Assessment (Forms) Details

> This article is part of the assessment builder guide. You will require administration access to view the pages mentioned in this article.

The following settings can be set when making a new assessment, or when editing an assessment.

1. In the Assessment Window in the middle, click on the top level item - **Assessment**.
   a. This displays all of the Assessment details that you set up earlier, with 2 additional fields.
2. After making any changes, click **Save Changes**.

Field Name	Description	Example
Details		
Name	Code for the assessment. Should be short but may follow local conventions.	File1-Section2 ABC-123
Title	Title for the assessment	Initial Assessment
Version	Version of the assessment. Assessments are version controlled, whenever you create a new copy of an assessment, it's version number is incremented by 1. In most cases start with version 1.0. Then the next version of the assessment will be 1.1, then 1.2, and so on.	1.0
Type	Type of intelligent form	In most cases "Assessment" or "Express Form". See Assessment Types.
Category	Optionally categorise your assessments. These options are defined in the generic code table "asses_cat".	Administration Clinical Admission Billing
Layout	Horizontal or Stacked	Horizontal
Description	Description of the assessment. Note shown to the user.	

Field Name	Description	Example
Ongoing Assessment (check box)	If TRUE then when the assessment is performed, any changes made are locked down upon saving and those changes become read only. Recommended that this is left as FALSE. May suit a document completed over a number of days / weeks and information already entered is made read only i.e Monthly Bowel Charts	FALSE
Shareable with Patient (check box)	Tick checkbox if you want to share the assessment with a patient in the means of SMS, email, or QR code.	
Enable client side validation (recommended) (check box)	If you tick the check box system will do the client side validation for Medicare details, DVA details when assessment is shared with a patient.	
In which views should this assessment be available?		
(this can also be referred to Type of Assessment)	The Assessment will be linked to and available in these areas: •Patient - links to the current patient. (The following options are displayed but not available in the current release of CareRight): •Admission - links to the current admission (must be used with Patient ticked as well) •Location - links to the current location •Provider - links to the current provider N.B. Admission Type Assessments must also have the Patient box checked, as they will link the assessment to a patient's current admission. It is not advisable to change the Type of Assessment after an assessment has been created. For example, if you need to make a Patient Assessment, also an Admission Assessment, then it is best to create a new assessment from scratch.	Initial Assessment: Patient Provider Time log: Provider Location Handover: Location Admission details: Patient, Admission
Workflow Support		
Workflow Controller		
Which trigger-able classes does this assessment support?		

Field Name	Description	Example
(Check Box)	Select any Trigger Scripts to be run when the assessment is approved. These scripts allow actions to happen such as sending SMS, creating additional assessments or creating invoices. Writing of trigger scripts requires JavaScript skills and is not covered in this section.	
Testing Test patient	Patient to use when you Preview the assessment. If you use Patient Fields then the patient's details will display upon Preview. Type the name of a patient to perform a search.	i.e Mr Clintel Test
Unique Identifier	This field is no longer in use.	