

ADMINISTRATOR GUIDE

SETTING SURVEY EMAIL DEFAULTS



PI-Web has a feature that facilitates your ability to email patients to request they complete the Intake Survey and/or Status Survey outside of the clinic on the internet. Using this feature allows the patient to complete the survey prior to entering the clinic, saving time while still providing the clinician with the pertinent functional data for the evaluation or follow/up visit. The Patient Specific Reports will print to your default printer, if the auto-print feature has been loaded /or/ you can print the patient completed surveys just as you do when the patient completes the surveys in the clinic.

FOTO has set up the email message, link, and instructions. However, as the Administrator, you do have an option of revising the email message as appropriate for your practice. The default email message and introduction instructions are as follows:

For Patient Intake Surveys:

- Default Email Message (can be revised):

Hi <First Name Last Name>,

The comprehensive evaluation that you will have to start your therapy treatment at <full clinic name> includes a computerized functional assessment that will help your clinician better understand your condition and how it impacts your quality of life. This information will help your clinician develop treatment goals with you and is an important part of your treatment.

You have the option of completing the survey online prior to your first appointment, rather than in the clinic before your first treatment. The survey should not take longer than 5 – 7 minutes.

To begin the survey, please click the link below.

[LINK](#)

The information you share is confidential, a part of your medical record, and is subject to all protected health care information regulations.

Thank You!

- Default Intake Survey Introduction once the patient clicks the link to complete the survey (Cannot be revised):

Welcome <First Name Last Name>,

The comprehensive evaluation that you will have to start your therapy treatment at <full clinic name> includes a computerized functional assessment that will help your clinician better understand your condition and how it impacts your quality of life. This information will help your clinician develop treatment goals with you and is an important part of your treatment.

You have the option of completing the survey online prior to your first appointment, rather than in the clinic before your first treatment. The survey should not take longer than 5 – 7 minutes.

When you are ready to get started, click the “Begin” button. Please respond to each question with the response that best describes you or your level of function at this time. If you do not complete the entire survey, you may resume it by clicking the link in the e-mail again.

The information you share is confidential, a part of your medical record, and is subject to all protected health care information regulations.

For Patient Status Surveys:

- Default Email Message (can be revised):

Hi <First Name Last Name>,

At the beginning of your treatment at <full clinic name> you completed a computerized functional assessment related to your impairment. Please complete the questionnaire again to reassess how the treatment for your impairment has helped to improve your function and symptoms. You will also have the opportunity to respond regarding your satisfaction with several aspects of your treatment.

To begin the survey, please click the link below.

[LINK](#)

The information you share is confidential, a part of your medical record, and is subject to all protected health care information regulations.

Thank you!

- Default Status Survey Introduction once the patient clicks the link to complete the survey (Cannot be revised):

Welcome <First Name Last Name>,

At the beginning of your treatment at <full clinic name> you completed a computerized functional assessment related to your impairment. Please complete the questionnaire again to reassess how the treatment for your impairment has helped to improve your function and pain. You will also have the opportunity to respond regarding your satisfaction with several aspects of your treatment.

Please complete the survey as it relates to your impairment and how you feel **at this present time**. You can use the information that you learned in therapy to help you answer the questions. This will help your clinician assess how your treatment has or has not helped you. The survey should only take 3 – 4 minutes.

When you are ready to get started, click the “Begin” button. Please respond to each question with the response that best describes you or your level of impairment at this time. If you do not complete the entire survey, you may resume it by clicking the link in the e-mail again.

To Revise the Email Message

- Log into PI-Web as the Administrator.
- Select **CLINICS** in the Navigation Bar.

This will bring up your drop list of your clinics.
(It will be necessary to revise the message for each clinic in your practice.)

Select clinic in the drop down menu.

The screenshot shows the PI-Web interface. On the left is a 'Navigation' menu with items like 'PI Home', 'Company Admin Home', 'Employees', 'Clinics', 'Patients', 'Company Details', 'Admin - Send verification', 'PI Web Resource Center', 'Master Copy of Paper Surveys', 'FOTO, Inc.', and 'File an Issue, Comment, or Feature Request'. The 'Clinics' item is selected. On the right is the 'Clinic Management' page, which displays 'Your organization id: 6' and a table of clinics. The table has columns for 'Alias', 'Contact Name', 'Contact Phone', 'Contact E-mail', 'Practice ID', and 'PTPN ID'. The first row has '0' in the Alias column, which is circled in red. Other rows include '00001', '131', '555', 'FOTOCO', 'ptpn-pt', 'steven', and 'trish'.

Alias	Contact Name	Contact Phone	Contact E-mail	Practice ID	PTPN ID
0	j	888-450-9699	h		
00001	j	888	judyholder@fotoinc.com		
131	j	865-450-9699	judyholder@fotoinc.com		
555	judy	865-450-9699	judyholder@fotoinc.com		
FOTOCO	Judy Holder	865-450-9699	judyholder@fotoinc.com		
ptpn-pt	John	865-111-1234	johnsutter@fotoinc.com	12345678	54321
steven	steven	800-482-3686	judyholder@fotoinc.com		
trish	trish	800-482-3686	judyholder@fotoinc.com		

Once you have selected the clinic, the CLINIC DETAIL screen will appear.

- The default email data shows in the screens.
- You can alter the subject lines and message as you desire.

Clinic Details

Full Clinic Name:	Trish's Physical Therapy 3
Clinic Name:	tpt3
Clinic ID:	3487
External Clinic ID:	
EIN / TIN:	00-0000000-00
Contact Name:	Trish Hayes
Contact E-mail:	thayes@fotoinc.com
Phone Number:	8004283088
Address 1:	2910 Tazewell Pike
Address 2:	Suite 3'
City / Town:	Knoxville
State / Province:	TN
Postal / Zip Code:	37921
Country:	United States
PTPN ID:	
Practice ID:	88803487
Reply-To E-mail:	thayes@fotoinc.com
Reply-To Display Name:	Trish's Physical Therapy C

Custom Intake Email Message*	The comprehensive evaluation that you will have to start your therapy treatment at {{ClinicName}} includes a computerized functional assessment condition and how it impacts your quality of life. This information will help your clinician develop treatment goals with you and is an importa
	You have the option of completing the survey online prior to your first appointment, rather than in the clinic before your first treatment. Please click the link below to take your survey. {{SurveyURL}}
	The information you share is confidential, a part of your medical record, and is subject to all protected health care information regulations.
Custom Intake Email Subject*	Your Patient Inquiry Survey {{SurveyURL}}
	The information you share is confidential, a part of your medical record, and is subject to all protected health care information regulations.
Custom Status Email Message*	Thank you, FOTO www.fotoinc.com on behalf of
Custom Status Email Subject*	Your Patient Inquiry Survey

Additionally, at the bottom of this screen, you can access merge values to include in the message portion as you desire to insert patient specific and clinic specific information into the message.

The following can be used to merge specific values into either the Intake Email Message or Status Email Message

- {{PatientFirstName}} = Patient First Name
- {{PatientLastName}} = Patient Last Name
- {{ClinicName}} = Clinic Name
- {{SurveyURL}} = Will insert only the survey URL (no instructions)

Edit the clinic reply-to email display name.

Edit the clinic display name used in conjunction with the reply-to email address used when emailing surveys to patients.

Example: Southside PT <Support@SouthsidePT.com>

When finished, click on in the bottom right corner of this screen to save changes.

NOTE: The default messages must be revised for *each* clinic within your organization if you have multiple clinics in your drop down. However, if you want the same revisions made for all clinics within your practice, you can change the defaults for one clinic and then copy and paste the message body into the default window for the other clinic(s).

To send survey emails to patients, please refer to the Support Guide Instructions.