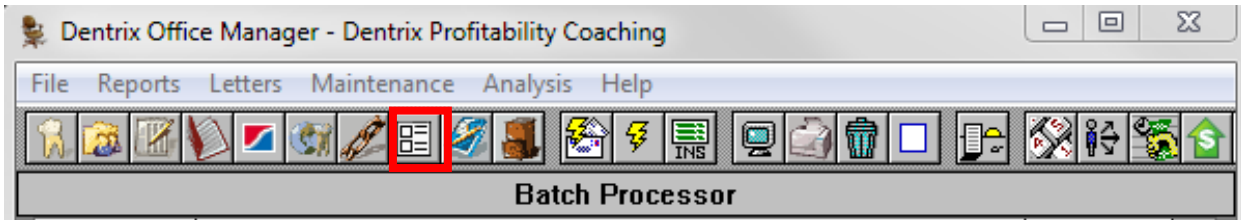
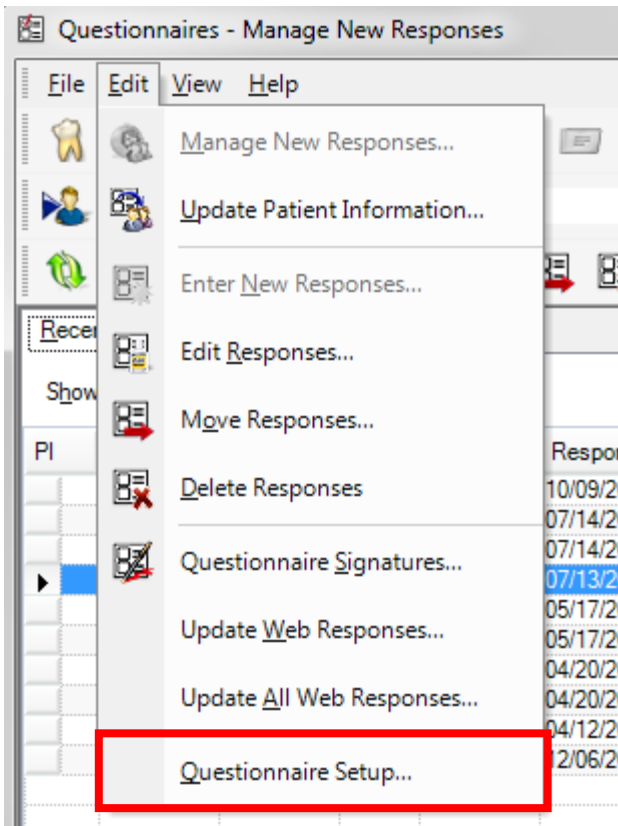


CREATING QUESTIONNAIRES IN DENTRIX

Start in the Office Manager, and click on the questionnaire icon



Once the Questionnaire module is open, go to "Edit" and "Questionnaire Setup"



Inside the Questionnaire Setup, you can choose to either Edit an existing form, or create a new form

The screenshot shows the 'Questionnaire Setup' window. At the top, there are checkboxes for 'Include Inactive Forms' (checked) and a dropdown for 'Select Electronic Signature Device' set to 'Pointing Device'. Below this is a table of forms with columns: Active, Form Name, Date, Form ID, Type, and Category. The first row is selected. To the right of the table are several buttons: 'View/Print Form...', 'New Form...', 'Edit Form...', 'Inactivate Form...', 'Set Expiration', 'Category Setup...', 'View/Print Setup...', and 'Close'. The 'New Form...' and 'Edit Form...' buttons are highlighted with a red box.

