

| | Field Title | Requires Editing | Phone Form | Web Form | Appointment Scheduled Form |
|---------------------------------------|---|------------------|------------|----------|----------------------------|
| Demographic Info | Who is making the appointment | Yes | x | x | |
| | What services are you interested in | Yes | x | x | |
| | When is the best time to call you? | | x | x | |
| | Is there anything else you would like to add? | | x | x | |
| | Parent or Legal Guardian First Name | | x | x | |
| | Parent or Legal Guardian Last Name | | x | x | |
| | Parent or Legal Guardian Phone Number | | x | x | |
| Payment Information | Secure Client Identifier/EHR | | | | x |
| | What payment would you like to use for services | Yes | x | x | |
| | Policy Number | | x | | |
| | Group ID | | x | | |
| | Insurance Customer Service Telephone Number | | x | | |
| | Secondary Payment if Applicable | | x | | |
| Intake Appointment Information | Service 1 Clinician | Yes | | | x |
| | Date of Intake for Service 1 | | | | x |
| | Day of Week of Intake for Service 1 Intake | | | | x |
| | Time of Intake for Service 1 Intake | | | | x |
| | Service Location for Service 1 Intake | Yes | | | x |
| | Service 1 Type | Yes | | | x |
| | Clinician 1 Email Address | | | | x |
| | Service 2 Clinician Name | Yes | | | x |
| | Service 2 Clinician Email | | | | x |
| | Date of Service for Intake with Clinician 2 | | | | x |
| | Day of the Week for Intake with Clinician 2 | | | | x |
| | Time of the Service for Intake with Clinician 2 | | | | x |
| | Service 2 Location | Yes | | | x |
| | Service 2 Type | Yes | | | x |
| | Send Appointment Confirmation | | | | x |