

Setup a New Intelligent Intake Form

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Follow these steps to setup a new Intelligent Intake form:

1. Create a new Intelligent Intake form.
2. Click on the **Demographics** section tab.

The screenshot shows the 'Intake Setup Values' interface. On the left, a table lists various setup categories with their status: Intake Setup (green checkmark), Demographics (red X), Responsible Party (red X), Emergency Contact (red X), and Appointment Reminders (red X). The 'Demographics' row is highlighted in yellow. On the right, the 'Intake Setup' section is active, displaying the text 'Please enter the intake information.' Below this, there are input fields for 'Name' (containing 'Follow-up Patient Intake') and 'Description' (containing 'Used for all follow-up type Outstanding Balance nav').

3. Select the **Yes** option to request patient demographics for this intake form.

Intake Setup Values

This screenshot shows the 'Intake Setup Values' interface with the 'Demographics' section selected. The table on the left now shows 'Demographics' with a green checkmark. The right-hand section is titled 'Demographics' and contains the question: 'Would you like your patient to have the ability to add intake? If so, choose which fields they will see along'. Below the question, there is a link 'Request Demographics' followed by radio buttons for 'Yes' (which is selected) and 'No'. At the bottom, there is a 'Field Name' input field.

4. Check the **Auto Merge** checkbox to automatically merge the demographic information captured in this intake form into the patient's chart. If you prefer to review the demographics captured on this intake before merging, keep the Auto Merge checkbox de-selected.

Intake Setup Values

This screenshot shows the 'Intake Setup Values' interface with the 'Demographics' section selected. The table on the left shows 'Demographics' with a green checkmark. The right-hand section is titled 'Demographics' and contains the question: 'Would you like your patient to have the ability to add or update their demographics as part of this intake? If so, choose which fields they will see along with the fields that are required.' Below the question, there is a link 'Request Demographics' followed by radio buttons for 'Yes' (selected) and 'No'. To the right of these options, there is a checkbox labeled 'Auto Merge' which is checked.

5. Select the **Active** checkbox next to the demographic fields you wish to capture on this form. When you hover over the checkbox, the individual fields captured will display in a tooltip.

Intake Setup Values

Intake Setup	✓	<p>Demographics</p> <p>Would you like your patient to have the ability to add or update their demographics as part of this intake? If so, choose which fields they will see along with the fields that are required.</p> <p>Request Demographics <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Auto Merge</p> <table border="1"> <thead> <tr> <th>Field Name</th> <th>Active</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Address</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contact</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Birth Date</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Gender</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ethnicity</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Race</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Marital Status</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Employment</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Student</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Primary Care Provider</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Referring Provider</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Field Name	Active	Required	Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contact	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Birth Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ethnicity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Race	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Marital Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Primary Care Provider	<input type="checkbox"/>	<input type="checkbox"/>	Referring Provider	<input type="checkbox"/>	<input type="checkbox"/>
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6. Check the **Required** checkbox next to the demographic fields you wish to require on this form.

Intake Setup Values

Intake Setup	✓	<p>Demographics</p> <p>Would you like your patient to have the ability to add or update their demographics as part of this intake? If so, choose which fields they will see along with the fields that are required.</p> <p>Request Demographics <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Auto Merge</p> <table border="1"> <thead> <tr> <th>Field Name</th> <th>Active</th> <th>Required</th> </tr> </thead> <tbody> <tr> <td>Name</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Address</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contact</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Birth Date</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Gender</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Ethnicity</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Race</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Marital Status</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Employment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Student</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Primary Care Provider</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Referring Provider</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Field Name	Active	Required	Name	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Address	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Birth Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gender	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	Employment	<input type="checkbox"/>	<input type="checkbox"/>	Student	<input type="checkbox"/>	<input type="checkbox"/>	Primary Care Provider	<input type="checkbox"/>	<input type="checkbox"/>	Referring Provider	<input type="checkbox"/>	<input type="checkbox"/>
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7. Repeat steps 6-8 for the Responsible Party, Emergency Contact, Appointment Reminders, Allergies, Medications and Pharmacy sections.

8. Click on the **Copay Collection** tab.

Intake Setup Values

Intake Setup	✓	Copay Collection
Demographics	✓	
Responsible Party	✓	Would you like your patient to have the ability to pay their co-pay online via a credit card as part of this intake? Funds will be deposited to the bank account you have on file and a receipt will automatically be created in the system.
Emergency Contact	✗	Request Copay Collection
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✗	

9. Select the **Yes** option to give patients the ability to pay their copay on this form. This requires integrated credit card payment with our vendor PaySimple. See [Overview of Credit Card Processing with PaySimple](#) guide to learn more about setting this up.