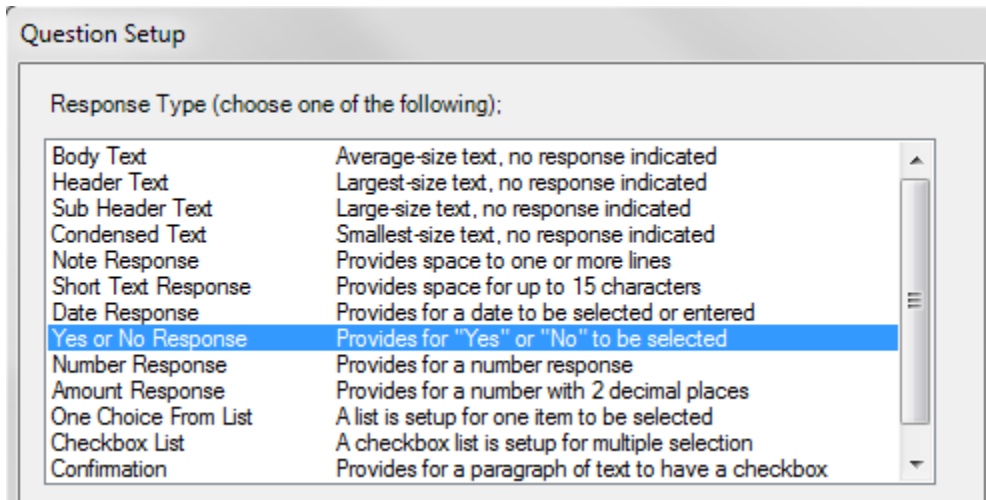
Active	Form Name	Date	Form ID	Type	Category
<input checked="" type="checkbox"/>	Personal Information (FULL)	04/09/2013	83	Patient	Standard
<input type="checkbox"/>	Patient Registration Form	01/17/2013	61	Patient	Standard
<input type="checkbox"/>	Patient Information Form	06/29/2011	20	Patient	Standard
<input type="checkbox"/>	New Patient Information Form	02/01/2012	58	Patient	Standard
<input type="checkbox"/>	Dental History	07/15/2011	31	Patient	Standard
<input type="checkbox"/>	Medical History	07/15/2011	32	Patient	Standard
<input type="checkbox"/>	Patient Registration Form	07/12/2011	26	Patient	Standard
<input type="checkbox"/>	Patient and Health History Form	07/07/2011	22	Patient	Web Forms
<input type="checkbox"/>	3. Pedo Current Patient Information Form	10/06/2011	57	Patient	Web Forms
<input type="checkbox"/>	4. Patient Update Form	10/06/2011	56	Patient	Web Forms
<input type="checkbox"/>	5. New Patient Packet - Comprehensive	12/06/2012	55	Patient	Web Forms
<input type="checkbox"/>	Ped-Medical&Dental History(yes/no)	02/01/2012	27	Patient	Web Forms
<input type="checkbox"/>	6. New Patient Packet - Basic	10/06/2011	54	Patient	Web Forms
<input type="checkbox"/>	- HIPAA	10/29/2012	74	Patient	Standard
<input type="checkbox"/>	- Patient Information Form	10/29/2012	73	Patient	Standard
<input type="checkbox"/>	A) Patient Information Form	03/12/2013	84	Patient	Web Forms
<input type="checkbox"/>	B) Consent for Internet Communicat	03/13/2013	85	Patient	Standard
<input type="checkbox"/>	C) Notice of Privacy Practices/Con	03/13/2013	86	Patient	Standard
<input type="checkbox"/>	D) Financial Policy	03/13/2013	87	Patient	Standard
<input type="checkbox"/>	E) Medical & Dental History	03/13/2013	88	Patient	Standard
<input type="checkbox"/>	Financial Policy and Agreement	07/21/2011	39	Patient	Standard
<input type="checkbox"/>	HIPAA Privacy Notice	07/21/2011	40	Patient	Standard

You will then be in the Questionnaire Form Setup. This is where you will build your form. To begin, click on New Question

The screenshot shows the 'Questionnaire Form Setup' window. It includes fields for 'Form Category' (Standard), 'Form Name' (empty), and 'Respondents' (Patient). There are checkboxes for 'Include Practice Information' (checked), 'Responses to form expire every 1 month(s)', and 'Electronic Signature(s) for Questionnaire' (Patient, Provider, Witness). A table for 'Form Questions' is visible at the bottom with columns 'Question', 'Response Type', and 'Req'. The 'New Question...' button is highlighted with a red box.

