

Printing Confidential Health Information Form with Details Entered in: Alerts, Chronic Conditions & Allergies Details

Clinic Reports: Rpt ID 3194 (Alerts information to HTML...)

Stock Reports

Search Criteria

Report Category: Clinic Reports

Keyword: (Note: To search for multiple keywords, separate entries by a comma (e.g., Active, Code))

Report ID: 3194

Find Dashboards:

Select	Report Name	Report Description	Report ID	Category
<input checked="" type="checkbox"/>	5th Grade Immunization FU w/ 6th Grade Requirements	5th Grade Students Immunization Follow Up in order to meet 6th Grade Immunization Requirements	2995	Clinic Reports
<input checked="" type="checkbox"/>	8th Grade Immunization FU to meet 9th Grade Requirements	8th Grade Students Immunization Follow Up in order to meet 9th Grade Immunization Requirements	2996	Clinic Reports
<input checked="" type="checkbox"/>	Alerts information to HTML form for communication purposes	Alerts information to HTML form for communication purposes	3194	Clinic Reports

Select the Campus Name

Click Run

Alerts information to HTML form for communication purposes(3194)

Schedule Run Excel (+) Hot List Reset

Clinic Reports

Report Engine: PL/SQL Procedure

Report Description: Alerts information to HTML form for communication purposes

Filter Value

District: All Districts

Campus: Perez Sp Ed Ctr

Grade:

Home Room:

Click the boxes under **Print** column

Click **Print Letters**

Print

Print Mailing Labels Print Letters

District	Campus	Community of Schools	School	Print	Last
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	
East	Perez Sp Ed Ctr	EAST LOS ANGELES COS	PEREZ SP ED CTR	<input type="checkbox"/>	

Chronic Condition Entry Requirement: The **“Show Alert”** option must be checked

Client ID: LAUSD17

Problems/Condition

Code Set: ICD-CDSM-VICD-10 NANDA OSNOMED CT

Problem/DX: G40

Problem Description: Epilepsy and recurrent seizures

Problem Status: Current

Problem Type: Chronic Acute

Associated Program:

Diagnosis Context: N/A

Use for Billing:

Primary DX:

Show Alert: