

Additional Field Types

Additional fields were developed to allow organizations more flexibility to track data elements that are important to themselves but do not come standard on ChildTrax.

Additional Field Types

Every additional field configured on ChildTrax will have a start date along with an end date.

The use of start dates and end dates allows organization's data elements to change as their data needs change.

Check Box Fields	A single check box to indicate something is true.
Date Fields	Date fields formatted mm/dd/yy
Document Upload Fields	Tools to upload documents to ChildTrax
Drop List Fields	A drop down list for picking a value.
Dynamic Fields	Links to other information in ChildTrax
Email Fields	A place to write a narrative and then with a single click of a button send to an email address.
Header Fields	Inserts headers on the screen and printable reports.
Multiple Checkbox Fields	Allows users to select multiple values.
Paragraph Fields	A place to write paragraphs of information. Normally used to write instructions for users.
Signature Line Fields	Provides two lines on printable reports. One for signature and one for date. Title will show under signature line.
Signature Capture Fields	Used to capture signatures from tablets or Topaz signature capture devices.
Digital Signatures	Allows users to digitally sign forms with the use of a pin number.
Text Box Fields	Used for narratives



Additional Field Types

Types of Additional Fields:

Display Order	Defines the display order on the screen and report.
Column Number	Defines which column this field occupies.
Number of Columns in a Row	Allows up to three columns to be defined.
Screen Size	Defines the number of characters for a text box.
Description Location	Allows the label to be put beside or above the data.
Screen Description	The description of the field seen on the screen.
Report Description	The description of the field seen on the report.
Show on Report	Allows the field on to be put on the printable report.
Show Previous on Screen	Tells ChildTrax to pull the previous data.
Paragraph	Used for additional setup of the additional field.
Start Date	Defines the start date for the additional field.
End Date	Defines the end date for the additional field.

Additional Field Types

Additional Fields Controls:

Additional Field Types

Restrictions:

Restrictions can be configured on additional fields which would control what users are allowed to see and/or edit.

Client Contacts	Configured by Contact Type/Payer
Client Behavioral Logs	Configured by Payer
Client Progress Notes	Configured by Payer
Client Incidents	Configured by Payer
Client Care	Configured by Payer
Foster Parents	Configured by Office
Foster Parent Requirements	Configured by Office
Foster Homes	Configured by Office
Foster Home Requirements	Configured by Office
Users	Configured by Office
User Requirements	Configured by Office
Authorizations	Configured System Wide
Residence	Configured System Wide
Referrals	Configured System Wide
Services	Configured System Wide

Additional Field Types

Areas of ChildTrax where Additional Fields can be used:

Additional Field Types

Setup Screen:

Reasons for Placement

Display Order	Column Number	Columns In Row	Screen Type	Screen Size	Update
37	1	1	Text Box	1000	
Description Location	Screen Description	Report Description			
Above	Reasons for Placement	Reasons for Placement			
Show On Report	Show Previous On Screen				
<input checked="" type="checkbox"/> Columns In Row must be 1 to not show					
Dynamic Fields available from other areas of the system					
Paragraph (If Screen Type is set to Paragraph)					
Signatures (Seperated on new lines if Screen Type is set to Signature)					
Email (Email Role name as established by the system administrator)					
<input type="checkbox"/> Use Restrictions on Text Box, Dates, Checkboxes, Droplist and Multilist					
View	Edit	Allow			
<input type="checkbox"/>	<input type="checkbox"/>	Created By			
<input type="checkbox"/>	<input type="checkbox"/>	Supervisor			
Select One	Select One	User Review Level			
<input type="checkbox"/>	<input type="checkbox"/>	Must be in Created By Branch			
Start Date	End Date				
5/7/2000					
Additional Field Drop List					
Order	Description	Start Date	End Date		
				Update	
Add a new Additional Field Drop List Item for Reasons for Placement					
				Add	

