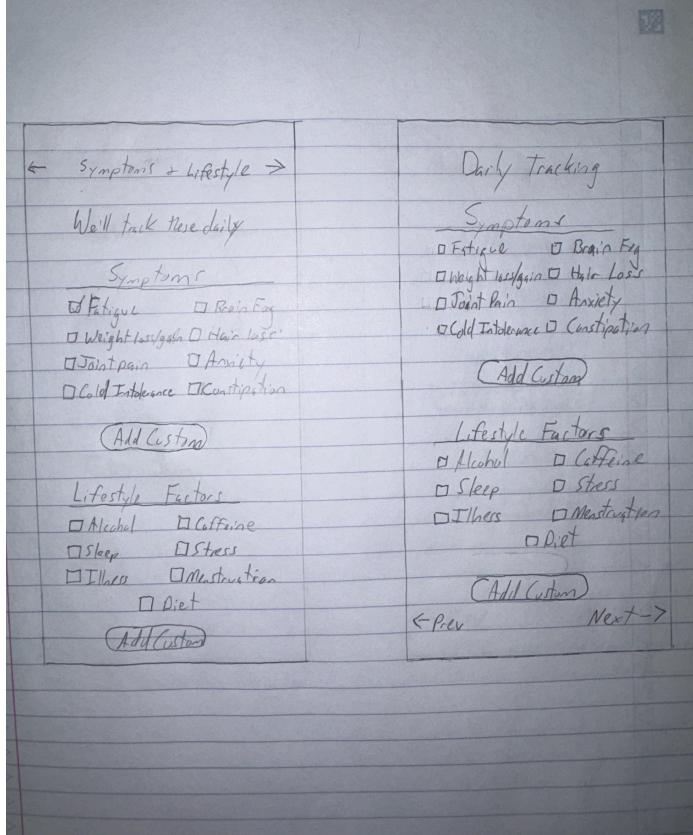
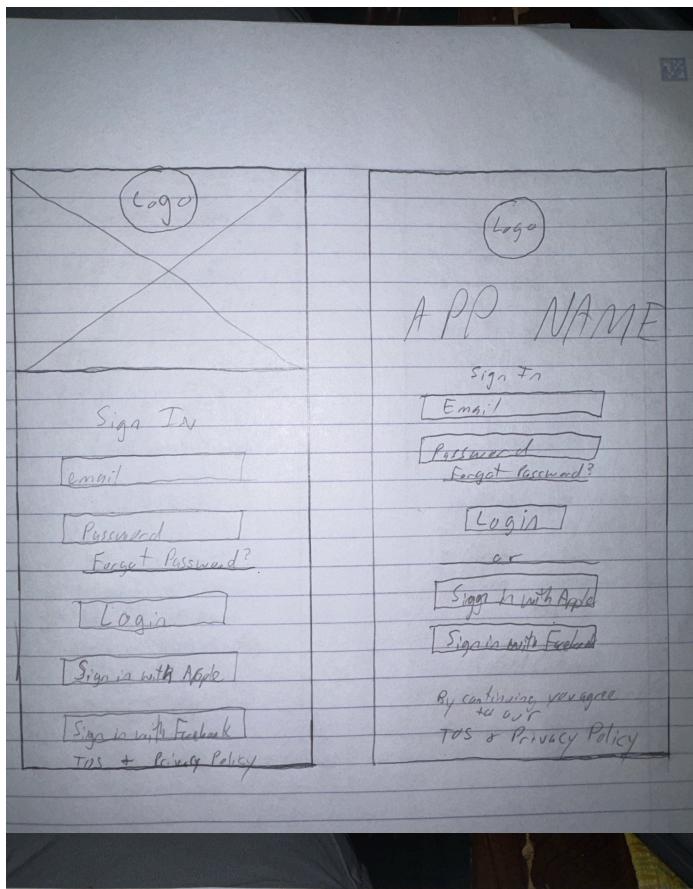


# IA & WIREFRAMES



<u>&lt; Medications, Supplements, Labs</u>	<u>-&gt;</u>	<u>Medications, Supplements, &amp; Labs</u>
<u>Medications + Supplements</u>		<u>Medications</u>
( <u>Add Medication</u> )		( <u>Add Medication</u> )
( <u>Add Supplement</u> )		<u>Supplements</u>
<u>Labs</u>		( <u>Add Supplement</u> )
( <u>Add Lab Test</u> )		<u>Labs</u>
		( <u>Add Lab</u> )
	<u>&lt;-Prev</u>	<u>Next-&gt;</u>

<u>&lt; Demographics + Reminders -&gt;</u>	<u>Demographics + Reminders</u>
<u>Age ♂</u>	<u>Age ♂</u>
0 18-30      0 50-65	0 18-35      0 50-65
0 30-40      0 60-70	0 35-50      0 65+
0 40-50      0 70+	
<u>Gender ♂</u>	<u>Gender ♂</u>
<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Female <input type="radio"/> Male/Trans/Non-binary
<input type="radio"/> Trans/Non-binary <input type="radio"/> Other	<input type="radio"/> Other <input type="radio"/> Prefer not to say
<input type="radio"/> Prefer Not to say	
<u>Ethnicity ♂</u>	<u>Ethnicity ♂</u>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Daily Reminders? <input type="radio"/> Yes <input type="radio"/> No	<u>Daily Reminders? <input type="radio"/> Yes    <input type="radio"/> No</u>
<u>&lt;-Prev</u>	<u>Next-&gt;</u>

