



DrCloudEHR™

March 2025 Release Notes

Release to Staging Site – February 23, 2025

Release to Production Site – March 2, 2025

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OVERVIEW

This document contains the Release Notes for March 2025. Upon receipt, please review and test these changes in your Staging Site as soon as possible. The updates may have different effects, depending on your configuration. Use the following tags to understand the impact of the updates on your site:



Available to all users when released



Dependent on the activation of other feature(s)



Some setup is required after the release



Requires purchase and additional setup

Please note that the terms ***client***, ***patient***, and ***individual*** are used interchangeably throughout this document, depending on the feature.

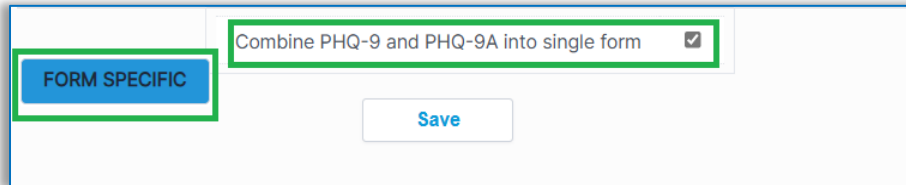
If you have questions regarding staging sites or this release, please contact our support team at support@drcloudehr.com.

PATIENTS

Modifications to the Patient Health Questionnaire (PHQ-9) based on age

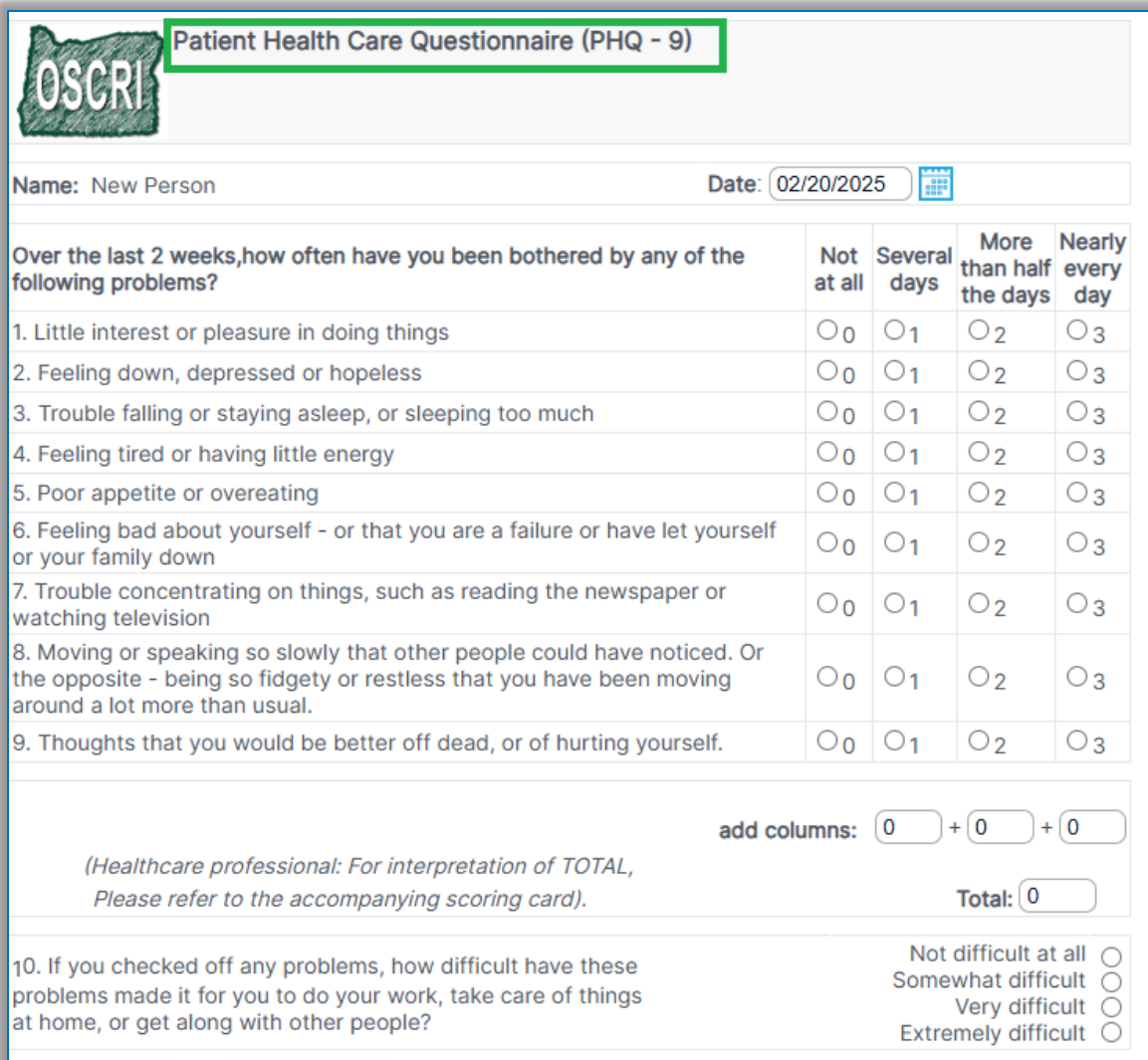
Core Setup

New global flag: "Combine PHQ-9 and PHQ-9A into single form."



Below is the Patient Health Care Questionnaire (PHQ-9) when the new Global flag is enabled, and the consumer's age is above 18 years:

Note: The staff signature is hidden.



