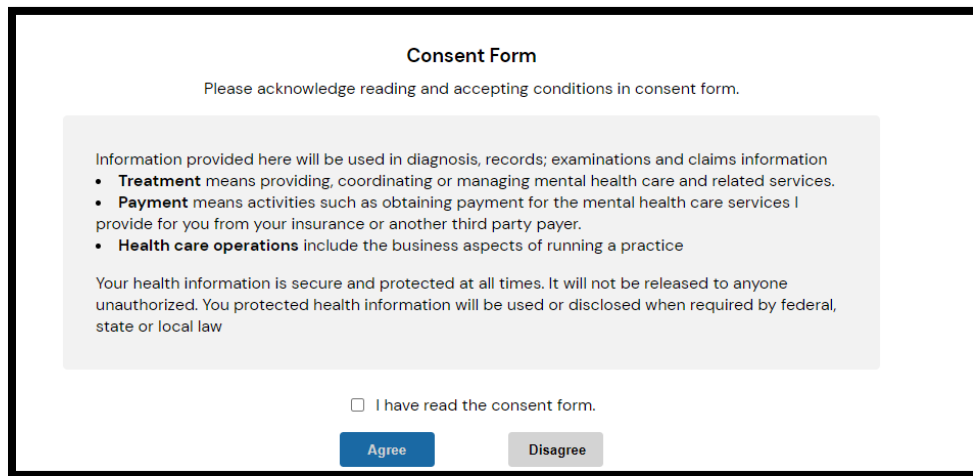


Application Manual

STEPS

1. Navigate to application launch <https://apps.hdap.gatech.edu/pre-populated-intake-forms-app/index.html>
2. Click the check box to confirm you have read the consent form and click agree (see below)



The screenshot shows a web form titled "Consent Form". Below the title is a line of text: "Please acknowledge reading and accepting conditions in consent form." The main content area is a light gray box containing the following text:

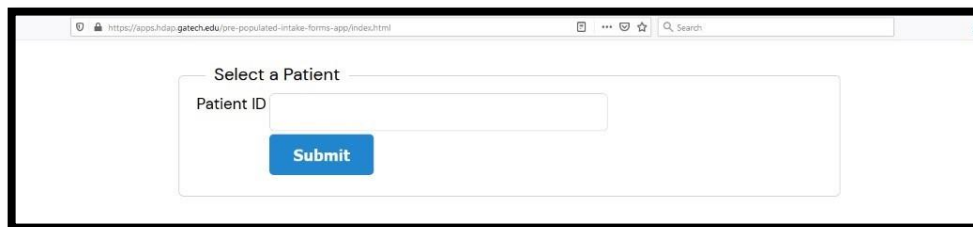
Information provided here will be used in diagnosis, records; examinations and claims information

- **Treatment** means providing, coordinating or managing mental health care and related services.
- **Payment** means activities such as obtaining payment for the mental health care services I provide for you from your insurance or another third party payer.
- **Health care operations** include the business aspects of running a practice

Your health information is secure and protected at all times. It will not be released to anyone unauthorized. Your protected health information will be used or disclosed when required by federal, state or local law

Below the gray box is a checkbox labeled "I have read the consent form." and two buttons: "Agree" (blue) and "Disagree" (gray).

3. On the main screen input a valid Patient ID and click "Submit".



The screenshot shows a web browser window with the URL "https://apps.hdap.gatech.edu/pre-populated-intake-forms-app/index.html". The page has a header "Select a Patient" and a form with a "Patient ID" input field and a blue "Submit" button.

4. The intake form will fetch data from the server and use it to populate the following sections of the form:
 - a. Patient Info (everything)
 - b. Medical History (everything)
 - c. Medications
 - d. Drug Allergies
 - e. Surgical History
 - f. Health Habits
 - g. Family Member History

Patient Info

First * Winford Middle * initial Last * Altenwerth Relationship Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Other

Address * Suite 873 Phone (Home) (182) 662-7077

City Waltham State MA Postal Code 02453 Phone (Mobile) (141) 355-5555 Email test@anymail.com

Date of Birth 01/24/2014 Gender * ☐ Male ☒ Female Preferred Contact preferred contact

Submit

Medical History

(Please check or list any medical problems you have experienced)

<input checked="" type="checkbox"/> Anxiety	<input checked="" type="checkbox"/> Asthma	<input checked="" type="checkbox"/> Arthritis	<input type="checkbox"/> Cancer
<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Depression	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> HIV/AIDS	<input checked="" type="checkbox"/> Kidney Stones	<input checked="" type="checkbox"/> Seizures	<input checked="" type="checkbox"/> Stroke
<input type="checkbox"/> Thyroid Disease	<input checked="" type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Sore Throat	

Medication	Condition	Dosage	Frequency
Nitroglycerin 0.4 MG/ACTUAT [Nitroli]	Myocardial Infarction Zebulon	5	5

5. You can edit following items:
 - a. Patient Info
 - i. Address, gender, phone number, etc.
 - b. Medical History
 - i. Conditions like anxiety and asthma
 - ii. Medications with dosage and frequency
 - c. Medication Allergies
 - i. Medication and the reaction
6. Click "Save" to save the new data to the FHIR server

Login information for app.

No login is required. These are a few test patients with complete data which can be used for testing:

- 40f680c8-238b-426b-b1c0-1649c780ce69
- 25e0ad0c-0b23-4ab0-aded-137ece9562b6