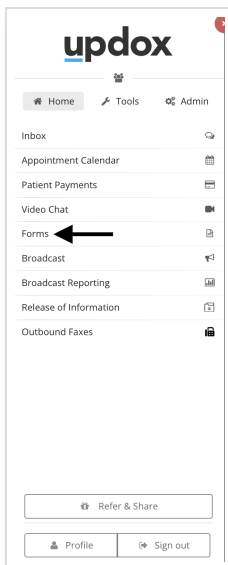


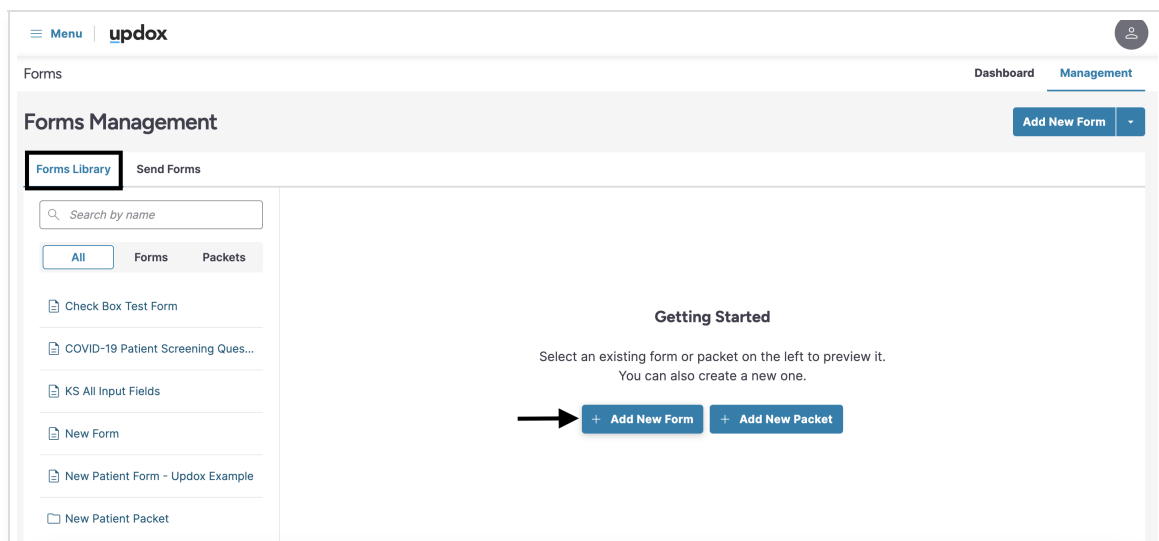
Creating Forms with the Forms Dashboard

Last Modified on 12/11/2024 1:18 pm EST

To create a form in Updox, start by going to **Menu - Admin**, and select **Forms**.



In Forms Management, you can manage existing and create new forms. Select the **Forms Library** tab and click **Add New Form** to start a new form.



Next, you can select from our library of existing forms you can add to use in your account. Or you can build your own form by selecting **Blank Form**. (We will be creating a blank form for this article).

Click **Create Form** to continue.

Add New Form X

Create a new form using a pre-made template, or start from scratch and tailor it to meet your specific needs.

Blank Form

Asthma Control Test - Updox...

COVID-19 Patient Screening ...

New Patient Form - Updox Ex...

Cancel
Create Form

Name your form. Keep in mind the name you assign to the form will be viewable by the patient or recipient when they access it electronically.

New Form

Form Title *

Auto Tag

None
▼

Submit To

Search by First or Last Name
▼

Displayed

Active on Portal

Public on Portal

Visible to Locations

All

Default Location

Fields *

+
Add New Field

Cancel
Save

If you do not use the Patient Portal through Updox, you will not see the 'Active on Portal' or 'Public on Portal'.

TIP: If you use queues, you can auto-route the completed form using 'Submit To'. If you utilize tags, you can auto-tag certain forms so they are filtered appropriately when completed in the Inbox. For example, if you had an insurance updated form, you could submit it to your 'Billing' Queue, and also tag it with a 'Needs Reviewed' tag.

