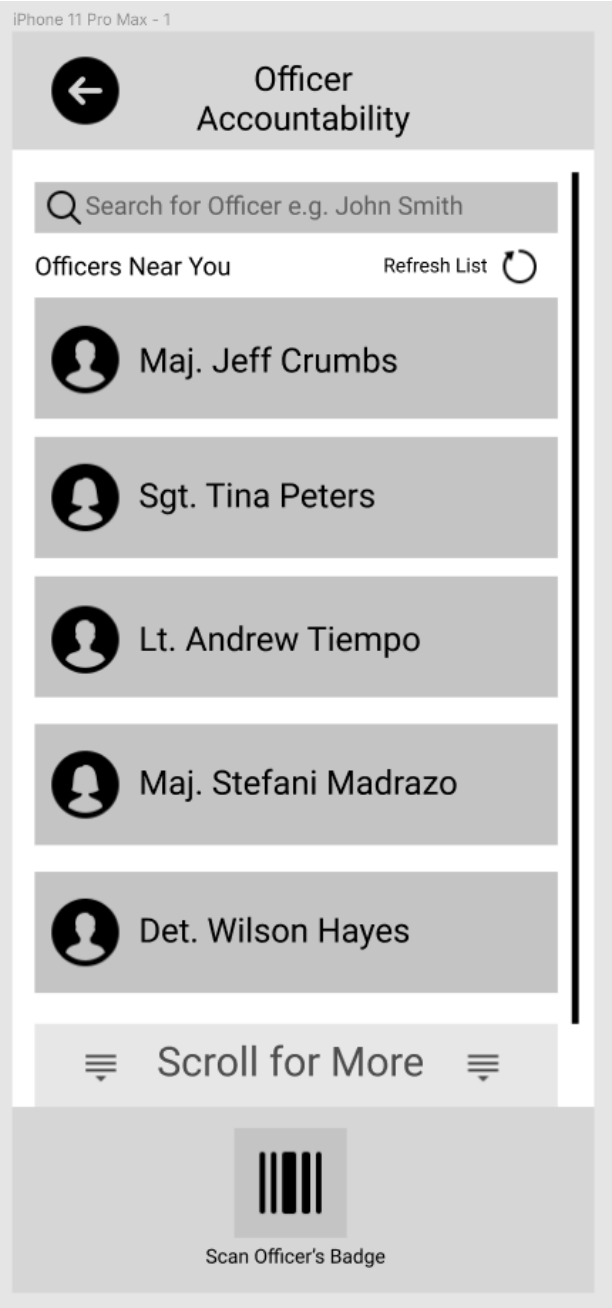
