



▶  multiclinic 4.0

Notes User Guide

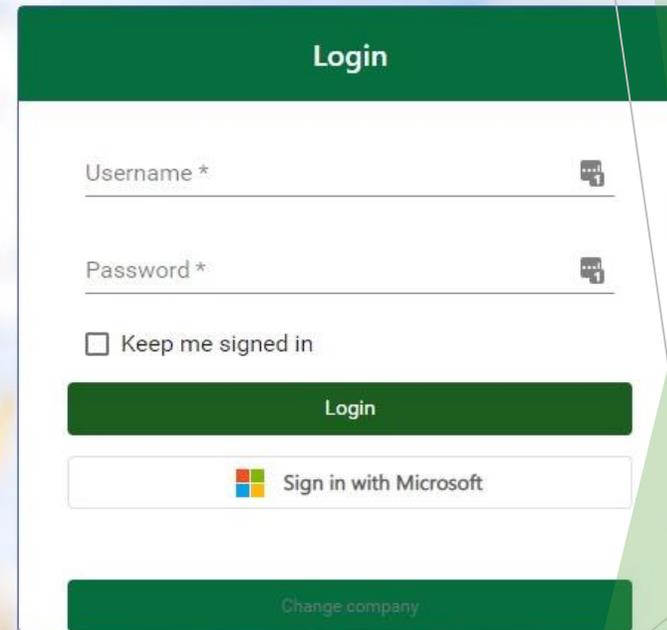
# Logging in

▶ To login to Multiclinic visit <https://usw.multiclinic.co.uk/>

▶ Either click sign in with Microsoft to use your single sign on.

Or

▶ Enter your username and password.

A screenshot of the Multiclinic login interface. The page has a dark green header with the word "Login" in white. Below the header, there are two input fields: "Username \*" and "Password \*", each with a small icon of a person and a key respectively. Below these fields is a checkbox labeled "Keep me signed in". There are three buttons: a dark green "Login" button, a white button with a Microsoft logo and the text "Sign in with Microsoft", and a dark green "Change company" button at the bottom.

Login

Username \*

Password \*

Keep me signed in

Login

Sign in with Microsoft

Change company

# Navigating Multiclinic

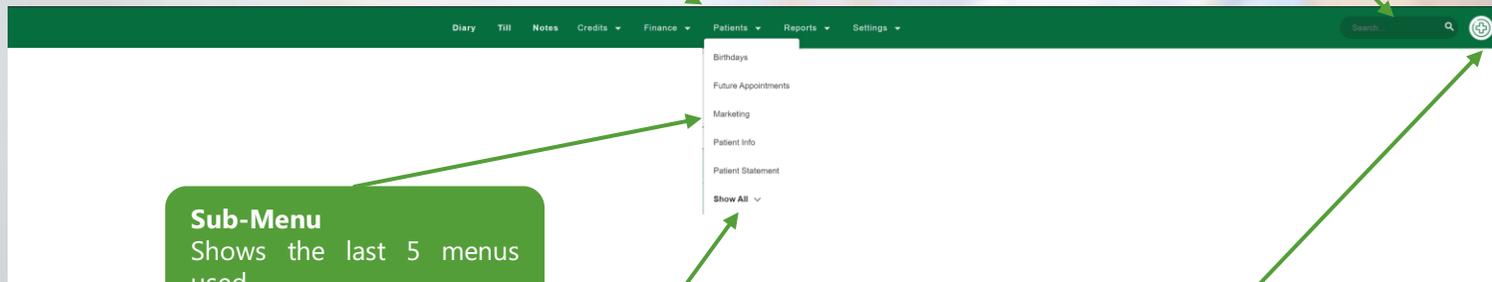
The menu allows you to navigate the system quickly

## Menu items

Hover over to open sub menus

## Search

Type here to search for a menu item



## Sub-Menu

Shows the last 5 menus used

## Show All

Click to expand the sub-menu

## More

Click to show version number, profile info and help information

# Accessing a Patients Notes

There are two methods to access notes, through the notes menu, or directly through a booking.