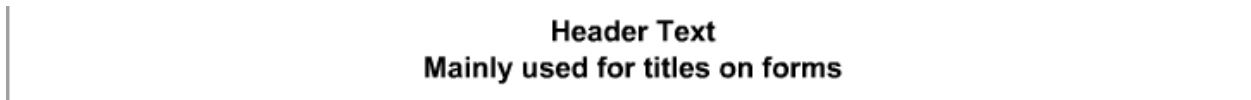
Question	Response Type	Req
----------	---------------	-----

It will open up the Question Setup window and the different response types will affect how the form looks in the end result.



Body Text, Header Text, Sub Header Text and Condensed Text do not allow an area for the patient to respond to. This is what they will look like on the actual form -

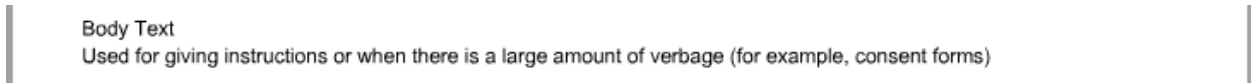
Header Text: This is the largest text, bold, and centers



Sub Header Text: Next largest text, also bold, but aligns on the left of the page



Body Text: Normal size of all question response



Condensed Text: Smallest text




All Response Types from "Note Response" down, will allow patients to respond to questions.


Note Response: Defaults to one line across the page, but you can add more lines if you feel the patient needs more room to respond. Also, with this response type, you can use the patient's response to Update Patient Information.

Question Setup

Response Type (choose one of the following):

Body Text	Average-size text, no response indicated
Header Text	Largest-size text, no response indicated
Sub Header Text	Large-size text, no response indicated
Condensed Text	Smallest-size text, no response indicated
Note Response	Provides space to one or more lines
Short Text Response	Provides space for up to 15 characters
Date Response	Provides for a date to be selected or entered
Yes or No Response	Provides for "Yes" or "No" to be selected
Number Response	Provides for a number response
Amount Response	Provides for a number with 2 decimal places
One Choice From List	A list is setup for one item to be selected
Checkbox List	A checkbox list is setup for multiple selection
Confirmation	Provides for a paragraph of text to have a checkbox

Question Text: 

Default Response for data entry (optional): 

Number of lines to provide for text:

Use Note to Update Patient Information

Require response for this field

OK Cancel

What it looks like on the actual form:

Note Response

This is what the Short Text, Date, Yes or No, Number, and Amount Responses look on the form:

Short Text Response

Date Response

Yes or No Response

Yes No

Number Response

Amount Response

One Choice From List and Checkbox List: In the “Response List” you are going to enter the options the patient has to choose from, one per line. This will allow Dentrax to know where to put the checkboxes.

Question Setup

Response Type (choose one of the following):

Body Text	Average-size text, no response indicated
Header Text	Largest-size text, no response indicated
Sub Header Text	Large-size text, no response indicated
Condensed Text	Smallest-size text, no response indicated
Note Response	Provides space to one or more lines
Short Text Response	Provides space for up to 15 characters
Date Response	Provides for a date to be selected or entered
Yes or No Response	Provides for "Yes" or "No" to be selected
Number Response	Provides for a number response
Amount Response	Provides for a number with 2 decimal places
One Choice From List	A list is setup for one item to be selected
Checkbox List	A checkbox list is setup for multiple selection
Confirmation	Provides for a paragraph of text to have a checkbox

Question Text:

One Choice From List/Checkbox List

Response List (one per line):

Option 1
Option 2
Option 3
Option 4
Option 5

Require response for this field

OK Cancel

What One Choice From List will look like on the form:

One Choice From List

Option 1 Option 2 Option 3 Option 4 Option 5

What Checkbox List will look like on the form:

One Choice From List

Option 1 Option 2 Option 3 Option 4 Option 5

Confirmation:

By checking this box, I acknowledge that I have read this statement and agree to the contents.