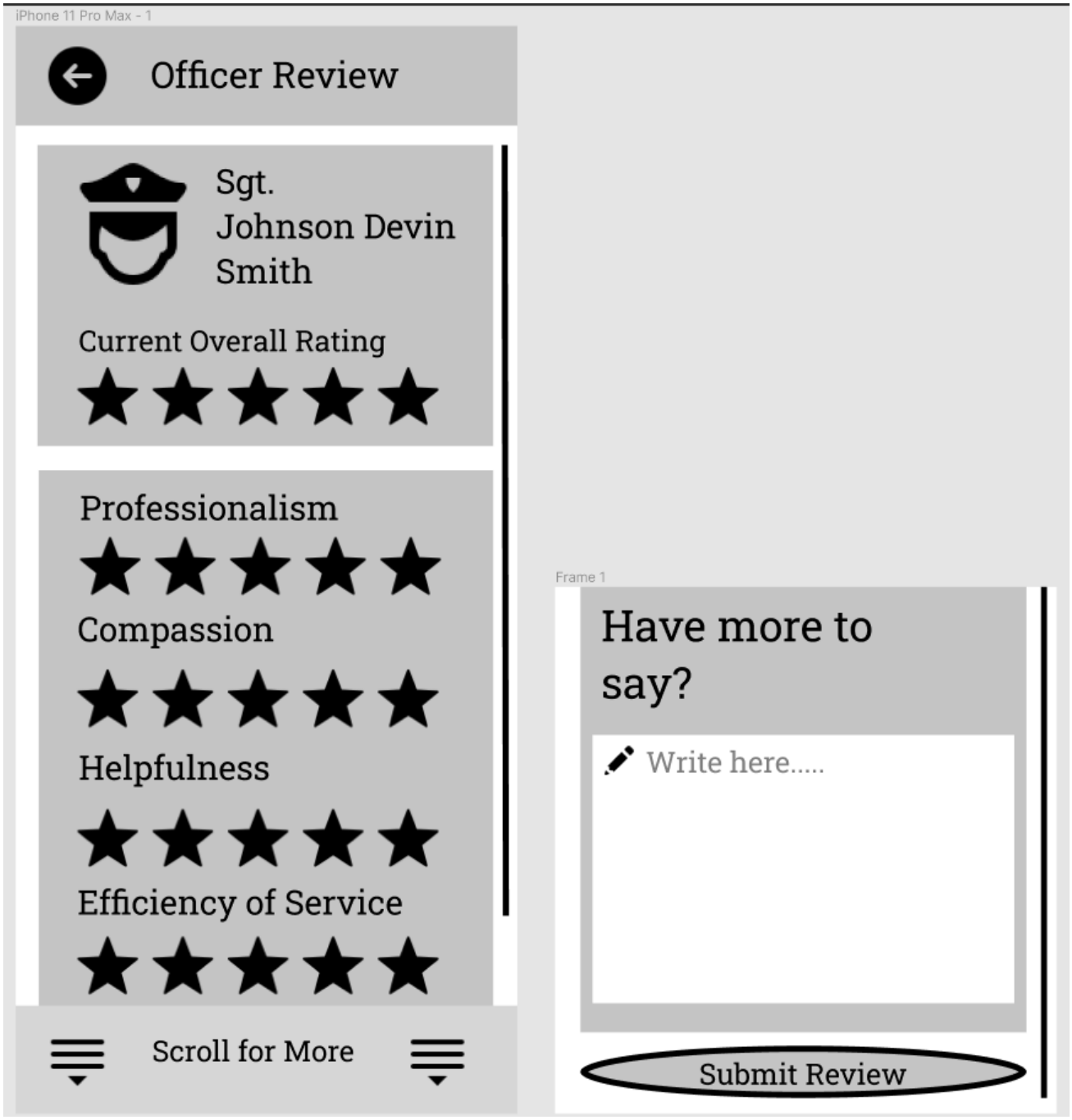
Iterated Prototypes

