

Tips and Trick: Using Broadcast with Forms

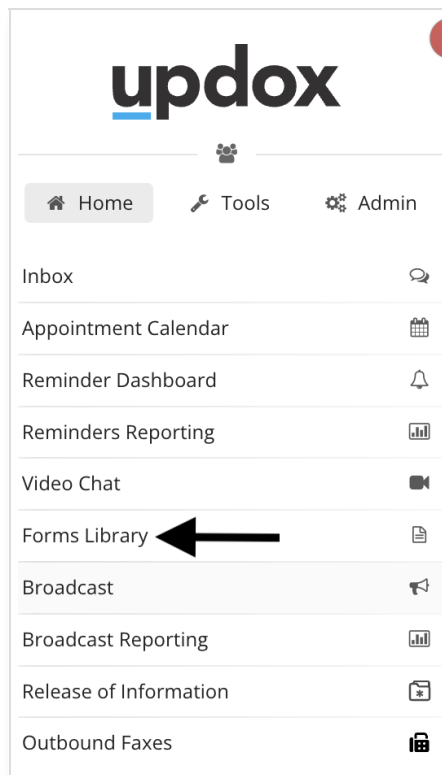


Last Modified on 11/10/2023 12:44 pm EST

Broadcast is a great way to communicate directly with your patients. One great way to use Broadcast is to combine it with Forms. You can send forms through Broadcast and patients can fill them out and return them. Let's take a look at an example.

First, let's get the Form link.

Go to **Home > Forms Library**.



Select the form you would like to use and click the icon for **Copy form link to clipboard**.

Helpful Hint: You could connect your [form to a queue](#) to direct it back to the designated queue after the patients fill it out from the Broadcast message.

Forms Library Browse Updox Sample Forms

Filter by Form Name

Available Forms

- COVID-19 Patient Screening Questionnaire - Updox Example Copy form link to clipboard
- New Patient Form - Updox Example Copy form link to clipboard
- New Patient Intake
- Prescription Refill Request - Updox...

COVID-19 Patient Screening Questionnaire - Updox Example

All questions marked with an asterisk (*) are required and must be completed before you are able to submit the survey.

Patient Name *

Date of Birth *

Are you currently experiencing, or have experienced in the past 14 days, any of the following symptoms?

Fever or feeling feverish? * Yes No

Cough * Yes No

Now that we have copied the form link, let's set up our Broadcast message.

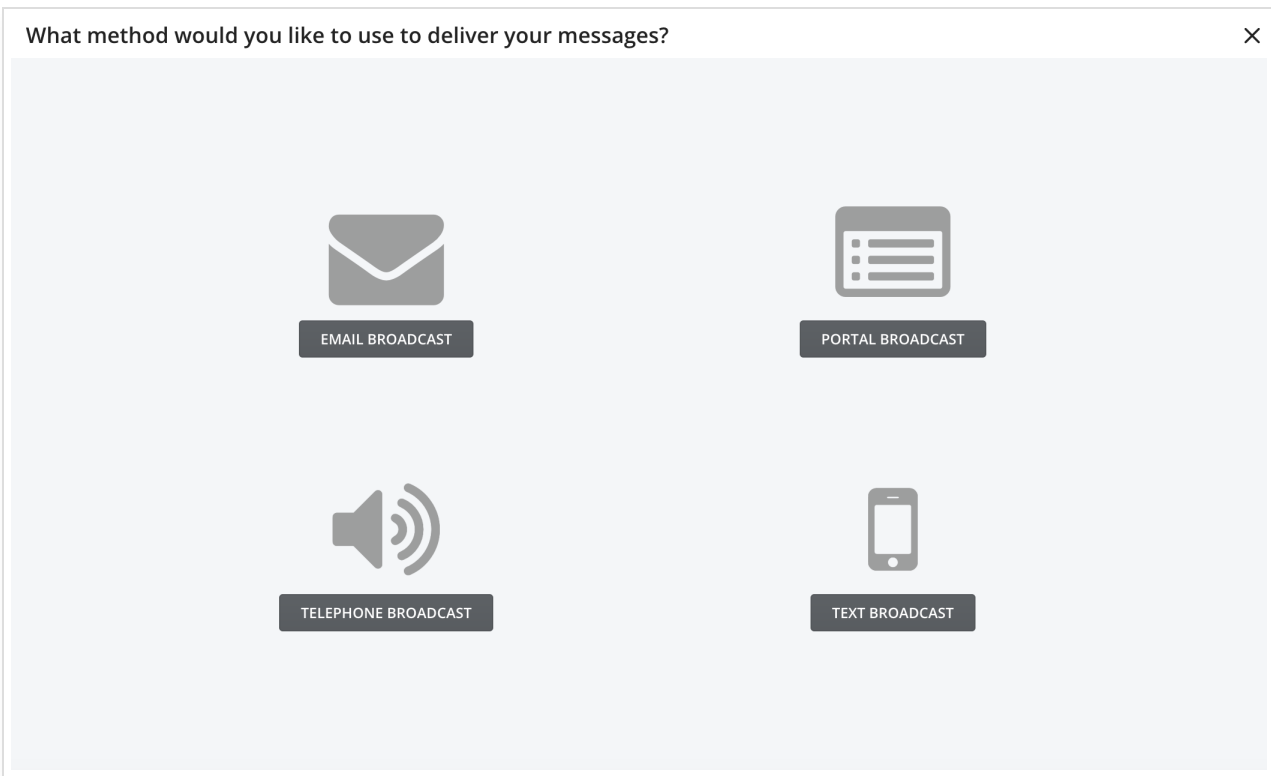
Go to **Home > Broadcast**.

