UC patients going thru ILI Tent:

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Patient Name

Date of Birth

Phone number

Address

Insurance Carrier

Policy Number

Group if available

Patients under 18 years of age:

Parent name

Parent DOB

Parent phone number: same as above or: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Could the consents below offer the opportunity to click and read the consents, or bypass and sign consents?*

Consent for Treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Agreement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is the current questionnaire……

There a couple business rules……

1,2, and 3 are the primary questions.

They only have to answer 4, 5 and 6 if #3 is YES.

Dont worry about color coding….I’ll do that on my end…..

Graphical user interface, text, application, email

Description automatically generated