Landing Page

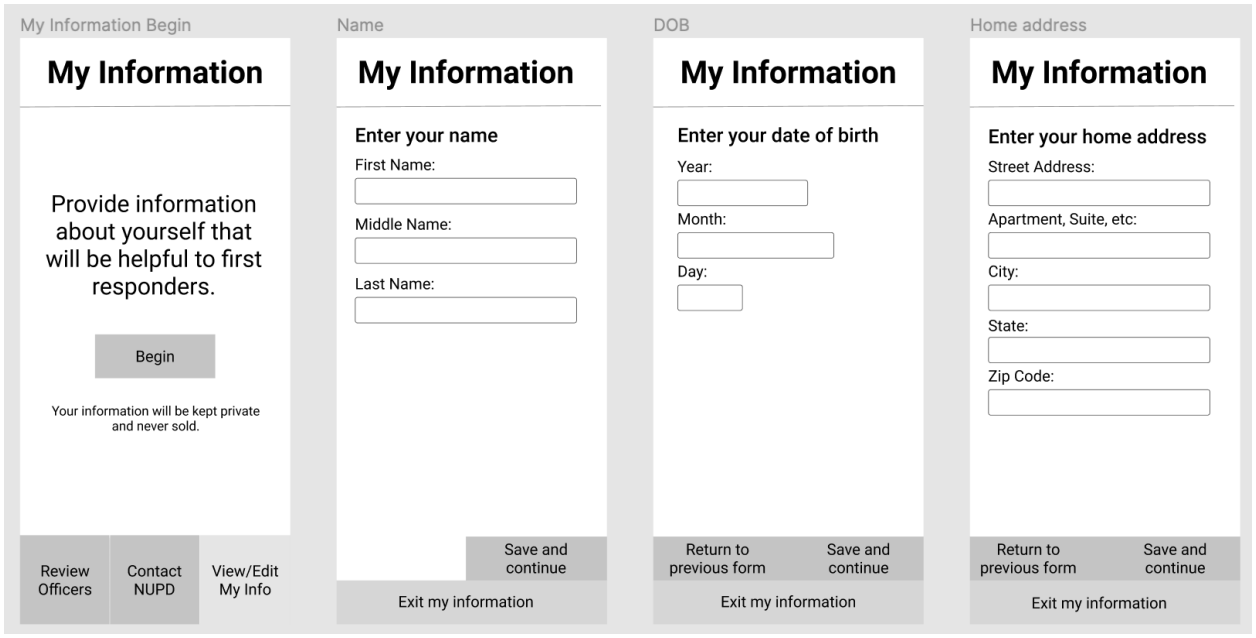
Reviews Landing Page

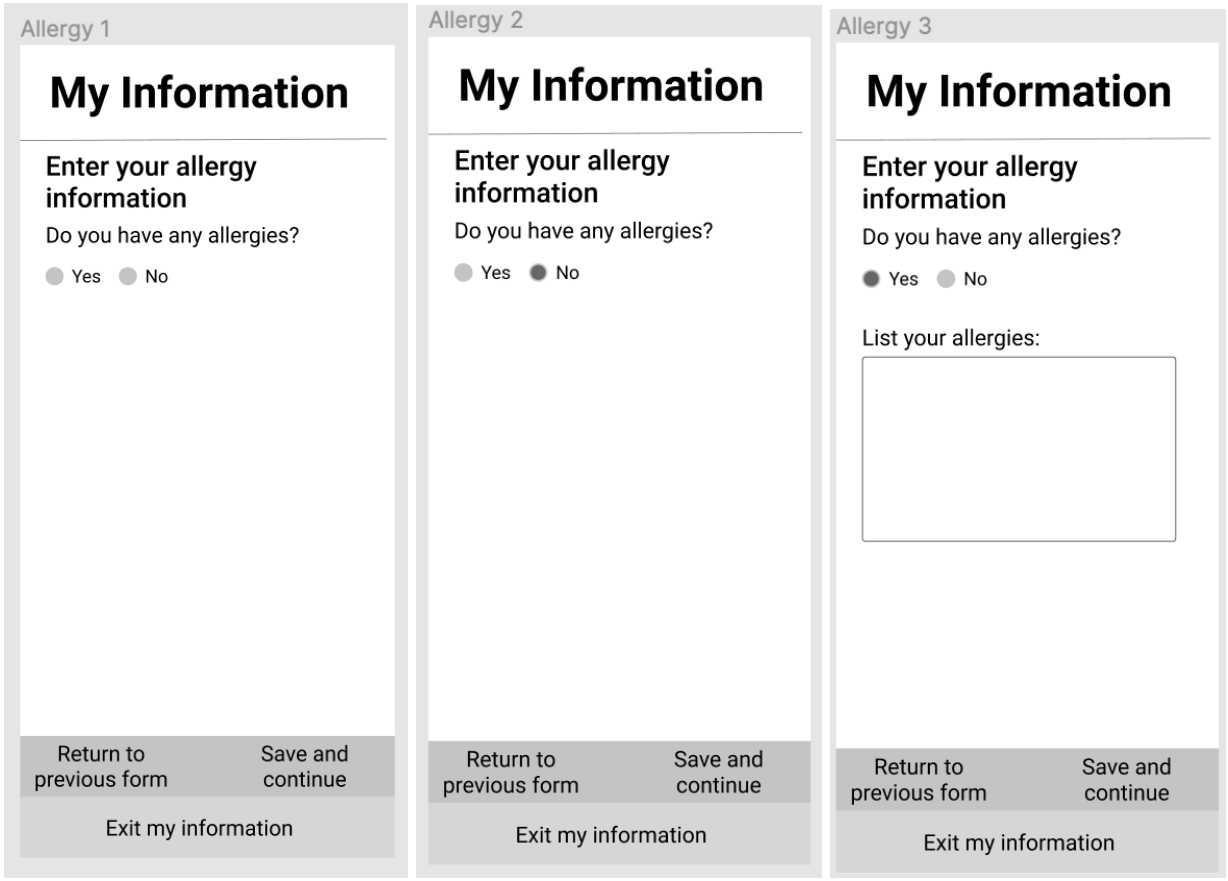


Officer Review Page



My Information Screens


My Information Begin
My Information
Provide information about yourself that will be helpful to first responders.
Begin
Your information will be kept private and never sold.
Review Officers
Contact NUPD
View/Edit My Info
Name
My Information
Enter your name
First Name:
Middle Name:
Last Name:
Save and continue
Exit my information
DOB
My Information
Enter your date of birth
Year:
Month:
Day:
Return to previous form
Save and continue
Exit my information
Home address
My Information
Enter your home address
Street Address:
Apartment, Suite, etc:
City:
State:
Zip Code:
Return to previous form
Save and continue
Exit my information


Allergy 1
My Information
Enter your allergy information
Do you have any allergies?
Yes
No
Return to previous form
Save and continue
Exit my information
Allergy 2
My Information
Enter your allergy information
Do you have any allergies?
Yes
No
Return to previous form
Save and continue
Exit my information
Allergy 3
My Information
Enter your allergy information
Do you have any allergies?
Yes