## Right click on booking

Right click to reveal the quick access menu and select SOAP Notes

## Notes Menu

Click on Notes to access the Notes Pages

## Left Click on a booking

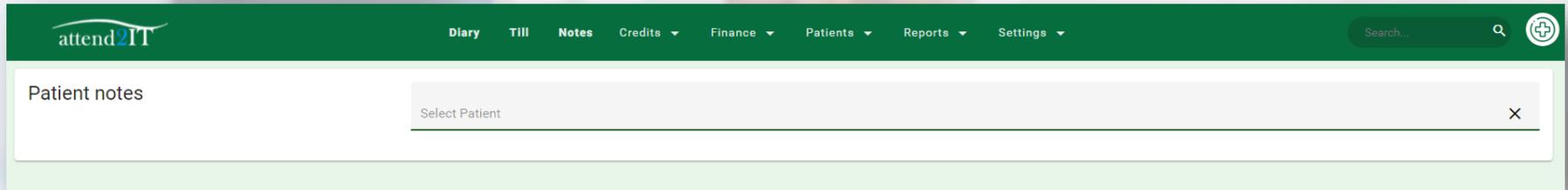
Left click to reveal the booking details and menu, click on SOAP Notes to access the patients notes.

The screenshot displays the attend2IT software interface. At the top, there is a navigation bar with tabs for Diary, Till, Notes, Credits, Finance, Patients, Reports, and Settings. Below this is a search bar and a calendar view for Monday, February 7, 2022. The main area is a booking diary with columns for staff members: Dave Dickenson, Alan Jones, Andrea Clarke, James Tate, and John WPA. A booking for Fred Flintstone is highlighted in pink, and a context menu is open over it. The menu includes options like Cancel, DNA, Arrived, Take payment, SOAP notes, Patient info, DNA charge, Future apps., and Attendance report. The right sidebar shows patient details for Fred Flintstone, including appointment times and a list of actions like Cancel, DNA, Arrived, Take payment, SOAP notes, Patient info, DNA charge, Future apps., Attendance report, and Edit.

# Navigating Notes

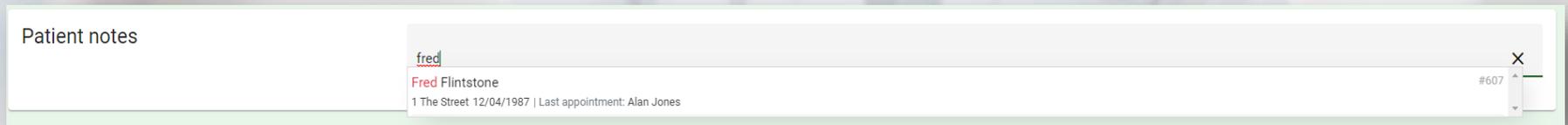
## Select a Patient

If you access notes directly from the booking, the patient will be pre selected. If you access from the notes menu, you may need to select which patients notes you wish to view. To do this, start typing the patients name in the 'select patient' field.



The screenshot shows the attend2IT software interface. At the top, there is a dark green navigation bar with the attend2IT logo on the left and a menu with items: Diary, Till, Notes, Credits, Finance, Patients, Reports, and Settings. On the right side of the navigation bar is a search bar with the text "Search..." and a magnifying glass icon, and a circular icon with a cross. Below the navigation bar, the main content area is titled "Patient notes" on the left. To the right of this title is a search field with the placeholder text "Select Patient" and a close button (X) on the right side.

As you type, matching patient records will appear. Each record shows partial address, DOB and their patient ID number, cross reference these with the patient to ensure you are looking at the correct record. Click on the correct record to access the notes



The screenshot shows the attend2IT software interface with a search result displayed. The main content area is titled "Patient notes" on the left. To the right of this title is a search field with the text "fred" entered. Below the search field, a patient record is displayed: "Fred Flintstone" in red text, followed by "1 The Street 12/04/1987 | Last appointment: Alan Jones". On the right side of the search field, there is a close button (X) and a patient ID number "#607".

# Patient Details

This shows a brief overview of the patients' personal details and previous visits. To access their full patient info record, click on 'edit patient details', on the left of the page.

Patient notes

Fred Flintstone

× ✎

Patient Details Attendance (89) History (5) Questionnaire (7) Physical Exams (21) Summary (11) SOAP (14) Letters (6) Phone Consultation (4) Uploads (4) Treatment Cards (1)

## Personal Details

**Name**  
Mr Fred Flintstone

**D.O.B**  
12/04/1987 (age 34)

**Occupation**  
Not given

**Practitioner**  
Anna Anderson

**Address**  
1 The Street, The Town, The County, SG9 10aa

## Visits

**Number of visits**  
89

**Last Visit**  
10:45 28/01/2022 (10 days ago)

**First Visit**  
11:00 13/10/2020 (1 yrs 117 days ago)

**Next Visit**  
None

Edit Patient Details

# Attendance

This shows a brief overview of the patients' attendance, including information on date/time, practitioner, treatment type, cancellations etc.

