

Figure 1. Demographic Data Screen

Adding new DTC Patient ID 930.

DTC Patient ID 930

1. Patient Identification
* must provide value

2. Treatment site ID

3. EB TNP enrollment date
* must provide value

4. Assigned Treatment Group
* must provide value

5. Age at intake
(years, -1 if unknown)

6. Gender

7. Race

8. Ethnicity

9. Language that the patient is best served in

10. Patient's insurance status

11. EB TNP primary service provided to patient
* must provide value

12. Patient residence ZIP code

13. Patient travel miles to planned place of health services
(-1 if unknown)

Form Status

Complete? Incomplete

Save & Exit Form Save & Go To Next Form

- Cancel -

Figure 2a. Encounter Data Screen: Behavioral Health Encounters

Editing existing DTC Patient ID 930. (Instance #1) Demonstration Patient

DTC Patient ID 930

Patient: Demonstration Patient **EB TNP Service:** Behavioral health care

1. Scheduled encounter date Today M-D-Y
* must provide value (mm-dd-yyyy)

2. Encounter modality

3. Encounter Status
* must provide value

4. Treatment service type

HCPCS	CPT
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. Clinician type

6. Patient diagnoses (ICD-10)

N/A

N/A

7. Prescribed medications

NDDF	RxNorm	NDC	Action Type	Specify Other
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

N/A

8. PHQ-9 depression symptoms score N/A

9. GAD-7 generalized anxiety symptoms score N/A

10. Smoking status

11. Vaping status

Form Status

Complete?

Figure 2b. Encounter Data Screen: non-Behavioral Health Encounters

Editing existing DTC Patient ID 930. (Instance #1) Demonstration Patient

DTC Patient ID 930

Patient: Demonstration Patient EB TNP Service: Primary care

1. Scheduled encounter date 10-20-2023 Today 10:01
* must provide value (mm-dd-yyyy)

2. Encounter modality Video telehealth service
* must provide value

3. Encounter Status Completed
* must provide value

4. Treatment service type

HCPCS	CPT

5. Clinician type

6. Patient diagnoses (ICD-10)

N/A

N/A

7. Prescribed medications

NDDF	RxNorm	NDC	Action Type	Specify Other

N/A

10. Smoking status

11. Vaping status

12. Blood pressure /

N/A

13. HbA1c

N/A

14. Height / Weight / BMI

Height: feet / inches

centimeters

Weight: pounds

kilograms

BMI %ile

N/A

Form Status

Complete? Incomplete

Save & Exit Form Save & Stay

- Cancel -