No
List your allergies:
Return to previous form
Save and continue
Exit my information

Medications 1

My Information

Enter your medication information

Do you take any medications?

○ Yes ○ No

Return to previous form | Save and continue

Exit my information

Medications 2

My Information

Enter your medication information

Do you take any medications?

○ Yes ● No

Return to previous form | Save and continue

Exit my information

Medications 3

My Information

Enter your medication information

Do you take any medications?

● Yes ○ No

List the medications you take:

Return to previous form | Save and continue

Exit my information

Medical conditions 1

My Information

Enter your medical condition information

Do you have any medical conditions?

○ Yes ○ No

Return to previous form | Save and continue

Exit my information

Medical conditions 2

My Information

Enter your medical condition information

Do you have any medical conditions?

○ Yes ● No

Return to previous form | Save and continue

Exit my information

Medical conditions 3

My Information

Enter your medical condition information

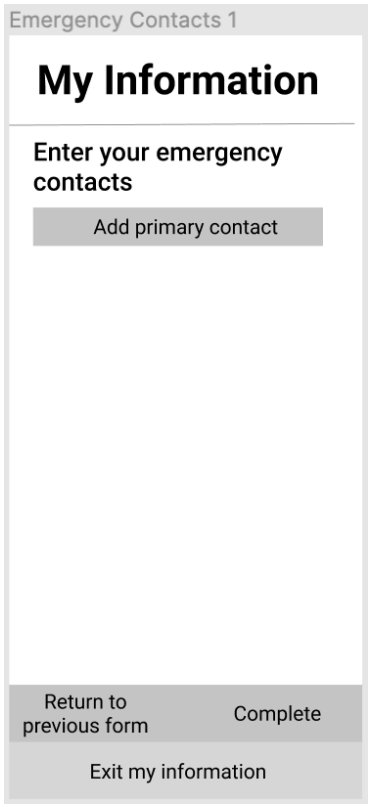
Do you have any medical conditions?