## Patient notes

Fred Flintstone



Patient Details Attendance (89) History (5) Questionnaire (7) Physical Exams (21) Summary (11) SOAP (14) Letters (6) Phone Consultation (4) Uploads (4) Treatment Cards (1)

Date	With	Treatment	Status	Booked	Cancelled	Notes	SMS Sent
07/02/2022, 10:30	Alan Jones	New Patient	Booking	07/02/2022, 13:11			
02/02/2022, 12:00	Andrea Clarke	Massage	InTreatment	02/02/2022, 16:38			
29/01/2022, 11:15	John Johnson	Follow Up Appointment	Booking	25/01/2022, 09:21			
28/01/2022, 10:45	Alan Jones	Review	Paid	25/01/2022, 09:21			
25/01/2022, 10:45	John Johnson	Follow Up Appointment	Arrived	25/01/2022, 14:52			
24/01/2022, 09:45	Alan Jones	Review	Cancelled	24/01/2022, 08:45	2022-01-24 08:47:51		

# History

This shows the patients case history. You can review each case history by selecting it or create a new one using the 'add new' button, on the right of the screen.

Patient notes **Fred Flintstone** [Close] [Edit]

Patient Details Attendance (89) **History (5)** Questionnaire (7) Physical Exams (21) Summary (11) SOAP (14) Letters (6) Phone Consultation (4) Uploads (4) Treatment Cards (1)

#	Added	Updated	Description	Type	Staff Member	Status
866	01/01/2000, 00:00	23/11/2021, 15:49	Main Case	Adult	John Johnson	<span>Open</span>
1449	01/01/2000, 00:00	23/11/2021, 15:49	test	Adult	Alan Jones	<span>Open</span>
1466	01/01/2000, 00:00	23/11/2021, 15:49	test	Adult	Alan Jones	<span>Open</span>
1483	01/01/2000, 00:00	23/11/2021, 15:49	test	Adult	Alan Jones	<span>Open</span>
1504	23/08/2021, 08:27	23/08/2021, 08:27	test	Adult	Alan Jones	<span>Open</span>

**Add New**

**Case History** [Close] [Expand] [Collapse]

Case History [Dropdown]

	Primary Complaint	Other Complaints
Chief complaint	<input type="text"/>	<input type="text"/>
History of condition, Date of onset, mode/course	<input type="text"/>	<input type="text"/>

**↑ TOP**  
Case History  
**Save**

**Case History** [Close] [Expand] [Collapse]

Case History [Dropdown]

	Primary Complaint	Other Complaints
Chief complaint	<input type="text"/>	<input type="text"/>
History of condition, Date of onset, mode/course	<input type="text"/>	<input type="text"/>
Pain location/type of pain character/radiations/frequency and severity	<input type="text"/>	<input type="text"/>
Associated symptoms and aggravating factors	<input type="text"/>	<input type="text"/>
Relieving factors	<input type="text"/>	<input type="text"/>
Previous episodes and treatment	<input type="text"/>	<input type="text"/>
Home, hobbies, recreational	<input type="text"/>	<input type="text"/>
Occupational history	<input type="text"/>	<input type="text"/>
System History [Close]	<input type="text"/>	<input type="text"/>

The form is simple text entry and will auto save as you type. When the form title is highlighted in red it has unsaved content. It will automatically turn black once it has saved. You can also save your progress using the save button on the right of the screen, this will close the form.

# Questionnaire

Here you (or the patient with online booking) complete the patient questionnaire. As with the other forms, you access each one by clicking on it, or create a new one with the 'add new' button.

This form includes free text boxes for most answers, with some drop downs to select answers. There is also a patient pain diagram, this will need to be filled out by/with the patient by clicking on the relevant symbol to select it, then clicking on the area of the body affected. The form will auto save as its filled in and can be saved and closed by clicking on the save button to the right of the screen.

**Patient Questionnaire** [x] [v] [^]

Medication Details [v]

Current Medication [input] Past Medication [input]

Please specify any drug allergies? [input]

Medical History [v]

Any previous operations (date) [input] Other previous hospitalisation (date) [input]

Broken bones (date) [input] Any previous road traffic or other accidents [input]

Any previous xrays (date) [input] Any non-medical problems [input]

↑ TOP

- Medication Details
- Medical History
- Medical/Family History
- Health Details
- Pain
- Females
- Sleep Habits
- Osteoporosis
- Drawing

Save

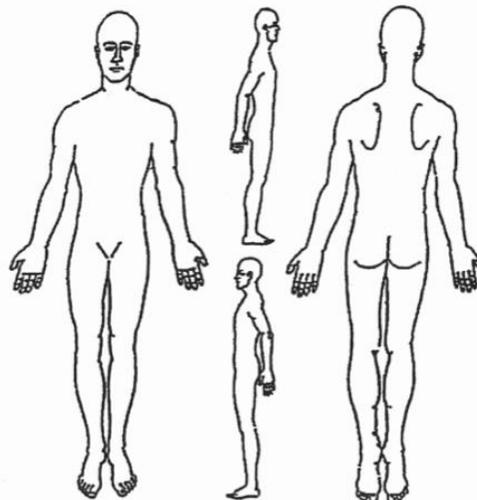
[Color bar] [undo] [close]

[Pencil] [Menu] [v]

On the drawings below please indicate where you are experiencing pain by drawing appropriate symbol(s) on the diagrams that most accurately reflect the type of discomfort that you have been experiencing.

