

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"/> Male <input type="checkbox"/> Female <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

A signed release for this information has been obtained*

Note: You must obtain a signed release of information to be able to create an admission record.

1. If provider selects "Private Pay" as the Identifier Type, they cannot enter an OBHIS ID Number.

2. Provider cannot create a client record without an admission record.