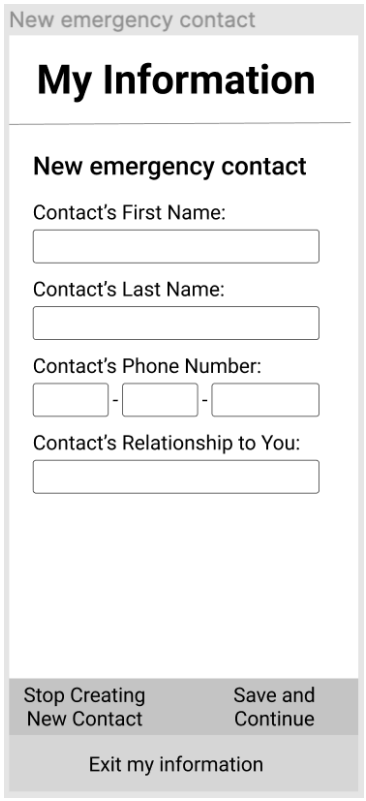
● Yes ○ No

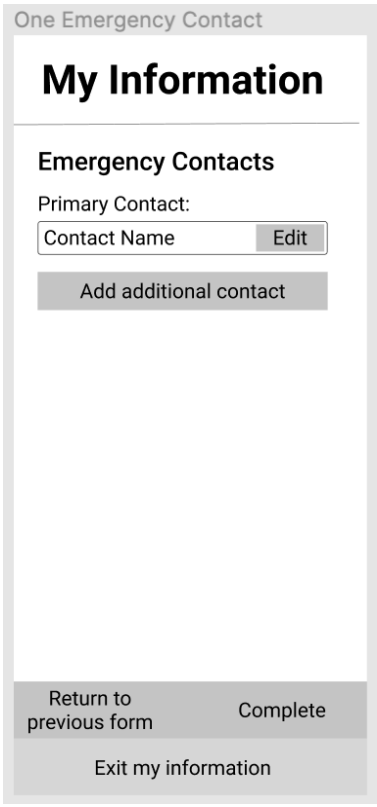
List your medical conditions:

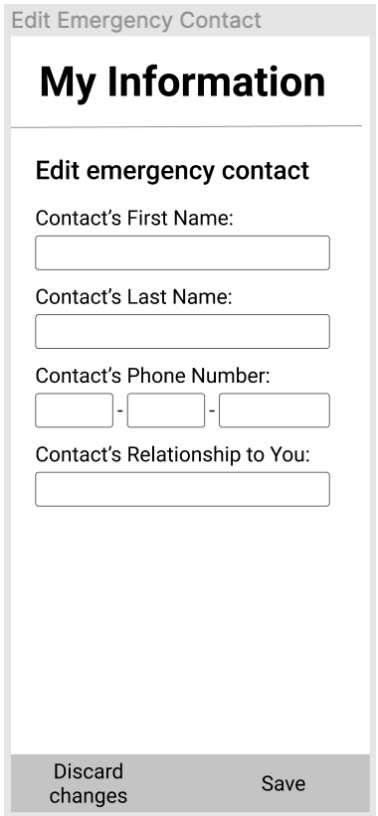
Return to previous form | Save and continue