Numbness: =      Tingling: o      Dull Pain: v

Sharp Pain: /      Burning: x      Stiffness: #



NO PAIN \_\_\_\_\_ WORST PAIN IMAGINABLE  
(eg. Touching a hot stove)

# Physical Exam

This is where details of the physical exam are recorded. There is a patient consent box at the top of the form that needs to be ticked once the patient has completed the paper consent form.

Patient Consent ▼

I consent to being examined. I am aware that I have the right to withdraw consent at any time.  
In the case of a child / young adult under the age of 18, or a vulnerable adult with diminished intellectual capacity, the parent, guardian or carer must give consent.

Observation ▼

Height (cm)  Weight (kg)  BMI

Posture

Gait

Patient Consent

Observation

Range of Motion

Reflexes

Muscle Tests

Other Tests

Lumbar

Lumbopelvic

Thoracic

Cervical

Regions of the Abdomen

Extremities

Most of the form is simple text entry, the BMI will automatically calculate when height and weight are entered.

There is a navigation pane to the right of the form, you can use this to shortcut to the different sections by clicking on them.

Some forms have a 'set all' function to complete areas of the exam form in bulk, such as 'set all upper reflexes' and 'set all lower reflexes'.

**Set All Upper Reflexes**

0 1(+) 2(+) 3(+)

**Set All Lower Reflexes**

0 1(+) 2(+) 3(+)

# Case Summary

Enter the case summary notes in this section. There is a supervisor sign off for each section of notes within the case summary. This is also where you confirm that the patient has signed their paper consent forms.

You can create a new summary by clicking on add new on the right of the screen, giving it a title and filling in the forms.

When finished, click save on the right of the screen to close the form.

### Patient notes

test

× ✎

Patient Details Attendance (null) History (0) Questionnaire (0) Physical Exams (0) **Summary (1)** SOAP (0) Letters (0) Phone Consultation Uploads (0) Treatment Cards

#	Added	Updated	Description	Type	Staff Member	Status
1916	09/02/2022, 11:07	09/02/2022, 11:07	Test	Adult	Alan Jones	Open

**Add New**

### Case Summary

Permission to treat

Short case summary / presenting complaint

Relevant exam findings

Relevant psychosocial issues (barriers to recovery)

↑ TOP

Permission to treat

Case Summary

Diagnosis

Report of findings narrative

Patient Consent

**Save**

# SOAP Notes

Enter SOAP notes in this section. For each case you will need to add a new set of soap notes using the add new button to the right of the page.

You can enter as many SOAP notes as needed into each case, the diagnosis will be pulled through from the most recent case summary for that patient. To save a SOAP note, enter text into each section, then click save on the right of the screen. Once saved a SOAP note cannot be edited again. Corrections must be made by entering a new SOAP note. Each note can be signed off by a tutor by clicking on the signature icon at the bottom right of the note.

There is a supervisor sign off for each SOAP note.

#	Added	Updated ↓	Description	Type	Staff Member	
1987	21/02/2022, 09:16	21/02/2022, 09:16	SOAP Note	Adult	Colin Jobs	<b>Add New</b>

## SOAP

Diagnosis	Notes	Plan of management	Red flags			
Diagnosis	Note	Plan	Red Flag			
Date	Rx no.	S	O	A	P	Files
21/02/2022, 09:17	2					<div style="border: 1px dashed gray; padding: 2px; display: inline-block;">Drop files</div> <div style="background-color: #004a99; color: white; padding: 2px; display: inline-block;">Attach file </div>
Created: 21 Feb 2022, 09:18:07	1	Subject	Objective	Assessment	Plan	
Colin Jobs						

**Save**

Set Recommended Revisit

Discharge

# Letters

#	Added	Updated ↓	Description	Type	Staff Member
Patient currently does not hold any records.					

**Add New**

### Choose template

Select template from the options below, select "Blank" on the right hand side for an empty document or click "Create New" to create a new template

Prescription

**Select**

Blank

Create New

Back

- Assessment Report Template
- GP Template**
- Med 1 Consent to request information
- Med 4 Consent to forward information held on file at WIOC
- Med 1 Consent to request information
- Med 4 Consent to forward information held on file at WIOC

# Phone Consultation

You can record a telephone consultation with a patient using the phone consultation module, within patient notes.