Dentrix has created some commonly asked for information that you may use under the “Insert Patient Info”

Questionnaire Form Setup

Form Category: Standard Form Name: Creating Questionnaires in Dentrix Respondents: Patient Include Practice Information

Responses to form expire every 1 month(s) Electronic Signature(s) for Questionnaire: Patient Provider Witness View/Print Form...

Form Questions:

Question	Response Type	Req
Header Text Mainly used for titles on forms	None-Header Text	<input type="checkbox"/>
Sub Header Text Used primarily for separating the different sections of the form	None-Sub Header Text	<input type="checkbox"/>
Body Text Used for giving instructions or when there is a large amount of verbage (for e...	None-Body Text	<input type="checkbox"/>
Condensed Text The smallest of the "texts"	None-Condensed Text	<input type="checkbox"/>
Note Response	Note	<input type="checkbox"/>
Short Text Response	Short Text	<input type="checkbox"/>
Date Response	Date	<input type="checkbox"/>
Yes or No Response	Yes/No	<input type="checkbox"/>
Number Response	Number	<input type="checkbox"/>
Amount Response	Amount	<input type="checkbox"/>
One Choice From List	Checkbox List	<input type="checkbox"/>
By checking this box, I acknowledge that I have read this statement and agree to the ...	Confirmation	<input type="checkbox"/>

New Question...
Edit Question...
Insert Patient Info...
Insert Blank Line
Insert Separator
Insert Page Break
Delete
Move Up
Move Down
Close

These Patient Information options cover Patient Demographics, Medical Alerts, Spouse/Responsible Party, Employment Information, and Insurance Information

Questionnaire Patient Info

Response Type (choose any of the following):

- PI-Patient Demographics, All
- PI-Patient Demographics, Brief
- PI-Patient Name Information
- PI-Patient Address Information
- PI-Patient Phone Information
- PI-Medical Alerts
- PI-Referral Name
- PI-Spouse/Responsible Party, All
- PI-Spouse/Responsible Party, Brief
- PI-Spouse/Responsible Party, Name Information
- PI-Employment Information
- PI-Primary Dental Insurance Information
- PI-Primary Dental Insurance Information, Brief
- PI-Secondary Dental Insurance Information
- PI-Secondary Dental Insurance Information, Brief
- PI-Primary Medical Insurance Information
- PI-Primary Medical Insurance Information, Brief
- PI-Secondary Medical Insurance Information
- PI-Secondary Medical Insurance Information, Brief

Example:

Chart #: FOR OFFICE USE ONLY

Patient Name: Last First MI Preferred Name

Title: Mr/Ms/Mrs/etc Gender: Male Female Family Status: Married Single Child Other

Birth Date: SS #: Prev. Visit:

Email Address: Best time to call:

Phone: Home Work Ext Mobile Fax Other

Address: City State Zip Code

Require response for fields marked with asterisk

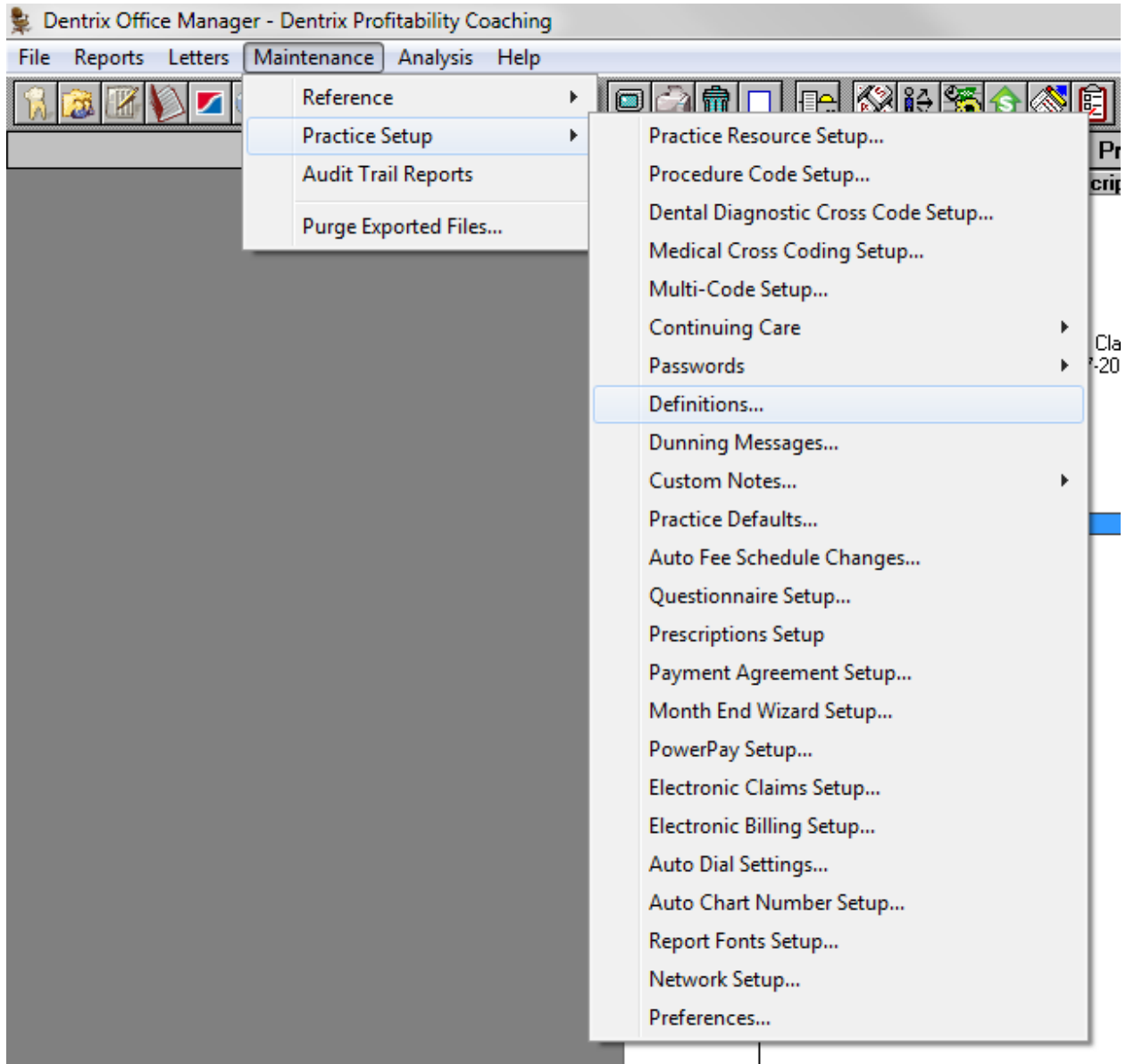
OK Cancel

These fields cannot be edited by the office, however, try to use these options as much as possible, as this will update your Dentrax Family File with just a click of a button once the form is completed by the patient.

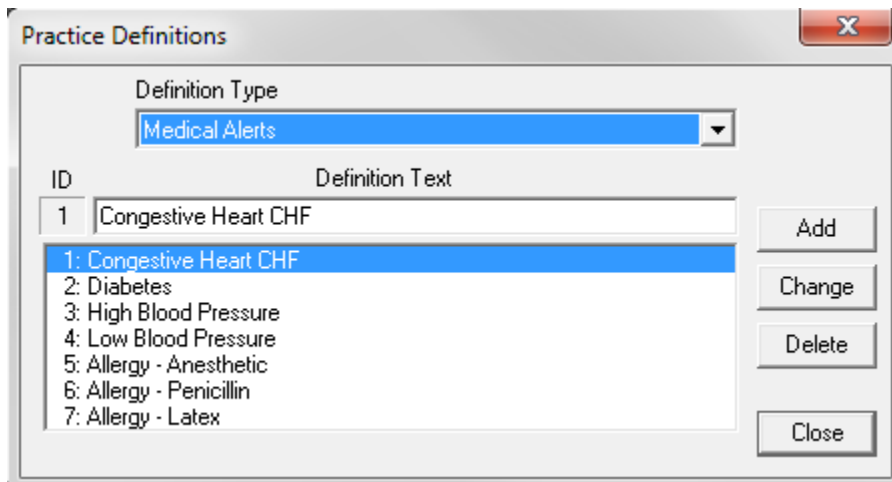
Select which options you would like to include (on the left hand side), then click “OK” to insert them into the form.