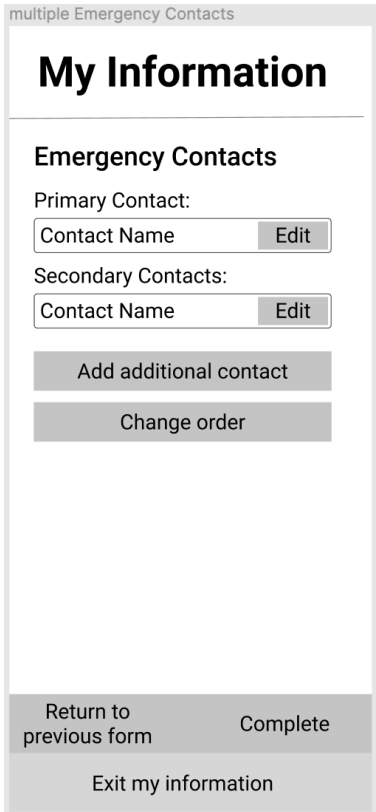
Exit my information

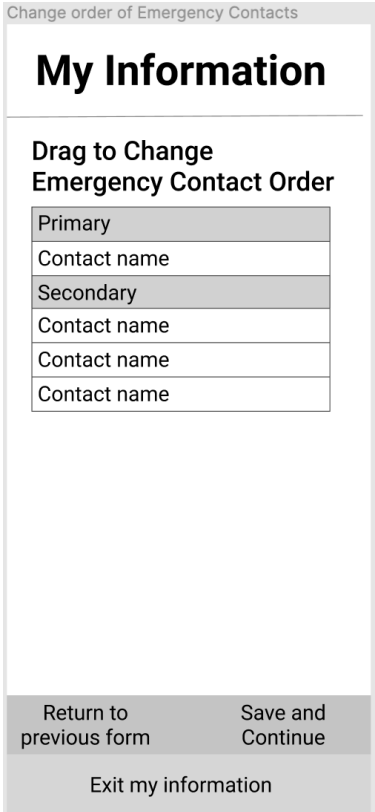

Emergency Contacts 1
My Information
Enter your emergency contacts
Add primary contact
Return to previous form
Complete
Exit my information


New emergency contact
My Information
New emergency contact
Contact's First Name:
Contact's Last Name:
Contact's Phone Number:
Contact's Relationship to You:
Stop Creating New Contact
Save and Continue
Exit my information


One Emergency Contact
My Information
Emergency Contacts
Primary Contact:
Contact Name
Edit
Add additional contact
Return to previous form
Complete
Exit my information


Edit Emergency Contact
My Information
Edit emergency contact
Contact's First Name:
Contact's Last Name:
Contact's Phone Number:
Contact's Relationship to You:
Discard changes
Save


multiple Emergency Contacts
My Information
Emergency Contacts
Primary Contact:
Contact Name
Edit
Secondary Contacts:
Contact Name
Edit
Add additional contact
Change order
Return to previous form
Complete
Exit my information


Change order of Emergency Contacts
My Information
Drag to Change Emergency Contact Order
Primary
Contact name
Secondary
Contact name
Contact name
Contact name
Return to previous form
Save and Continue
Exit my information

My Information Complete

My Information

Thank You.

Your information will only be shared with first responders in the event of an emergency

OK

Review Officers | Contact NUPD | View/Edit My Info

All personal info

My Information

Personal Information | Medical Information | Emergency Contacts

First Name:

Middle Name:

Last Name:

Date of Birth (mm/dd/yy):

Street Address:

Apartment, Suite, etc:

City:

Review Officers | Contact NUPD | View/Edit My Info

All medical info

My Information

Personal Information | Medical Information | Emergency Contacts

Allergies:

Medications:

Medical Conditions:

Edit Medical Information

Review Officers | Contact NUPD | View/Edit My Info

All emercengy contacts

My Information

Personal Information | Medical Information | Emergency Contacts

Primary Contact:

Contact Name Edit

Secondary Contacts:

Contact Name Edit

Add additional contact

Change order

Review Officers | Contact NUPD | View/Edit My Info

All personal info 2

My Information

Personal Information | Medical Information | Emergency Contacts

Street Address:

Apartment, Suite, etc:

City:

State:

Zip Code:

Edit Personal Information

Review Officers | Contact NUPD | View/Edit My Info

All medical info 2

My Information

Personal Information | Medical Information | Emergency Contacts

Allergies: None

Medications: None

Medical Conditions: None

Edit Medical Information

Review Officers | Contact NUPD | View/Edit My Info

New emergency co...

My Information

New emergency contact

Contact's First Name:

Contact's Last Name:

Contact's Phone Number:

- -

Contact's Relationship to You:

Stop Creating New Contact | Save

All personal info edit

My Information

Edit Personal Information

First Name:

Middle Name:

Last Name:

Date of Birth (mm/dd/yy):

Street Address:

Apartment, Suite, etc:

City:

Discard changes | Save

All medical info edit

My Information

Personal Information | Medical Information | Emergency Contacts

Do you have any allergies?

○ Yes ● No

Do you take any medications?

● Yes ○ No

List the medications you take:

Do you have any medical conditions?

● Yes ○ No

List your medical conditions:

Discard changes | Save

Change order of Em...

