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Identity, logistics, and visit goals

Decades uses this information to coordinate the diagnostic day across imaging, phlebotomy, and physician consultation.

Form fields

PATIENT ID

DATE OF BIRTH

ADDRESS

PHONE

EMAIL

PRIMARY CLINIC

PACKAGE

PREFERRED REPORT LANGUAGE

Logistics

- [ ] I can fast for 10-12 hours before blood draw.
- [ ] I can attend all appointments on the same day.
- [ ] I need a written summary for my GP.
- [ ] I require interpreter support.

Top concerns

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Medical and family risk history

Structured history helps the medical team calibrate the physician briefing and choose follow-up priorities.

Form fields

KNOWN DIAGNOSES

CURRENT MEDICATION

SMOKING HISTORY

ALCOHOL

EXERCISE

PRIOR MAJOR SURGERY

FAMILY HISTORY

LAST COLONOSCOPY

Symptoms requiring physician attention

- [ ] New exertional chest pain
- [ ] Unexplained shortness of breath
- [ ] Unintentional weight loss
- [ ] Change in bowel habit
- [ ] Daytime fatigue
- [ ] No acute symptoms today

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Imaging safety screening

These answers are reviewed before MRI and other diagnostic procedures. Decades may request supporting documents.

Form fields

HEIGHT / WEIGHT

CLAUSTROPHOBIA

KIDNEY DISEASE

CONTRAST REACTION HISTORY

IMPLANTS OR METALWORK

PACEMAKER / ICD

HEARING AIDS

MOBILITY LIMITATION

Imaging acknowledgements

- [ ] I will remove jewelry, watches, and metal objects.
- [ ] I will bring implant documentation if available.
- [ ] I understand incidental findings may require follow-up.
- [ ] I request sedation for MRI.

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Laboratory and data consent

The diagnostic program combines labs, imaging, clinician review, and longitudinal result tracking in the patient portal.

Form fields

CONSENT VERSION

LAB PANEL

RESULT SHARING

RETENTION

DATA EXPORT

Consent choices

- [ ] I consent to venous blood draw and laboratory analysis.
- [ ] I consent to imaging studies in the selected package.
- [ ] I consent to AI-assisted physician briefing before consultation.
- [ ] I consent to anonymized training or marketing use.

Portal instructions

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Final review and signatures

Final acknowledgements for the full diagnostic day. A clinician will confirm contraindications before any procedure.

Form fields

SUBMITTED

CARE COORDINATOR

MEDICAL REVIEWER

STATUS

Final checks

- [ ] I understand this screening is preventive and not emergency care.
- [ ] I will disclose any new symptoms before the appointment.
- [ ] I agree to Decades' cancellation and rescheduling policy.
- [ ] I need a paper-only process.

Signatures

PATIENT SIGNATURE | NAME | DATE

COORDINATOR REVIEW | NAME | DATE