The “Medical Alerts” option will pull directly from the Medical Alerts you have listed in Dentrax. To view/change these medical alerts:

Go to Office Manager | Maintenance | Definitions



Change the Definition Type to "Medical Alerts"



To change a Medical Alert, simply highlight which alert you are changing, then under “Definition Text” change it to the new medical alert you are replacing it with, then click “Change”.

Sometimes, once the question is entered and you view the form, the Question Text will show on one page, and the answer option will show on the next:



To fix this, highlight above the question that is displaying incorrectly, then click on “Insert Page Break”

Questionnaire Form Setup

Form Category: Standard Form Name: Creating Questionnaires in Dentrix Respondents: Patient Include Practice Information

Responses to form expire every 1 month(s) Electronic Signature(s) for Questionnaire: Patient Provider Witness View/Print Form...

Form Questions:

Question	Response Type	Req
Header Text>Mainly used for titles on forms	None-Header Text	<input type="checkbox"/>
Sub Header TextUsed primarily for seperating the different sections of the fom	None-Sub Header Text	<input type="checkbox"/>
Body TextUsed for giving instructions or when there is a large amount of verbage (for e...	None-Body Text	<input type="checkbox"/>
Condensed TextThe smallest of the "texts"	None-Condensed Text	<input type="checkbox"/>
Note Response	Note	<input type="checkbox"/>
Short Text Response	Short Text	<input type="checkbox"/>
Date Response	Date	<input type="checkbox"/>
Yes or No Response	Yes/No	<input type="checkbox"/>
Number Response	Number	<input type="checkbox"/>
Amount Response	Amount	<input type="checkbox"/>
Once Choice From List	Checkbox List	<input type="checkbox"/>
By checking this box, I acknowledge that I have read this statement and agree to the ...	Confirmation	<input type="checkbox"/>
.....	None-Page Break	<input type="checkbox"/>
Please list all allergies:	Note	<input type="checkbox"/>

Buttons: New Question..., Edit Question..., Insert Patient Info..., Insert Blank Line, Insert Separator, **Insert Page Break**, Delete, Move Up, Move Down, Close

This will cause the Question Text to be on the same page as the answer option.

You can also "Insert Separator", this will draw a line across the page:



"Insert Blank Line" will put a blank space between questions.

To preview the form (recommended to do periodically, just to verify the form is creating how you would like it to), click on “View/Print Form”