Intake Setup Values

Intake Setup	✓	Copay Collection
Demographics	✓	
Responsible Party	✓	Would you like your patient to have the ability to pay their co-pay online via a credit card as part of this intake? Funds will be deposited to the bank account you have on file and a receipt will automatically be created in the system.
Emergency Contact	✗	Request Copay Collection <input checked="" type="radio"/> Yes <input type="radio"/> No
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✗	

10. Click on the **Outstanding Balance Collection** tab.

Intake Setup Values

Intake Setup	✓	Outs
Demographics	✓	
Responsible Party	✓	Would you like your patient to have the ability to pay their outstanding balance online via a credit card as part of this intake? Funds will be deposited to the bank account you have on file and a receipt will automatically be created in the system.
Emergency Contact	✓	Request
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✗	
Photo ID	✗	

11. Select the **Yes** option to give patients the ability to pay their outstanding balance on this form. This requires integrated credit card payment with our vendor PaySimple. See [Overview of Credit Card Processing with PaySimple](#) guide to learn more about setting this up.

Intake Setup Values

Intake Setup	✓	Outstanding Balance Collection
Demographics	✓	
Responsible Party	✓	Would you like your patient to have the ability to pay their outstanding balance online via a credit card as part of this intake? Funds will be deposited to the bank account you have on file and a receipt will automatically be created in the system.
Emergency Contact	✓	Request Outstanding Balance Collection <input checked="" type="radio"/> Yes <input type="radio"/> No
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✓	

12. Select the **Photo ID** tab. Select the **Yes** option to request the patient's photo ID. Check the

Required checkbox to require the patient's Photo ID. Click on the **Auto Merge** checkbox to automatically merge the patient's shared photo into his/her chart.

Intake Setup Values

Intake Setup	✓	Photo ID
Demographics	✓	Would you like your patient to have the ability to take a picture of their photo ID and have this stored in eDocuments? If so, please select where this image will be saved.
Responsible Party	✓	Request Photo ID <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Required <input checked="" type="checkbox"/> Auto Merge
Emergency Contact	✓	Save Location <input type="text" value="Patient Photograph.EMR.Head Shot"/>
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✓	
Photo ID	✓	

13. Set the **Save Location** to the appropriate eDocuments folder the patient's photo ID should save to.

Intake Setup Values

Intake Setup	✓	Photo ID
Demographics	✓	Would you like your patient to have the ability to take a picture of their photo ID and have this stored in eDocuments? If so, please select where this image will be saved.
Responsible Party	✓	Request Photo ID <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Required <input checked="" type="checkbox"/> Auto Merge
Emergency Contact	✓	Save Location <input type="text" value="Patient Photograph.EMR.Head Shot"/>
Appointment Reminders	✓	office/procedure notes.Test Results.Laboratories office/procedure notes.Test Results.Radiology office/procedure notes.Test Results.Cardiology office/procedure notes.Test Results.Other office/procedure notes.Test Results.test f office/procedure notes.Paper Charts.Previous Records Injections.Knee.Arthogram/picture Injections.Knee.test a 1.2.3 Patient Photograph.EMR.Head Shot Patient Import.Import Drawer.Import Folder Patient Mobile.Dictation.Audio Patient Mobile.Picture.Image
Photo ID	✓	
Insurance Cards	✗	
Allergies	✗	
Medications	✗	
Templates	✗	
Letters	✗	

14. Press the **Insurance Cards** tab. Select the **Yes** option to request the patient's insurance cards. Check the **Required** checkbox to require the patient's Insurance Cards. Click on the **Auto Merge** checkbox to automatically merge the patient's shared insurance cards into his/her chart.

Intake Setup Values

Intake Setup	✓	Insurance Cards
Demographics	✓	Would you like your patient to have the ability to take a picture of their insurance cards and have them stored in eDocuments? If so, please select where the insurance cards will be saved.
Responsible Party	✓	Request Insurance Cards <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Required <input checked="" type="checkbox"/> Auto Merge
Emergency Contact	✓	Primary Ins. Card Save Location <input type="text" value="office/procedure notes.Insurance.Cards"/>
Appointment Reminders	✓	Secondary Ins. Card Save Location <input type="text" value="office/procedure notes.Insurance.Cards"/>
Copay Collection	✓	
Outstanding Balance Collection	✓	
Photo ID	✓	
Insurance Cards	✓	

15. Set the **Primary Ins. Card Save Location** and **Secondary Ins. Card Save Location** to the appropriate eDocuments folder the patient's insurance cards should save to.

Intake Setup Values

Intake Setup	✓	Insurance Cards
Demographics	✓	Would you like your patient to have the ability to take a picture of their insurance cards and have them stored in eDocuments? If so, please select where the insurance cards will be saved.
Responsible Party	✓	Request Insurance Cards <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Required <input checked="" type="checkbox"/> Auto Merge
Emergency Contact	✓	Primary Ins. Card Save Location office/procedure notes.Insurance.Cards
Appointment Reminders	✓	Secondary Ins. Card Save Location
Copay Collection	✓	office/procedure notes.Insurance.Authorizations
Outstanding Balance Collection	✓	office/procedure notes.Insurance.Cards
Photo ID	✓	office/procedure notes.Insurance.Eligibility
Insurance Cards	✓	office/procedure notes.Insurance.EOBs
Allergies	✗	office/procedure notes.Insurance.Payments
Medications	✗	office/procedure notes.Insurance.Payments
Templates	✗	office/procedure notes.Registration.Financial Policy
		office/procedure notes.Registration.HIPAA
		office/procedure notes.Registration.Intake Forms
		office/procedure notes.Registration.Photo ID
		office/procedure notes.Registration.Physician Offices
		office/procedure notes.Correspondence.Hospitals

16. Click on the **Templates** tab. This is where practices select which template/s patients need to fill out as part of this intake. Complete a [Template Change Request Form](#) to create additional Intake templates.

