

## IONOS FORMS LAYOUT

### Mapoma Wealth Enterprises

#### Guidance Forms Main List

(The information you provide will guide us towards your available options and efficiency)

(Thank you so much for taking the time to complete the Guidance Form)

- 1 I am completing this **FORM**: for myself, and I am 18 years of age or older
- 2 I am completing this **FORM**: for myself and Spouse/Significant Other
- 3 I am completing this **FORM**: for myself, Spouse/Significant Other, and (Child/Children age(s) 0-17)
- 4 I am completing this **FORM**: for myself and Child/Children who are ages 0 through 17
- 5 I am a Family Member/Guardian/Caregiver completing this **FORM: ONLY** for my child or children age(s) 0-17
- 6 I am a Family Member/Guardian/Caregiver/completing this **FORM: ONLY** for Parent(s)/Family Member(s)/Other

### Mapoma Wealth Enterprises

#### Guidance Form

**IMPORTANT:** PLEASE MAKE SURE YOU ARE COMPLETING the CORRECT FORM

#### 1 I am completing this FORM: for **Myself**, and I am 18 years of age or older

If you are in the wrong FORM use this “**BACK**” BUTTON to return to the LIST OF FORMS

(The information you provide will guide us towards your available options and our efficiency)

(Thank you so much for taking the time to complete the Guidance Form)

- 1.1 Name: (First) (Last) Phone Number: State you live in: Email: with Confirm (Type it twice)
- 1.2 Date of Birth \_\_/\_\_/\_\_ (age)
- 1.3 Smoke Cigarettes Yes No (Radial Buttons)
- 1.4 Any Major Health Issues in your **LIFETIME**? Yes No (Radial Buttons)
- 1.5 Cancer Yes No (Radial Buttons)
- 1.6 Heart Issues Yes No (Radial Buttons)
- 1.7 Strokes Yes No (Radial Buttons)
- 1.8 Diabetes Yes No (Radial Buttons)
- 1.9 Respiratory Disorders Yes No (Radial Buttons)
- 1.10 Kidney Disease Yes No (Radial Buttons)
- 1.11 Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 1.12 Other (Radial Button)
- 1.13 Height: Ft \_\_, In \_\_
- 1.14 Weight: Lbs. \_\_
- 1.15 Your Estimated Monthly Income: \$0-\$999 \$1,000-\$2,999 \$3,000-\$5,999 \$6,000-\$9,999 \$10,000+ (Radial)
- 1.16 Single Yes No (Radial Buttons)
- 1.17 Spouse Yes No (Radial)
- 1.18 Significant Other Yes No (Radial Buttons)
- 1.19 Separated Yes No (Radial Buttons)
- 1.20 Divorced Yes No (Radial Buttons)

Click the “**CONTINUE**” Button which will indicate Red UNANSWERED Questions

(PLEASE BOOK a time where YOU and YOUR **Spouse, Significant Other, Separated, or Divorced** WILL BE TOGETHER FOR I AGREE TO HAVE MY **Spouse, or Significant Other, or Separated, or Divorced** at the appointment (Radial)  
I AGREE THAT I AM THE **DECISION MAKER**, and I will be the **ONLY** one attending the appointment (Radial)

## **Mapoma Wealth Enterprises Guidance Form**

**IMPORTANT:** PLEASE MAKE SURE YOU ARE COMPLETING the CORRECT FORM

### **2 I am completing this FORM: for **Myself** and **Spouse/Significant Other****

If you are in the wrong FORM use this “**BACK**” BUTTON to return to the LIST OF FORMS  
(The information you provide will guide us towards your available options and our efficiency)  
(Thank you so much for taking the time to complete the Guidance Form)

- 2.1 **YOUR** Name: (First) (Last) Phone Number: State you live in: Email: with Confirm (Type it twice)
- 2.2 **YOUR** Date of Birth \_\_/\_\_/\_\_ (age)
- 2.3 **YOU** Smoke Cigarettes Yes No (Radial Buttons)
- 2.4 **YOU** Any Major Health Issues in your **LIFETIME**? Yes No (Radial Buttons)
- 2.5 **YOU** Cancer Yes No (Radial Buttons)
- 2.6 **YOU** Heart Issues Yes No (Radial Buttons)
- 2.7 **YOU** Strokes Yes No (Radial Buttons)
- 2.8 **YOU** Diabetes Yes No (Radial Buttons)
- 2.9 **YOU** Respiratory Disorders Yes No (Radial Buttons)
- 2.10 **YOU** Kidney Disease Yes No (Radial Buttons)
- 2.11 **YOU** Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 2.12 **YOU** Other (Radial Button)
- 2.13 **YOUR** Height: Ft \_\_, In \_\_
- 2.14 **YOUR** Weight: Lbs. \_\_
- 2.15 **YOUR** Estimated Monthly Income: \$0-\$999 \$1,000-\$2,999 \$3,000-\$5,999 \$6,000-\$9,999 \$10,000+ (Radial)
  
- 2.16 **Spouse** Name: (First) (Last)
- 2.17 **Spouse** Date of Birth \_\_/\_\_/\_\_ (age)
- 2.18 **Spouse** Smoke Cigarettes Yes No (Radial Buttons)
- 2.19 **Spouse** Any Major Health Issues in during **LIFETIME**? Yes No (Radial Buttons)
- 2.20 **Spouse** Cancer Yes No (Radial Buttons)
- 2.21 **Spouse** Heart Issues Yes No (Radial Buttons)
- 2.22 **Spouse** Strokes Yes No (Radial Buttons)
- 2.23 **Spouse** Diabetes Yes No (Radial Buttons)
- 2.24 **Spouse** Respiratory Disorders Yes No (Radial Buttons)
- 2.25 **Spouse** Kidney Disease Yes No (Radial Buttons)

