



Release Date: 2023/08/30

Version: 2.9.2

Downtime Expected: None

Virtual IPM Release Notes

Updates included in this release:

Bug Fixes:

1. Adding “Unknown” Answer Options to Patient History Questionnaire

Bug Fix #1

Details:

1. Updated all the questions on the Patient History questionnaire to either:
 - a. Have an “unknown” option
 - b. Have instructions on how answering the question if something is an unknown (this option was implemented for the 1st question and the last question)
2. Screenshots below provided to showcase the updates

The screenshot shows a portion of a patient history questionnaire. On the left, a dropdown menu is open for the question 'First Crawled (could be creeping or commando-like crawl)'. The menu lists options: 'Select an option' (with a checkmark), '<= 4 months', '5 months', '6 months', '7 months', '8 months', '9 months', '10 months', '11 months', '12 months', '13-14 months', '15+ months', 'Child does not Crawl or Never Crawled', and 'Unknown'. Below this menu is a checkbox labeled 'Depression'. To the right of the dropdown menu are three other dropdown menus: 'Walking Independently', 'First Phrases Used', and 'Toilet Trained (nighttime)', each with 'Select an option' as the current selection. Below these dropdowns, there is a line of text: 'ed with the following conditions. If you do not ect "Unknown".'

Patient History

Developmental History

Concerns During Pregnancy (if unknown, please do not make a selection)

Yes No

First Crawled (could be creeping or commando-like crawl)

Walking Independently

First Single Word(s) Used (not mama, dada)

First Phrases Used

Toilet Trained (daytime)

Toilet Trained (nighttime)

Family History

Please select all family members diagnosed with the following conditions. If you do not know the child's Family History, please select "Unknown".

<input type="checkbox"/> Anxiety
<input type="checkbox"/> Depression
<input type="checkbox"/> Obsessive Compulsive Disorder (OCD)
<input type="checkbox"/> ADHD
<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Speech / Language Disorder
<input type="checkbox"/> Intellectual Disability / Global Developmental Delay
<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Bipolar or Other Mood Disorder
<input type="checkbox"/> Thought Disorder or Schizophrenia
<input type="checkbox"/> Motor or Developmental Coordination Disorder
<input type="checkbox"/> Tic Disorder or Tourette's Syndrome
<input type="checkbox"/> Feeding or Eating Disorder
<input type="checkbox"/> Unknown

Have any family members been diagnosed with any other Neurological or Psychiatric Conditions not listed above? Or if you do not know the child's Family History, please do not make a selection for this question.

Yes No