Intake Setup Values

Intake Setup	✓	Templates
Demographics	✓	Would you like y
Responsible Party	✓	Request Templa
Emergency Contact	✓	Template #1 [R]
Appointment Reminders	✓	Template #2 []
Copay Collection	✓	Template #3 []
Outstanding Balance Collection	✓	Template #4 []
Photo ID	✓	Template #5 []
Insurance Cards	✓	Template #6 []
		Template #7 []
		Template #8 []
		Template #9 []

plate information to be collected as part of this

17. Select the **Template # 1** drop down to select which template/s are a part of this intake. Select the **Auto Merge** checkbox to automatically merge the collected template data into the patient's chart.

Intake Setup Values

Intake Setup	✓	<p>Templates</p> <p>Would you like your patient to have the ability to enter template information?</p> <p>Request Templates <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Template #1 ROS (111757) <input type="checkbox"/> Auto Merge</p> <p>Template #2 Patient History (111332) ^ ge</p> <p>Template #3 ROS (111757) ge</p> <p>Template #4 ge</p> <p>Template #5 ge</p> <p>Template #6 ge</p> <p>Template #7 ge</p> <p>Template #8 ge</p> <p>Template #9 ge</p> <p>Template #10 ge</p>
Demographics	✓	
Responsible Party	✓	
Emergency Contact	✓	
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✓	
Photo ID	✓	
Insurance Cards	✓	
Allergies	✓	
Medications	✓	
Templates	✗	
Letters	✗	
Pharmacies	✗	
Estimates	✗	

18. Click on the **Letters** tab.

Intake Setup Values

Intake Setup	✓	<p>Letters</p> <p>Would you like y</p> <p>Request Letters</p> <p>Letter(s)</p>
Demographics	✓	
Responsible Party	✓	
Emergency Contact	✓	
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✓	
Photo ID	✓	
Insurance Cards	✓	
Allergies	✓	
Letters	✗	the letter information to be collected as part of this intake.
Pharmacies	✗	

19. Set the Request Letters option to **Yes** to capture patient letters. Then select which **Letter(s)** you wish to have signed for this intake. Click the **Auto Merge** checkbox to automatically merge the signed letters into the patient's chart. Complete a **Template Change Request Form** to create additional Intake Letters.

Intake Setup Values

Intake Setup	✓	Letters
Demographics	✓	Would you like your patient to have the ability to view and sign off on letters?
Responsible Party	✓	Request Letters <input checked="" type="radio"/> Yes <input type="radio"/> No <input checked="" type="checkbox"/> Auto Merge
Emergency Contact	✓	Letter(s) <input checked="" type="checkbox"/> Privacy Letter (50)
Appointment Reminders	✓	
Copay Collection	✓	
Outstanding Balance Collection	✓	
Photo ID	✓	
Insurance Cards	✓	
Allergies	✓	
Medications	✓	
Templates	✗	
Letters	✓	
Pharmacies	✗	
Estimates	✗	

20. Click on the **Estimates** tab.

Intake Setup Values

Intake Setup	✓
Demographics	✓
Responsible Party	✓
Emergency Contact	✓
Appointment Reminders	✓
Copay Collection	✓
Outstanding Balance Collection	✓
Photo ID	✓
Insurance Cards	✓
Allergies	✓
Medications	✓
Templates	✗
Letters	✓
Pharmacies	✗
Estimates	✗

Setup the estimate information t

21. Select the **Yes** option to give patients the ability to view their cost estimate(s). In order for the cost

estimate(s) to be displayed within the intake the estimate(s) must be in an Accepted status. The patient will then be displayed the estimate that matches the intake appointment date of service. It will also allow the patient to electronically sign the estimate.

Intake Setup Values

Intake Setup	✓	<p>Estimates</p> <p>Would you like your patient to have the ability to view and sign their current cost estimate?</p> <p>Request Estimates <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
Demographics	✓	
Responsible Party	✗	
Emergency Contact	✗	
Appointment Reminders	✗	
Copay Collection	✗	
Outstanding Balance Collection	✗	
Photo ID	✓	
Insurance Cards	✓	
Allergies	✗	
Medications	✗	
Templates	✗	
Letters	✗	
Pharmacies	✗	
Estimates	✓	

22. Set the **Communication Preferences for the Intake**.
23. Press the **Save** button to save the Intake you just created.

Intake Setup	✓	Letters
Demographics	✓	Would you like you
Responsible Party	✓	Request Letters
Emergency Contact	✓	Letter(s) <input checked="" type="checkbox"/> Pi