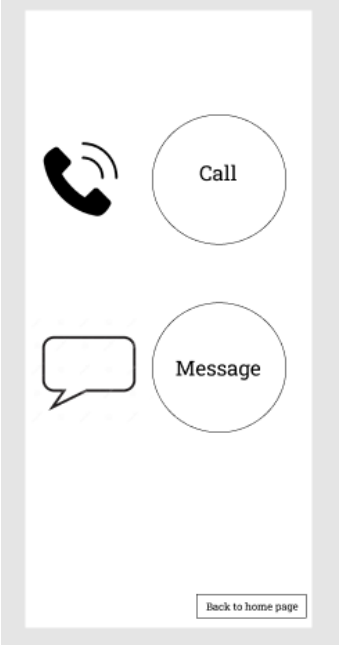
My Information

Drag to Change Emergency Contact Order

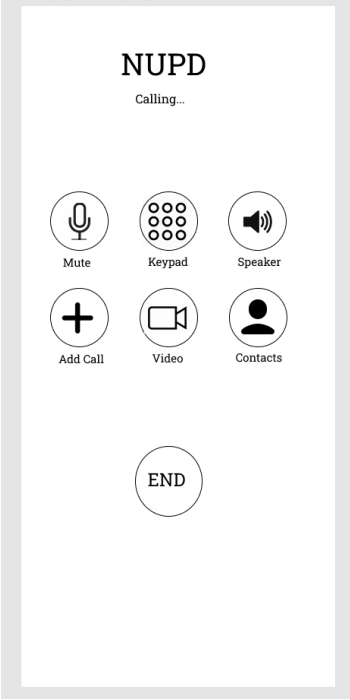
Primary
Contact name
Secondary
Contact name
Contact name
Contact name

Dischard changes | Save

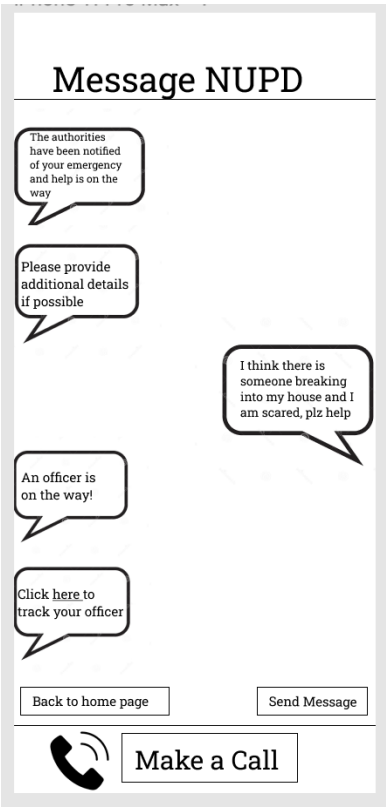
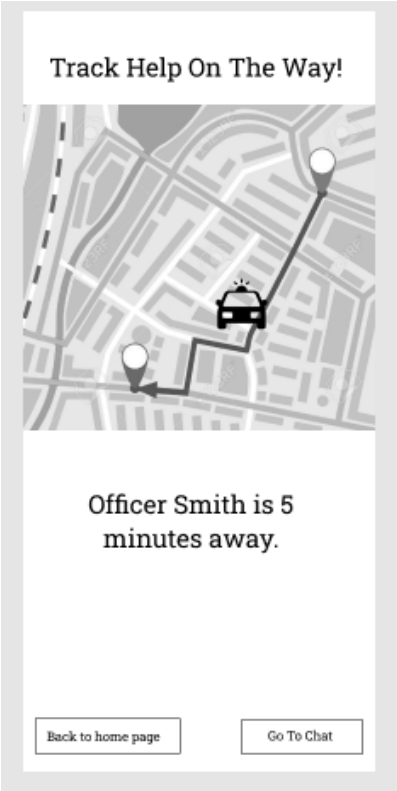
Choosing Call or Message Screen



Calling NUPD Screen



Messaging NUPD Screen



Tracking Help Screen