Electronic Forms Quick Guide

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Updox Forms are a great tool to help you eliminate paper forms. Your patients can complete the forms online and return them from their phone, tablet, or computer. Forms are secure, HIPAA-compliant, and easy to use. Just follow the steps in this guide to get started with forms.
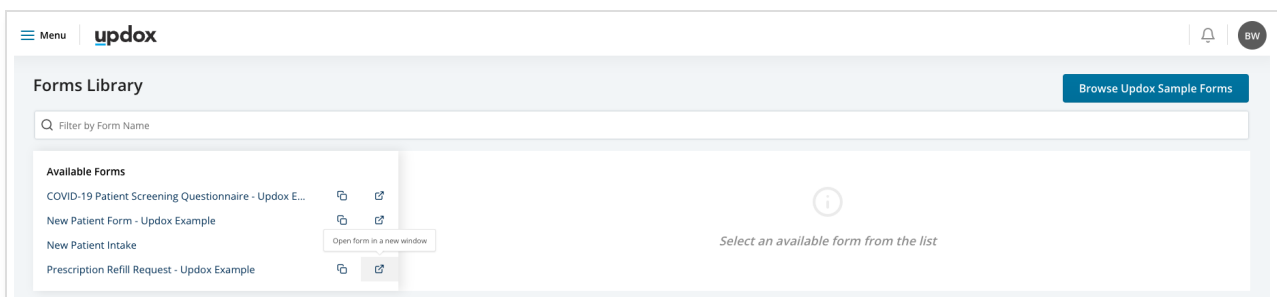
You can copy forms from the Form Library to use or you can create your own form.
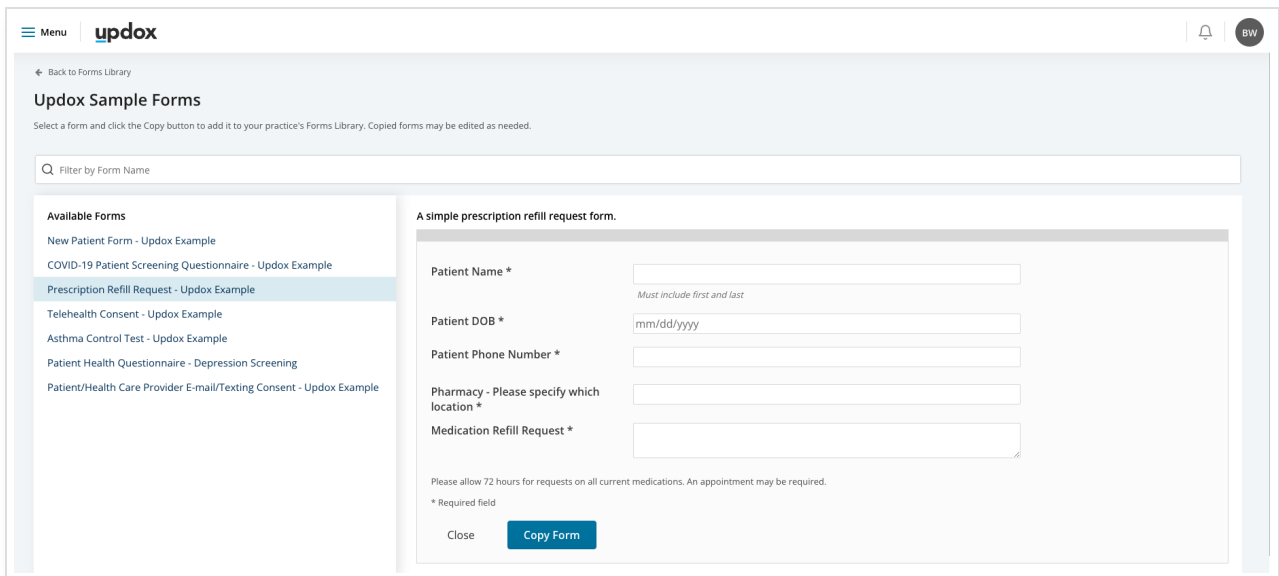
Accessing the Form Library