To start creating your form fields, click on **+Add New Field**.

New Form

Form Title *
New Patient Form

Fields *
+ Add New Field

Auto Tag
None

Submit To
Search by First or Last Name

Displayed
 Active on Portal
 Public on Portal

Visible to Locations
 All
 Default Location

Cancel Save

When you add a new field to a form, you'll be prompted to pick the following:

- **Type:** How the data entry will be presented to the patient or the recipient.
- **Label:** This will be what is displayed on the form, such as a question or label for the data field.
- **Required:** If this is checked, it will force the patient or recipient to fill it out prior to submitting the form.
- **Description:** You can add help text or information.

Enter the information for the field and click **Add**.

Field Editor ×

Type
Single-Line Text

Label *
First Name

Required

Description
Please enter your first name.

Cancel Add

When choosing a field type, you will have the following options:

- **Single-Line Text:** Used for one to two-word answers
- **Multi-Line Text:** Best more narrative responses

- **Date Picker:** Presents a calendar picker
- **Label/Instructions:** Most commonly used at the beginning of a form to provide the patient instructions
- **Section Heading:** Name a section of a long form. For example “Insurance Information”
- **Spacer:** Creates space on the form
- **Check Box:** The patient will be prompted with a checkbox as the answer. For example, the label would be “By clicking this box, I agree that I have read the above statement” and the type would be ‘check box’
- **Drop-down List:** Type your responses into ‘Values’, one per line. These will then be presented in a drop-down list and only allow a single selection
- **Radio Button List:** Presents responses (typed in ‘Values’) in a radio button view and is a single selection for the patient
- **Check Box List:** Presents responses (typed in ‘Values’) with check boxes for the patient to choose and is multi-select for the patient
- **Star Rating:** Presents a five-star graphic for the recipient to choose a rating
- **Signature:** Allows the recipient of the form to draw a signature with a mouse or finger on a mobile device
- **Image Upload:** Allows the form recipient to upload an image file of less than 10MB
- **Link:** You can upload a link to your form for the recipient to access

Additional Information

- Click **+Add New Field** to create as many fields as you wish on your form.
- Once fields are created, you will have the option to edit the field, delete the field, or move to a different location on the form.
- Always remember to hit **Save** at the bottom of the window to save your form!

The screenshot displays a form builder interface. On the left is a sidebar with settings: 'Submit To' (Search by First or Last Name), 'Displayed' (Active on Portal, Public on Portal), and 'Visible to Locations' (All, Default Location). The main area contains four form fields: 'First Name' (text input), 'Last Name' (text input), 'Address' (text area), and 'State' (dropdown menu). Each field has a toolbar with icons for copy, edit, delete, and a menu. At the bottom, there is a blue bar with a '+ Add New Field' button, and a 'Cancel' button and a blue 'Save' button.

You can also insert a field by hovering between 2 fields. Click the + icon to add the new field in the desired location.

Form Title *

Auto Tag

Submit To

Displayed

Active on Portal

Public on Portal

Visible to Locations

All

Default Location

Fields *

Personal Information

Please fill out this form completely.

First Name

Enter your first name.

Last Name

Enter your last name.

Address *

[Cancel](#) [Save](#)

- Click **Edit Form** to make changes to your form.
- **Send Form** allows you to send the form through the Form Dashboard.
- You can also print the form with the **Print Form** feature.
- **Duplicate Form** creates a copy of the form
- Forms saved will create a unique URL per form. You can use this URL link on your website or to send to recipients via text or email. **Note:** When a form is completed through the link, it will be delivered to your Inbox, but it is not trackable in the Forms Dashboard

New Patient Form (Demo)

[Edit Form](#) > [Send Form](#) ...

Please fill out this form completely. This information helps us provide you the best medical care and treatment possible. If you have any questions, please contact the office.

* Required field

Personal Information

Please fill out this form completely.

First Name

Enter your first name.

Last Name

Enter your last name.

Address *

State

[Copy Form Link](#)

[Print Form](#)

[Duplicate Form](#)

[Delete Form](#)