OSCRI Patient Health Care Questionnaire (PHQ - 9)

Name: New Person Date: 02/20/2025

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Feeling down, depressed or hopeless	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Feeling tired or having little energy	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Poor appetite or overeating	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Thoughts that you would be better off dead, or of hurting yourself.	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

add columns: 0 + 0 + 0


(Healthcare professional: For interpretation of TOTAL, Please refer to the accompanying scoring card). Total: 0

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

Below is the Patient Health Care Questionnaire (PHQ-9A) when the new Global flag is enabled, and the consumer's age is below 18 years:

Note: The staff signature is hidden.



Patient Health Care Questionnaire (PHQ - 9A)

Name: New Person Date: 02/20/2025

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling down, depressed, irritable, or hopeless?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2. Little interest or pleasure in doing things?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3. Trouble falling asleep , staying asleep, or sleeping too much	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4. Poor appetite, weight loss, or overeating	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5. Feeling tired, or having little energy?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6. Feeling bad about yourself - or that you are a failure or that you have let yourself or your family down?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7. Trouble concentrating on things, like school work, reading or watching TV?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

add columns: + +

(Healthcare professional: For interpretation of TOTAL, Please refer to the accompanying scoring card).

Total:

In the past year have you felt depressed or sad most days, even if you felt okay sometimes?
 Yes No

If you are experiencing any Of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?
 Not difficult at all Somewhat difficult Very difficult Extremely difficult

Has there been a time in the past month when you have had serious thoughts about ending your life?
 Yes No

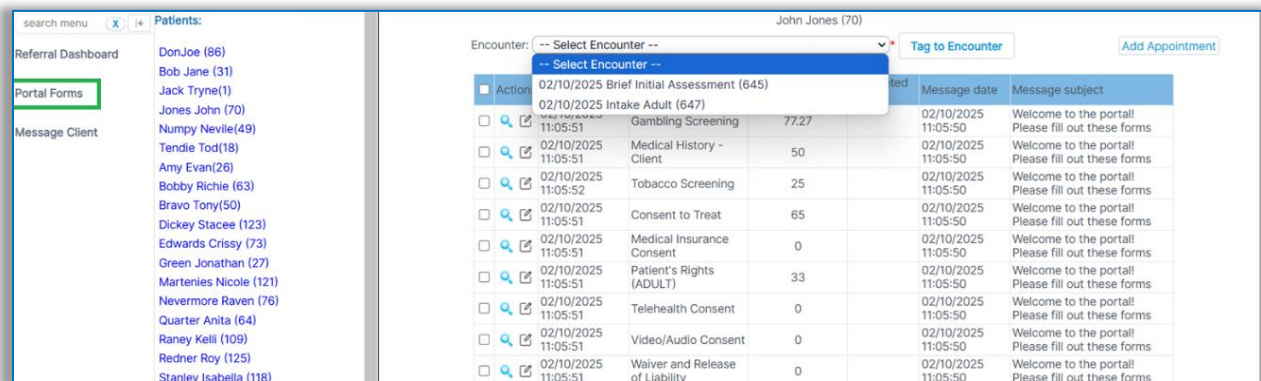
Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?
 Yes No

Updates to Patient Portal Forms

Core
 Setup

A new link, "Portal Forms" has been added to the Patient tab.

- This includes a left-side menu that lists patients and their portal forms.
- When a patient's name is selected, their FB forms, class-based forms, and consent forms (not linked to any encounter) will be displayed.
- On this page, users can preview, edit, and tag forms to specific patient encounters.
- Once tagged, the forms will no longer be displayed on the page.
- After all forms are tagged, the patient will no longer appear on the list.
- The displayed forms are those that the patient has filled through the portal.
- An "Add Appointment" button has been added, similar to the functionality in the patient demographics appointment widget.



The screenshot displays the 'Patient Portal Forms' interface. On the left, a 'Patients' list includes names and IDs such as DonJoe (86), Bob Jane (31), and Jack Tryne(1). The 'Portal Forms' section is highlighted. The main area shows a patient profile for 'John Jones (70)' with an 'Encounter' dropdown set to '-- Select Encounter --'. Below this is a table of forms with columns for 'Action', 'Encounter', 'Form Name', 'Score', 'Message date', and 'Message subject'. A 'Tag to Encounter' button is visible above the table.

Action	Encounter	Form Name	Score	Message date	Message subject
<input type="checkbox"/>	02/10/2025 11:05:51	02/10/2025 Brief Initial Assessment (645)		02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	02/10/2025 Intake Adult (647)		02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Gambling Screening	77.27	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Medical History - Client	50	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:52	Tobacco Screening	25	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Consent to Treat	65	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Medical Insurance Consent	0	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Patient's Rights (ADULT)	33	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Telehealth Consent	0	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Video/Audio Consent	0	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms
<input type="checkbox"/>	02/10/2025 11:05:51	Waiver and Release of Liability	0	02/10/2025 11:05:50	Welcome to the portal! Please fill out these forms

BILLING

Updates to Payments → Search Payments → New Allocations/Allocated Details

Core Setup

The following updates were made:

1. Added a new option in "Edit Transactions" to display active insurances in payments.
2. Show the insurance names in the dropdown of "Edit Transactions".



Edit transactions for - John Smith for encounter 100207242 dated 18/02/2025
Below transactions can be modified

Program: A-AAADO	Rendering Provider: Ensoftek Admin	Service Code & Modifier: 90281:hg	Charge: \$ 7,500.00	Units: 3.00	Current Service Balance: 0	Payment/Check Balance: 0	Posting For: Pat
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Done With:
Patient
None
Ins1 American Family Insurance
Patient

Payment	Adjustment Reason	Adjustment Group	Information