Questionnaire Form Setup

Form Category: Form Name: Respondents: Include Practice Information

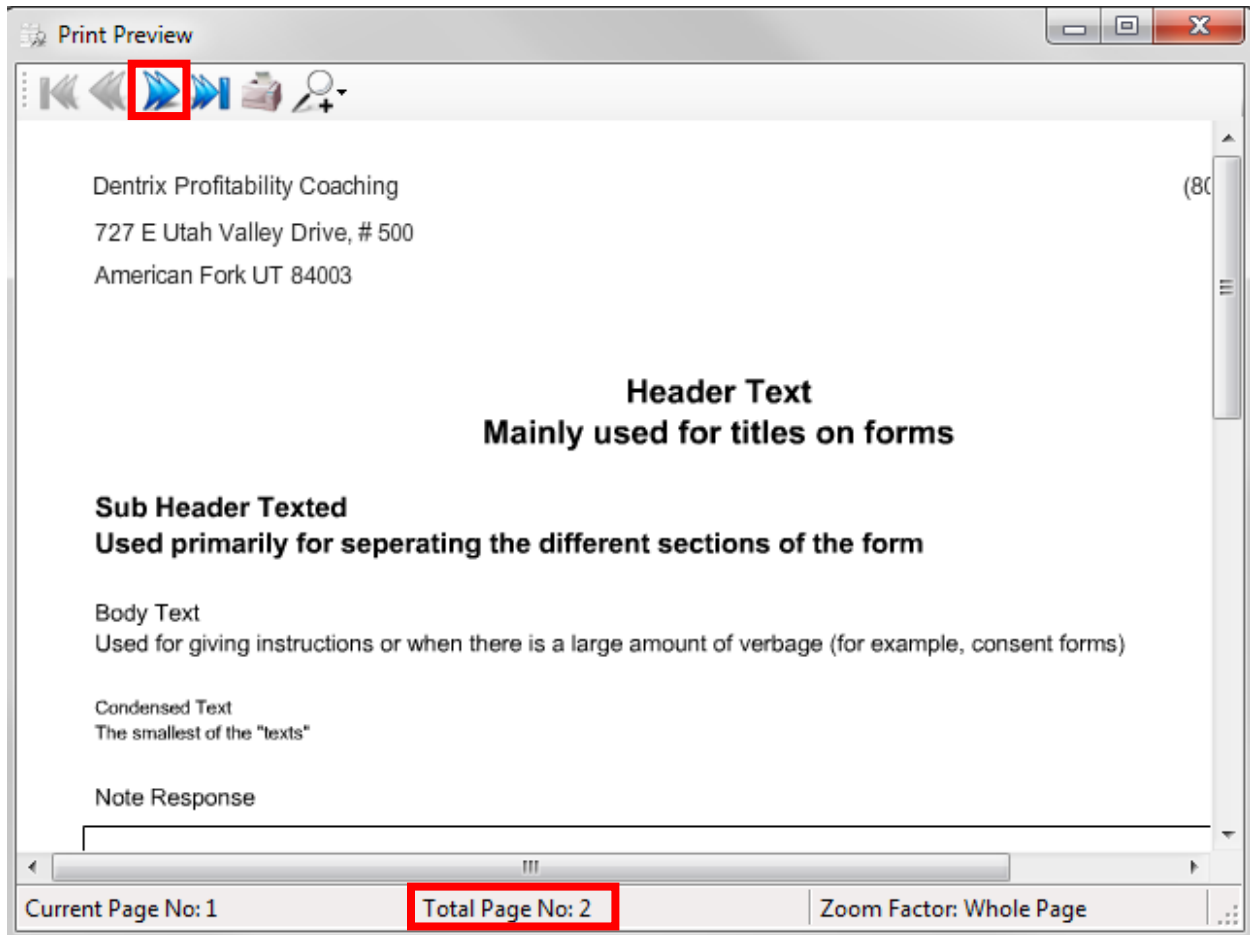
Responses to form expire every month(s) Electronic Signature(s) for Questionnaire: Patient Provider Witness **View/Print Form...**

Form Questions:

Question	Response Type	Req
Header Text Mainly used for titles on forms	None-Header Text	<input type="checkbox"/>
Sub Header Text Used primarily for separating the different sections of the form	None-Sub Header Text	<input type="checkbox"/>
Body Text Used for giving instructions or when there is a large amount of verbage for e...	None-Body Text	<input type="checkbox"/>
Condensed Text The smallest of the "texts"	None-Condensed Text	<input type="checkbox"/>
Note Response	Note	<input type="checkbox"/>
Short Text Response	Short Text	<input type="checkbox"/>
Date Response	Date	<input type="checkbox"/>
Yes or No Response	Yes/No	<input type="checkbox"/>
Number Response	Number	<input type="checkbox"/>
Amount Response	Amount	<input type="checkbox"/>
Once Choice From List	Checkbox List	<input type="checkbox"/>
By checking this box, I acknowledge that I have read this statement and agree to the ...	Confirmation	<input type="checkbox"/>
.....	None-Page Break	<input type="checkbox"/>
Please list all allergies:	Note	<input type="checkbox"/>
_____	None-Separator	<input type="checkbox"/>

New Question...
Edit Question...
Insert Patient Info...
Insert Blank Line
Insert Separator
Insert Page Break
Delete
Move Up
Move Down
Close

When viewing the form, you will be able to see how many pages are created, and to go to the next page, click on the blue arrow.