Cruise, Tom Placed

Dental Exam

Initial Date	<input type="text" value="10/31/2012"/>	<input type="button" value="Save New Initial Date"/>	Due Date	<input type="text" value="4/21/2017"/>
Dental Date	<input type="text" value="04/26/2017"/>			
Provider Name	<input type="text" value="dentist"/>			
Address	<input type="text" value="101 main street"/>			
City, State Zip	<input type="text" value="Dayton"/>	<input type="text" value="OH"/>	<input type="text" value="45344"/>	
Email	<input type="text" value="paul.hanrahan@asi-ware.co"/>		Phone	<input type="text" value="5555555555"/>
Notes You have typed 139 characters	<input type="text" value="Semi annual teeth cleaning. Cavity identified on tooth 25. Foster mom to schedule follow appointment for tooth 25 to be drilled and filled."/>			

Dental Form Upload

File Name	Description	Uploaded By	Upload Date	View
TomCruiseDental.docx	TomCruiseDentalexamApril2017	Paul Hanrahan	5/9/2014	<input type="button" value="View"/> <input type="button" value="Delete"/>

Dynamic Field Test

Name **Basic**

Signature

Typed Value:

Created By: Paul Hanrahan

Additional Field Types

Sample of a **Document Upload**: A document upload field allows the user to scan and upload the paperwork with the data they are saving.

Cruise, Tom Placed

Discharge Summary

Initial Date	12/31/2013	Due Date	12/31/2013
Summary this is Date	12/31/2013	Supervision Review Complete	12/31/2013

Changing dates of past events will NOT reschedule future events.
You must contact your system administrator to adjust events that happen after this one.

Recommendations for Continued Treatment

Page break after here.

Save

Last Medical Exam

Last Medical Exam Date: 11/10/2013
 Provider Name: Dr. John
 Provider Address: 395 E 82nd street
 City, State Zip: Dayton OH, 45345
 Provider Phone: 999-999-9999
 Provider Email: paul.hanrahan@childtrax.net
 Exam Notes: God and healthy.

Additional Field Types

Sample of a **Dynamic Field**:
 The system automatically inserts the last medical exam into this client care item.

Cruise, Tom Placed

Discharge Summary

Initial Date	12/31/2013	Due Date	12/31/2013
Summary this is Date	12/31/2013 	Supervision Review Complete	12/31/2013 

Changing dates of past events will NOT reschedule future events.
You must contact your system administrator to adjust events that happen after this one.

Recommendations for Continued Treatment

Page break after here.

Last Medical Exam

Last Medical Exam Date: **11/10/2013**
Provider Name: **Dr. John**
Provider Address: **395 E 82nd street**
City, State Zip: **Dayton OH, 45345**
Provider Phone: **999-999-9999**
Provider Email: **paul.hanrahan@childtrax.net**
Exam Notes: **God and healthy.**

Last Dental Exam

Additional Field Types


Sample of a Text Box Field:


See Recommendations for Continued Treatment above

Signature

Typed Value:

Submitted

Received 

Date approved 

Additional signatures

File Name	Description	Uploaded By	Upload Date	View
		<input type="button" value="Upload Document"/>	<input type="button" value="Refresh List"/>	

Upload document below

Additional Field Types

Sample of a Date Field:

Rating

Select One

- New
- Stabilizing
- Not Progressing
- Revised
- Completed

Behavioral Target-client will complete weekly tests

Rating

Select One

Goal Client will maintain firmness GMS every

Additional Field Types

Sample of a **Drop List**:

Additional Field Types

Sample of a Check Box:

See Submitted field to the left

The image shows a portion of a web form with three distinct sections, each with a dark blue header bar. The first section is titled "Signature" and contains a text input field labeled "Typed Value:", followed by three buttons: "Sign Signature", "Clear Signature", and "Save Signature". The second section is titled "Submitted" and contains a single checkbox. The third section is titled "Received" and contains a dropdown menu currently displaying the word "No".