Enter the date and time of the call, type of call and whether the patient was successfully contacted. Enter any notes of consultation or message left and click to add your signature (this is just for audit trail, its not adding a signature like you would on a note).

Click on the 'add' button to save the record.

### Telephone Consultation

Date	Time	Type of Call		Was Patient Contacted		Overview of Conversation/Message Left	Signature
		Mobile	Home	Yes	No		
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>
2021-08-12T2	21:15:00	Home		Yes		test	<input checked="" type="checkbox"/>

# Uploads

To upload documents or images to a patients record, open the notes module, go to 'uploads'.

Either click on 'Choose Files' to use your computers browser to find a file to upload, or drag and drop a file into the upload field.

Once uploaded a file can be accessed on the right side of the screen by clicking on it. Once a file is uploaded it cannot be deleted.

Uploaded files	
Filename	Date
Uploads.jpg	2022-03-04 12:13:29

# Notes Sign Off

Some patient notes and SOAP notes must be signed off for approval by a Supervisor (Tutor).

To have a note signed off you can either invite the tutor to sign off the notes from your login, or ask them to access the notes whilst logged in on their own machine. They will need to know the patients name/IDX to identify them and find the note.

The supervisor may want more information from you before signing off the notes, in which case they will leave a comment and the next time you login to that patients notes there will be a comment below the signature box.

Once a note section is signed off it will be locked, preventing editing of the notes. It can only be unlocked by a supervisor. All changes are logged in an audit trail, viewable by all users.

The screenshot shows a user interface for signing off notes. At the top, there is a header 'Permission to treat' with a notification 'Change requested by Sarah Beer on 04/03/2022, 11:37'. Below this is a 'SIGNATURE' section containing three buttons: 'Sign off' (green), 'More Info Required' (purple), and 'Unlock' (grey). Underneath the buttons is a text input field labeled 'Comments (optional)'. A comment is visible: 'Please add more info on case summary' with a timestamp 'Sarah Beer 04/03/2022, 11:37'. At the bottom, an 'Audit Trail' section shows a log entry: '04/03/2022, 11:37 - A request for more information was made by Sarah Beer.' Callouts point to these elements: 'Signatures Tab Button' points to the notification; 'Action Buttons' points to the 'Sign off', 'More Info Required', and 'Unlock' buttons; 'Enter Comments Here' points to the 'Comments (optional)' field; 'Comments' points to the comment text; and 'Audit Trail' points to the log entry.

# Supervisor Sign off & Pin

Some patient notes must be signed off by a supervisor (tutor). To sign these off a supervisor must locate the patient note and click on the plus icon next to that note section to open the signature module.

Once you have opened this module, you will either be prompted to set a PIN code, if its your first time using the system, or you will be given the option to sign the notes.

If you are logged into your supervisor profile, you can freely sign, request more information or unlock any notes. All signature changes are recorded in an audit trail visible to all users below the signature.

To leave a note when signing, or to explain why more info is required, write your notes in the comments field before clicking on 'sign off' or 'more info required' button.

If you are logged into a student profile (eg, signing off their work whilst they are logged in on their machine) you will need to select your name from the supervisor list, then click signoff and enter your pin.

Permission to treat  <sup>5</sup> Signed off by **Josh Clark** on 04/03/2022, 09:48 

SIGNATURE VERIFIED

Please set a signing pin code to proceed

Permission to treat   <sup>15</sup> Signed off by **Sarah Beer** on 04/03/2022, 11:10 

SIGNATURE

Comments (optional)

# Supervisor Pin Setup

To setup a pin, either click on the set pin code button in the patient note, or access your user profile using the Multiclinic logo at the top right corner of the page, and click on set pin code.

## User profile

First name * Luis	<input type="text"/>
Last name * Tobenas	<input type="text"/>

Change password

Set pin code

Update records

Back

To set pin, you will be presented with the set pin keypad. Enter a 6 digit pin of your choice. This will allow you to sign off a set of notes via a student's login. Never share this pin with anyone. It can be reset at any time from your user profile.

## Set your PIN code

7	8	9
4	5	6
1	2	3
0	CLEAR	

Cancel

Submit

# Support

If you require support with Multiclinic, please contact us via our support email below, and one of our team will get in touch.

[multiclinic@attend2it.co.uk](mailto:multiclinic@attend2it.co.uk)