If you would like your patients to revisit this form every so often, set the expiration date:

Questionnaire Form Setup

Form Category: Standard Form Name: Creating Questionnaires in Dentrix Respondents: Patient Include Practice Information

Responses to form expire every 1 month(s) Electronic Signature(s) for Questionnaire: Patient Provider Witness [View/Print Form...](#)

Form Questions:

Question	Response Type	Req
Header Text Mainly used for titles on forms	None-Header Text	<input type="checkbox"/>
Sub Header Text Used primarily for separating the different sections of the form	None-Sub Header Text	<input type="checkbox"/>
Body Text Used for giving instructions or when there is a large amount of verbage (for e...	None-Body Text	<input type="checkbox"/>
Condensed Text The smallest of the "texts"	None-Condensed Text	<input type="checkbox"/>
Note Response	Note	<input type="checkbox"/>
Short Text Response	Short Text	<input type="checkbox"/>
Date Response	Date	<input type="checkbox"/>
Yes or No Response	Yes/No	<input type="checkbox"/>
Number Response	Number	<input type="checkbox"/>
Amount Response	Amount	<input type="checkbox"/>
Once Choice From List	Checkbox List	<input type="checkbox"/>
By checking this box, I acknowledge that I have read this statement and agree to the ...	Confirmation	<input type="checkbox"/>
.....	None-Page Break	<input type="checkbox"/>
Please list all allergies:	Note	<input type="checkbox"/>
_____	None-Separator	<input type="checkbox"/>

[New Question...](#)
[Edit Question...](#)
[Insert Patient Info...](#)
[Insert Blank Line](#)
[Insert Separator](#)
[Insert Page Break](#)
[Delete](#)
[Move Up](#)
[Move Down](#)
[Close](#)

To require signatures for a form, simply select who you will need the signatures from:

Questionnaire Form Setup

Form Category: Standard Form Name: Creating Questionnaires in Dentrix Respondents: Patient Include Practice Information

Responses to form expire every 1 month(s) **Electronic Signature(s) for Questionnaire:** Patient Provider Witness View/Print Form...

Form Questions:

Question	Response Type	Req
Header Text Mainly used for titles on forms	None-Header Text	<input type="checkbox"/>
Sub Header Text Used primarily for separating the different sections of the form	None-Sub Header Text	<input type="checkbox"/>
Body Text Used for giving instructions or when there is a large amount of verbage (for e...	None-Body Text	<input type="checkbox"/>
Condensed Text The smallest of the "texts"	None-Condensed Text	<input type="checkbox"/>
Note Response	Note	<input type="checkbox"/>
Short Text Response	Short Text	<input type="checkbox"/>
Date Response	Date	<input type="checkbox"/>
Yes or No Response	Yes/No	<input type="checkbox"/>
Number Response	Number	<input type="checkbox"/>
Amount Response	Amount	<input type="checkbox"/>
Once Choice From List	Checkbox List	<input type="checkbox"/>
By checking this box, I acknowledge that I have read this statement and agree to the ...	Confirmation	<input type="checkbox"/>
.....	None-Page Break	<input type="checkbox"/>
Please list all allergies:	Note	<input type="checkbox"/>
_____	None-Separator	<input type="checkbox"/>

New Question...
Edit Question...
Insert Patient Info...
Insert Blank Line
Insert Separator
Insert Page Break
Delete
Move Up
Move Down
Close

Lastly, when you are done, you will need to add a "Form Name", then click close. Your Questionnaire is completed!