adverse drug reactions
- ☐ Relevant family history
- ☐ Relevant social history
- ☐ Behavioral/mental health history, when applicable
- ☐ Previous treatment or hospitalization history, when applicable
- ☐ Relevant screening or assessment forms completed
- ☐ Safety/risk assessment completed when clinically indicated
- ☐ Preferred pharmacy documented, when applicable

5. Records & Care Coordination

- ☐ Previous medical records requested, when needed
- ☐ Referral/order reviewed, if applicable
- ☐ Other treating providers documented
- ☐ Care coordination needs identified
- ☐ Required external records or reports received

6. Appointment & Patient Access

- ☐ Initial appointment scheduled
- ☐ Patient portal invitation sent
- ☐ Portal access confirmed, if applicable
- ☐ Appointment reminders and communication preferences confirmed
- ☐ Office location or telehealth instructions provided
- ☐ Cancellation/no-show policy provided

7. Provider Review

- ☐ Intake information reviewed by provider
- ☐ Medication list reviewed/reconciled, when applicable
- ☐ Allergies reviewed
- ☐ Relevant clinical history reviewed
- ☐ Initial assessment completed
- ☐ Diagnosis documented, when appropriate
- ☐ Treatment/care plan documented
- ☐ Follow-up appointment scheduled
- ☐ Referrals, orders, or prescriptions completed as needed

8. Final Chart Check

- ☐ Required forms completed
- ☐ Insurance/billing information complete
- ☐ Required consents and privacy documentation recorded
- ☐ Clinical information entered into the patient record
- ☐ Outstanding documents or tasks assigned
- ☐ Patient onboarding marked complete