

Add/Create Custom Forms

Updated Modified on 04/08/2024 8:54 am EDT

This workflow will provide the necessary steps in CMD and Updox for creating a custom intake form.

1. Select **Account Administration > Services**.
2. Click the **button** next to **Intake Forms**.
3. From the **Forms Options** tab, click **Open Updox**.
4. Click **Menu > Admin > Form Management**.

The screenshot displays the Updox web application interface. On the left, a navigation sidebar contains various menu items, with 'Form Management' highlighted by a red box. The main content area shows a form titled 'Form: Patient Demographics' for editing. The form includes a header 'New Patient Registration Form' and a section for 'Patient Information' with fields for Suffix, First Name, Middle Initial, Last Name, Date of Birth, SSN, Sex, Street Address, Apartment, Suite, Etc. (Optional), City, State, ZIP Code, Home Phone Number, Cell Phone Number, Work Phone Number, Work Phone Extension, Email, and Who is your Primary Care Provider (PCP)? (set to none). The interface also shows a 'Messenger' button at the bottom right and a 'Refer & Share' button in the sidebar.

5. Select an existing form (basic form) as a template and click **Duplicate Form** or select **Add New Form**.
6. Enter your form name.
7. (Optional) enter your Auto tag and Submit to.
8. Click **Add New Field**.
9. Within the **Field Editor**, select the field **Type** (dropdown, checkbox, radio button, single-line text, etc.).
10. Enter the **Label**(field name).
11. Select the **EHR Key** (this field will match the data entered with the field in the patient section in **CMD**).

Field Editor ✕


Type: Single-Line Text

Label: Patient First Name

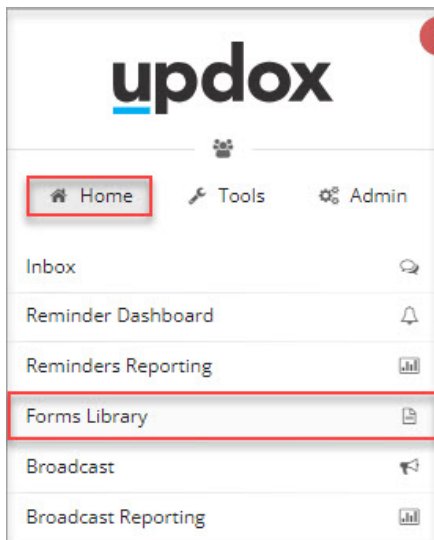
EHR Key: [Dropdown Menu]

- Guarantor Zip Code
- Patient Cell Phone
- Patient City
- Patient Email
- Patient First Name**
- Patient Home Phone
- Patient Last Name
- Patient Middle Name
- Patient Preferred Language
- Primary Policy Holder Address Line 1
- Primary Policy Holder Address Line 2
- Primary Policy Holder Cell Phone
- Primary Policy Holder City
- Primary Policy Holder Email
- Primary Policy Holder First Name
- Primary Policy Holder Home Phone
- Primary Policy Holder Last Name
- Primary Policy Holder Middle Name
- Primary Policy Holder SSN
- Primary Policy Holder State

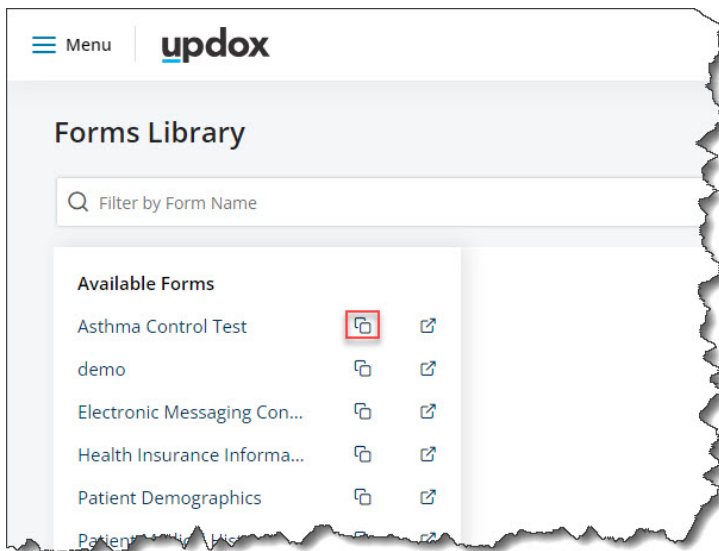
12. Select if you want the field to be required by checking the box **Name and DOB fields must be included in all forms and set as required**.
13. Optional (add a description for the field).
14. Continue adding more fields as needed (steps 8-13).
15. Click **Save**.

 It is best practice to save your progress regularly since navigating away from your editor screen will cause any unsaved changes to be lost.

16. From the Menu screen, navigate to **Home > Forms Library**.



17. Find the form and click the **'Copy forms link to clipboard'** icon to copy the form's URL.



18. Return to the **Forms Options** tab in CMD (step 3).

19. Scroll down and enter the **Form Title** exactly as shown in Updox.

20. In the **Form URL** field, paste the URL copied in step 17.

Patient Intake Forms for Customer #10001911 - COLLABORATEMD

i This service is included in your account's price plan

Basic Forms

Custom Forms (includes Basic Forms)

Forms Options **Message Template** **Portal Options**

Instructions: Create Forms in Updox and then add them to the table below:

1. Open Updox, click the Menu, select Admin, and then select Form Manager to add, remove, or edit forms. Be sure to set the EHR Key for your form fields to link fields to CollaborateMD.
2. If you have added or removed any forms, update the table below. In Updox, click the Menu, select Home, and then select Forms Library. Use the Copy button next to each form to copy the URL of the form into the table. Also Copy the Title of each form into the table.

i The form title and form URL must **exactly match** the values in Updox.

Open Updox Show Deleted Forms

Form Title	Form URL	Deleted
Patient Demographics	https://forms.updoxqa.com/form/13005	<input type="checkbox"/>
Medical History	https://forms.updoxqa.com/form/13016	<input type="checkbox"/>
Health Insurance Information	https://forms.updoxqa.com/form/13017	<input type="checkbox"/>
Electronic Messaging Consent	https://forms.updoxqa.com/form/13082	<input type="checkbox"/>
Asthma Control Test		<input type="checkbox"/>

Save

Save and Demo

Copy Configuration

Cancel

Please note that it is important that the user correctly enters the form title, and copies the form URL for each new form.

21. Click **Save**.