updox

Home Tools Admin

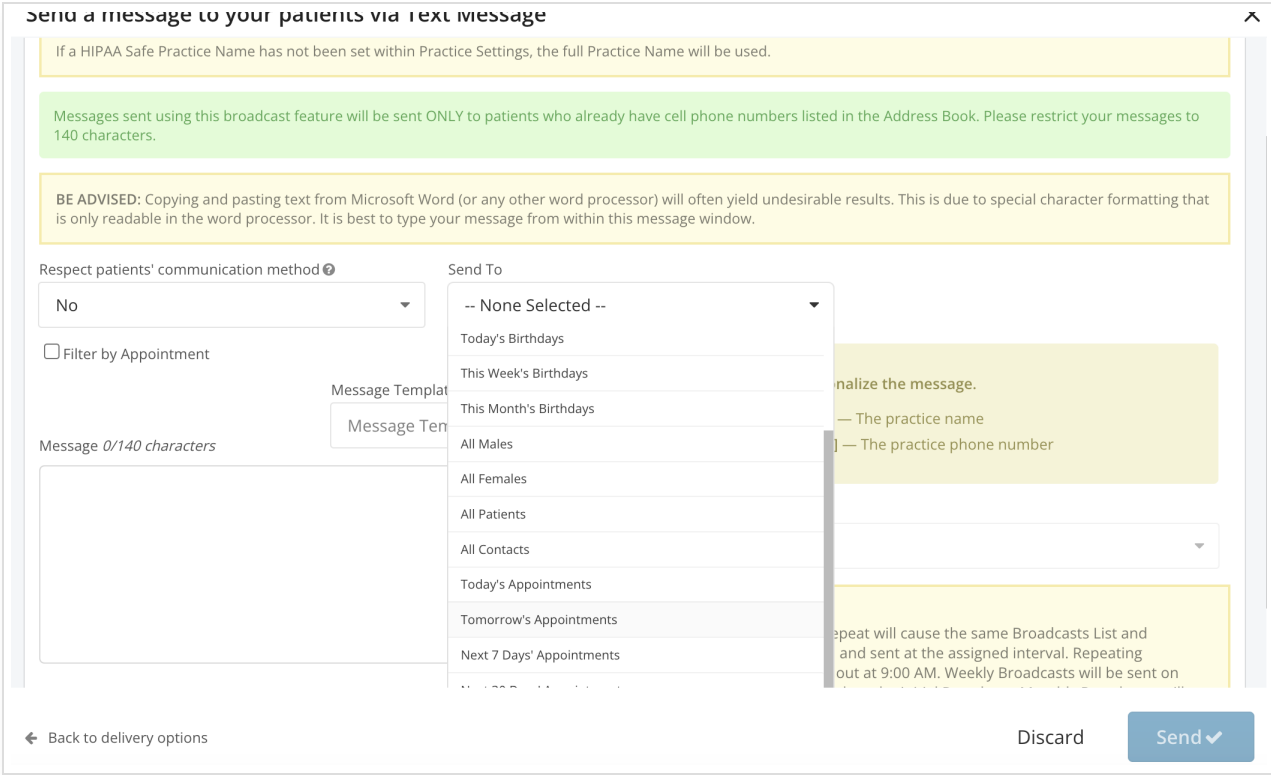
- Inbox
- Appointment Calendar
- Reminder Dashboard
- Reminders Reporting
- Video Chat
- Forms Library
- Broadcast**
- Broadcast Reporting
- Release of Information
- Outbound Faxes

Select the type of message you would like to Broadcast. With the Form, we can use email, text, or portal. In this example, we will use text.



Next, select who you are sending the message to. This could include any [Broadcast lists](#) you have created or the options in the **Send To** menu.

For this example, let's select Tomorrow's Appointments.



Fill out your message and paste the link to the form. (You can also use any Broadcast [templates](#) you have created to populate the message). Keep in mind that you are limited to 140 characters which includes the characters in the form link. Click **Send** to continue.

Send a message to your patients via Text Message



BE ADVISED: Copying and pasting text from Microsoft Word (or any other word processor) will often yield undesirable results. This is due to special character formatting that is only readable in the word processor. It is best to type your message from within this message window.

Respect patients' communication method

No

Send To

Tomorrow's Appointments

Filter by Appointment

Filter by Age

Message Template

Message Template

Message 136/140 characters

Hello! We look forward to your appointment tomorrow. Please fill out this form before your visit.
<https://forms.myupdox.com/form/137268>



Use variables to personalize the message.

- [practicename] — The practice name
- [practicephone] — The practice phone number

Set to Repeat

No

Setting Broadcasts to repeat will cause the same Broadcasts List and Message to be retained and sent at the assigned interval. Repeating Broadcasts will be sent out at 9:00 AM. Weekly Broadcasts will be sent on the same day of the week as the initial Broadcast. Monthly Broadcasts will be sent on the same day of the month.

[← Back to delivery options](#)

Discard

Send ✓

Read the Broadcast Confirmation and click **Continue**.

Broadcast Confirmation



I confirm this message complies with HIPAA and the Federal Communication Commission (FCC) Telephone Consumer Protection Act (TCPA) regulations regarding telemarketing via robocalls and/or text messages.

I understand that I cannot use Updox Broadcast to send targeted marketing or promotional messages. Failure to observe this policy is in violation of my Master Service Agreement and may result in Updox suspending or disabling access to Broadcast.

You are about to send 2 message(s).

Would you like to proceed?

Cancel

Continue

Your patients will receive the form link, fill it out, and submit it back to your inbox for you to review.

to: Form Responses
from: System Process

Send Item

Archive

Comment

More

Form:COVID-19 Patient Screening Questionnaire - Updoox 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

Using Forms with broadcast can help close the loop when communicating with patients.