1. After logging in to your Updox account, go to **Menu** > **Home** > **Forms Library**.
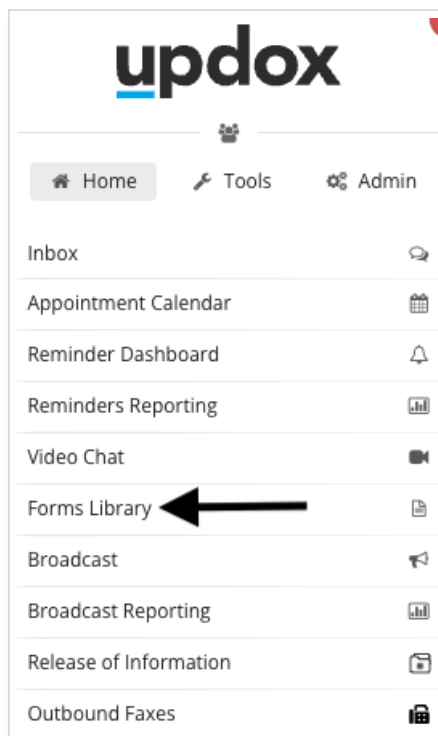
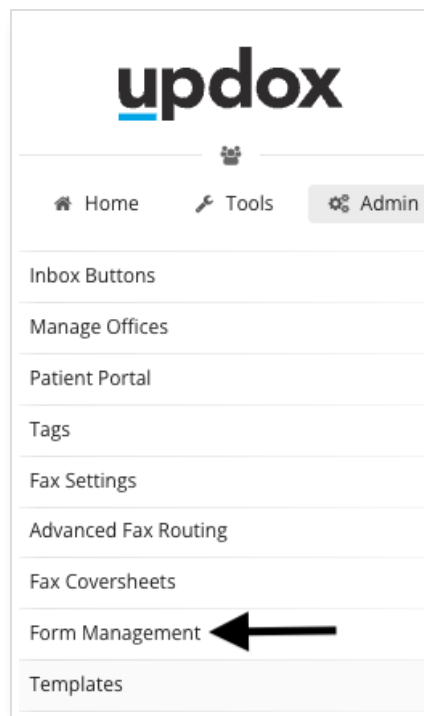2. Select **Browse Updox Sample Forms**.

3. You can browse the forms and then select the ones you would like to use in your account by clicking **Copy Form.** Once the form is in your account, you can begin to use it.

Creating or Editing a Form

1. To edit a sample form or create a new form for your practice, go to **Menu** > **Admin** and select **Form Management**.

2. Here you can edit the existing forms you have created or copied to your account or create a new form.

3. There are a variety of field types you can use to create your form. You can ask patients to upload images, include signatures, or a 5-star rating for post-appointment surveys.

Below are the fields you can use when creating a form:

- **Single-Line Text**: Allows the user to enter one to two-word answers
- **Multi-Line Text**: Allows user to enter a multi-line free text response
- **Date Picker**: Allows the user to select a date from a calendar
- **Label/Instructions**: Most commonly used at the beginning of a form to provide the patient instructions
- **Section Heading**: Name a section of a form. For example "Insurance Information"
- **Spacer**: Creates a space between items
- **Check Box**: Allows the user to check one box (ex. "I agree to this statement")
- **Drop-down List**: Allows the user to select one item from a drop-down list.
- **Radio Button List**: Allows the user to select one item from multiple options
- **Check Box List**: Allows the user to check multiple boxes.
- **Star Rating**: Allows the user to select a 1 to 5-star rating
- **Signature**: Allows the user to draw a signature with a mouse or finger on a mobile device
- **Image Upload**: Allows the user to capture or upload an image from a device (10MB max)
- **Link**: Allows the user to click on a hyperlink

For more information on making forms see our article here.

You can send specific forms, such as clinical or billing, to a queue to quickly route the information to the right people. You also can auto-tag a form so it automatically gets tagged and organized in your Inbox.

Sending a Form

Each form will have a unique URL that can be sent to patients via Updox Text, Broadcast, or posted to your practice website. To access the form URL, choose **Forms Library** from the Menu, and click on the double square icon.

Forms Library

Q Filter by Form Name

Available Forms

Copy form link to clipboard

COVID-19 Patient Screening Questionnaire - Updox E...

New Patient Form - Updox Example

New Patient Form - Updox Example

New Patient Intake

Prescription Refill Request - Updox Example

Telehealth Consent - Updox Example

Receiving a Form

When a patient submits a form, it will be available in the Updox inbox. You can then route it to another team member or send it to your patient's chart. You can also preview the form by choosing the arrow icon.

to: Form Responses
from: System Process

- ◁ Send Item
- 🗑 Archive
- 💬 Comment
- 🗓 Create ROI Request
- ⋯ More

Form:COVID-19 Patient Screening Questionnaire - Updox Example

COVID-19 Patient Screening Questionnaire	
All questions marked with an asterisk (*) are required and must be completed before you are able to submit the survey.	
Patient Name	Sample Patient
Date of Birth	1984-07-08
Are you currently experiencing, or have experienced in the past 14 days, any of the following symptoms?	
Fever or feeling feverish?	No
Cough	No
Shortness of Breath or difficulty breathing	No
Sore Throat	No
New loss of taste or smell	No
Chills	No
Head or muscle aches	No
Nausea, diarrhea, vomiting	No
In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms?	No
In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?	No
Have you been tested for COVID-19	No
If yes, what was the result?	*skipped*
List the date of test	*skipped*
In the past 14 days, have you been on a commercial flight or traveled outside the United States	No