# Elements of a Perfect Patient Intake Form

This is an extra resource to go along with the original article: 10 Tips to Optimize Your Patient Intake Forms

#### 1. Branded Header

Your header should carry your practice's brand. It should remind the submitter who they're seeing (doctor or provider's name and certifications). Use the same typefaces and coloring as your website and office.

#### 2. Welcome Message

Add a message at the top of the form to personalize the experience. You can also add basic instructions.

#### 3. Customization

Instead of giving the same form to every patient, customize your forms based on patient segments, like age, sex, goals, or symptoms.

#### 4. Basic Information

Ask for the patient's name, address, email, phone number, date of birth, age, sex, emergency contact information, employer contact information, and insurance information.

#### 5. Medical Questions

Ask about the patient's medical/surgical history, allergies, activity level, diet, and family medical history. Be as thorough with these questions as possible, even going so far as to have the patient shade/highlight areas of diagrams.

#### 6. Complaint Questions

Ask them why they are contacting you and about the symptoms they are experiencing.

## 7. Conditional Logic

Use conditional logic to populate the questions that matter. For instance, if the patient noted that they have a history of heart disease, additional questions would appear that ask for the names and relation to those relatives.

## 8. Other Providers

Ask for the name and contact information of any other providers, especially the primary care physician.



# 9. Progress Indicator (Online Forms)

Use some type of visual representation (progress bar or increasing percentage) so the submitter knows how much left they have to complete

## 10. Electronic Signature (Online Forms)

Have the patient sign the form with an electronic signature so paper is never a part of the process.

## 11.Links to Additional Documents (Online Forms)

If you need the patient to agree to other forms (like a HIPAA Privacy Agreement), link to those forms so they can sign.

## 12.Disclaimer

If there is anything you need to add to the form for legal purposes to protect yourself from liability (such as notifying the patient what you'll do with their information), add this.

#### 13. Marketing Questions

Ask the patient how they learned about your practice (if this is their first visit).