Type of Incident

- | | | |
|---|---|--|
| <input type="checkbox"/> Abuse Allegations* | <input type="checkbox"/> Abuse Neglect * | <input type="checkbox"/> Assault: Resident on Staff |
| <input type="checkbox"/> AWOL* | <input type="checkbox"/> Communicable Diseases | <input type="checkbox"/> Criminal Act (Specify Below) |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> ER Visit (Specify Below) | <input type="checkbox"/> Hotline Call (Specify Below) |
| <input type="checkbox"/> Injury of Resident | <input type="checkbox"/> Injury of Resident | <input type="checkbox"/> Medical FYI (Specify Below) |
| <input type="checkbox"/> Medication Error | <input type="checkbox"/> Medication Refusal | <input type="checkbox"/> Missed Medication |
| <input type="checkbox"/> Other-See Incident Description | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> PRN Order for Psychotropic Medication |
| <input type="checkbox"/> Runaway* | <input type="checkbox"/> School Related Problem | <input checked="" type="checkbox"/> Self-Harm |
| <input type="checkbox"/> Severe Allergic Reaction | <input type="checkbox"/> Sexual Acting Out | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Suicidal Completion* | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Suicide Attempt* |
| <input type="checkbox"/> Suicide Threat | <input type="checkbox"/> Suspension from School | <input type="checkbox"/> Urine Analysis/Drug Test- NEGATIVE |
| <input type="checkbox"/> Urine Analysis/Drug Test- POSITIVE | <input type="checkbox"/> Verbal Aggression | |

*Requires immediate notification to placing agency

Additional information related to this incident

Additional Field Types

Sample of a Multi Check Box:

Presenting Issues

<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Aggression - Physical	<input type="checkbox"/> Aggression - Verbal
<input type="checkbox"/> Allergies	<input type="checkbox"/> Animal Cruelty	<input type="checkbox"/> Autism
<input type="checkbox"/> AWOL Risk	<input type="checkbox"/> Depression	<input type="checkbox"/> Developmental Disorder
<input type="checkbox"/> Encopretic	<input type="checkbox"/> Enuretic	<input type="checkbox"/> Fire Setter
<input type="checkbox"/> LGBTQ	<input type="checkbox"/> ODD	<input type="checkbox"/> Poor Hygiene
<input type="checkbox"/> Poor School Performance	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Probation
<input type="checkbox"/> PTSD	<input type="checkbox"/> Sexual Perpetrator	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Substance Use	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Suicide Ideation
<input type="checkbox"/> Theft	<input type="checkbox"/> Victim of Emotional Abuse	<input type="checkbox"/> Victim of Neglect
<input type="checkbox"/> Victim of Physical Abuse	<input type="checkbox"/> Victim of Sexual Abuse	

Previous Presenting Issues

Theft	Enuretic	Victim of Physical Abuse
Victim of Sexual Abuse		

Test Field - Document Retention

E-mail Field You have typed 75 characters

This message will be sent to the email addresses defined in the email role.

Emergency Placement Information

Circumstances of Emergency Admission

Additional Field Types

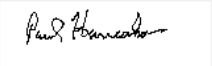
Sample of a Email:
See email field above

Test Field - Document Retention	
File Name	Description
	Uploaded By
	<input type="button" value="Upload Document"/> <input type="button" value="Refresh List"/>
<i>When using the e-mail function please be sure to include specific instruction for this referral. Do not forget to include information about the manager.</i>	
E-mail Field	
<input type="text"/>	<input type="button" value="Email"/>
Emergency Placement Information	
Circumstances of Emergency Admission	
<input type="text"/>	

Additional Field Types

Sample of a Header:

See Emergency Placement Information header above

dentist	
Address	101 main street
City, State Zip	Dayton, OH 45344
Email	paul.hanrahan@asi-ware.co
Notes	dfegafa
Dental Form Upload	
File Name	Description
TomCruiseDental.docx	TomCruiseDentalexamApril2017
<input type="button" value="Upload Document"/>	
Dynamic Field Test	
Name Basic	
Signature	
	
Typed Value: <input type="text" value="Paul Hanrahan"/> x	
<input type="button" value="Sign Signature"/>	<input type="button" value="Clear Signature"/>
<input type="button" value="Save"/> <input type="button" value="Return to Previous Page"/> <input type="button" value="Report"/>	

Additional Field Types

Sample of Signature Capture:

Additional Field Types

For more information call 937-845-1076

Or Email us: info@asi-ware.com