

FIRST PAGE

General information

First Name:

Last Name:

Hospital ID:

Birthday:

Gender: M ☐ F ☐

(Upload a picture of
your hospital ID?)

Next →

→ Maybe not needed if
we focus on people who go in
emergency room
b/c it's
most
likely
pain

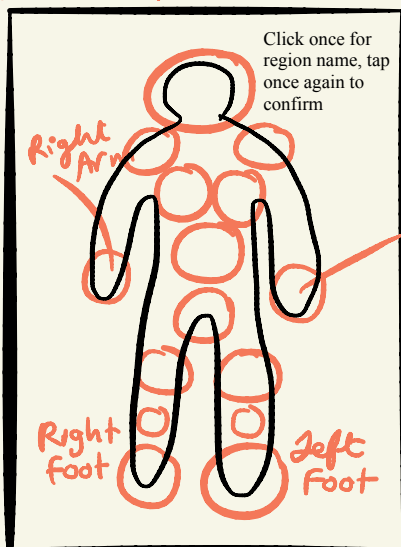
Reason for visit:

☐ Pain (redirects
to the pain indi-
cator page?)

☐

(click on the)


GENERAL REGION OF PAIN



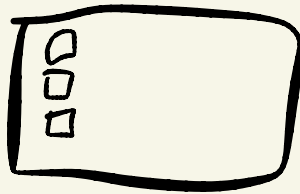
list of general
symptoms /
things that
could have hap-
pened that can
be clicked on
and added to
the ~ medical
transcript ~

LAST PAGE

Additional comments
for the doctor:

A large, empty rectangular box with a black border, intended for additional comments for the doctor. It is positioned below the text 'Additional comments for the doctor:' and is contained within a larger rectangular frame.

click on body part
↳ menu pops down



check
symptoms

~~doctor~~ or nurse says



low



med



high

priority

Please fill in :

General information

First Name:

Last Name:

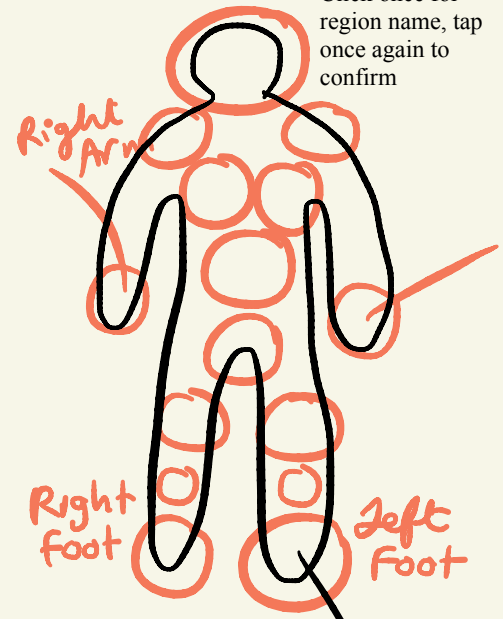
Hospital ID:

Birthday:

Gender: M ☐ F ☐

Confirm

Click once for
region name, tap
once again to
confirm



<input type="checkbox"/>	~~~~~
<input checked="" type="checkbox"/>	~~~~~
<input checked="" type="checkbox"/>	~~~~~

<input type="checkbox"/>	~~~~~
<input checked="" type="checkbox"/>	~~~~~
<input checked="" type="checkbox"/>	~~~~~

Next

(General Questions)

o How long have you been in pain

o ~~~~~

o Additional comments:

Next

General

~~~~~

~~~~~

Quest. -

~~~~~

~~~~~

Thank you.

Time submitted: 6:35 PM