

OBHIS CLIENT RECORD FIELDS

***Denotes Required Field**

Identifier Type:* <input type="checkbox"/> GOSH <input type="checkbox"/> Shares <input type="checkbox"/> Heartland <input type="checkbox"/> Medicaid <input type="checkbox"/> SSN <input type="checkbox"/> Unknown <input type="checkbox"/> MACSIS	OBHIS Client ID Number:*
First Name:*	Last Name:*
Date of Birth:* (mm/dd/yyyy)	Gender:* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown
Race:* <input type="checkbox"/> Alaska Native <input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Other Single Race <input type="checkbox"/> Asian <input type="checkbox"/> Two or More Races <input type="checkbox"/> Black/African American <input type="checkbox"/> Unknown <input type="checkbox"/> Pacific Islander	Ethnicity:* <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Hispanic-Specific Origin not Given <input type="checkbox"/> Other Specific Hispanic <input type="checkbox"/> Mexican <input type="checkbox"/> Unknown <input type="checkbox"/> Not of Hispanic Origin

If required, a signed release for this information has been obtained*

Note: You may need to obtain a signed release for this information to be able to create an admission record, please verify with your legal team.

NOTE: Provider cannot create a client record without an admission record.