- 2.26 Spouse Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 2.27 Spouse Other (Radial Button)
- 2.28 Spouse Height: Ft \_\_, In \_\_
- 2.29 Spouse Weight: Lbs. \_\_\_\_
- 2.30 Spouse Estimated Monthly Income: \$0-\$999 \$1,000-\$2,999 \$3,000-\$5,999 \$6,000-\$9,999 \$10,000+ (Radial)

**“CONTINUE” Button**

Sophie: in FORM 2 this message will Pop-Up

(PLEASE BOOK a time where YOU and YOUR SPOUSE or SIGNIFICANT OTHER WILL BE TOGETHER FOR THE APPOINTMENT)

I AGREE TO HAVE MY SPOUSE or SIGNIFICANT OTHER AT THE APPOINTMENT (Radial)

**“BOOK MY APPOINTMENT” Button**

## Mapoma Wealth Enterprises

### Guidance Form

**IMPORTANT:** PLEASE MAKE SURE YOU ARE COMPLETING the CORRECT FORM

### 3 I am completing this FORM: for Myself, Spouse/Significant Other, and Child

If you are in the wrong FORM use this “BACK” BUTTON to return to the LIST OF FORMS  
(The information you provide will guide us towards your available options and our efficiency)  
(Thank you so much for taking the time to complete the Guidance Form)

- 3.1 YOUR Name: (First) (Last) Phone Number: State you live in: Email: with Confirm (Type it twice)
- 3.2 YOUR Date of Birth \_\_/\_\_/\_\_ (age)
- 3.3 YOU Smoke Cigarettes Yes No (Radial Buttons)
- 3.4 YOU Any Major Health Issues in your LIFETIME? Yes No (Radial Buttons)
- 3.5 YOU Cancer Yes No (Radial Buttons)
- 3.6 YOU Heart Issues Yes No (Radial Buttons)
- 3.7 YOU Strokes Yes No (Radial Buttons)
- 3.8 YOU Diabetes Yes No (Radial Buttons)
- 3.9 YOU Respiratory Disorders Yes No (Radial Buttons)
- 3.10 YOU Kidney Disease Yes No (Radial Buttons)
- 3.11 YOU Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 3.12 YOU Other (Radial Button)
- 3.13 YOUR Height: Ft \_\_, In \_\_
- 3.14 YOUR Weight: Lbs. \_\_\_\_
- 3.15 YOUR Estimated Monthly Income: \$0-\$999 \$1,000-\$2,999 \$3,000-\$5,999 \$6,000-\$9,999 \$10,000+ (Radial)
- 3.16 Spouse Name: (First) (Last)
- 3.17 Spouse Date of Birth \_\_/\_\_/\_\_ (age)
- 3.18 Spouse Smoke Cigarettes Yes No (Radial Buttons)
- 3.19 Spouse Any Major Health Issues in during LIFETIME? Yes No (Radial Buttons)
- 3.20 Spouse Cancer Yes No (Radial Buttons)
- 3.21 Spouse Heart Issues Yes No (Radial Buttons)

- 3.22 Spouse Strokes Yes No (Radial Buttons)
- 3.23 Spouse Diabetes Yes No (Radial Buttons)
- 3.24 Spouse Respiratory Disorders Yes No (Radial Buttons)
- 3.25 Spouse Kidney Disease Yes No (Radial Buttons)
- 3.26 Spouse Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 3.27 Spouse Other (Radial Button)
- 3.28 Spouse Height: Ft \_\_, In \_\_
- 3.29 Spouse Weight: Lbs. \_\_\_\_
- 3.30 Spouse Estimated Monthly Income: \$0-\$999 \$1,000-\$2,999 \$3,000-\$5,999 \$6,000-\$9,999 \$10,000+ (Radial)

**Sophie:** in **FORM 3** this message will Pop-Up  
 The **Child Section** is for any child **17** years of age or **younger**.

- 3.31 Child Name: (First) (Last)
- 3.32 Child Date of Birth \_\_/\_\_/\_\_ (age)
- 3.33 Child Any Major Health Issues Yes No (Radial Buttons)
- 3.34 Child Any Respiratory Disorders (Such as Asthma) Yes No (Radial Buttons)
- 3.35 Child Any Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 3.36 Child Any Heart Issues Yes No (Radial Buttons)
- 3.37 Child Any Kidney Issues Yes No (Radial Buttons)
- 3.38 Child Any Other Issues Yes No (Radial Buttons)
- 3.39 What is your relationship to the child?

**(PLEASE BOOK a time where YOU and YOUR Spouse, or Significant Other WILL BE TOGETHER FOR THE APPOINTMENT)**

**I AGREE TO HAVE MY SPOUSE or SIGNIFICANT OTHER AT THE APPOINTMENT. YES (Radial)**

**“BOOK MY APPOINTMENT”** Button here that will take the Parent to the Scheduler.

AFTER THE AGREEMENT IS CHECKED, the **“BOOK MY APPOINTMENT”** Button will NO LONGER be Grayed-Out and allow the Parent to BOOK an Appointment.

## **Mapoma Wealth Enterprises Guidance Form**

**IMPORTANT:** PLEASE MAKE SURE YOU ARE COMPLETING the CORRECT FORM

### **4 I am completing this FORM: for Myself, and Child**

If you are in the wrong FORM use this **“BACK”** BUTTON to return to the LIST OF FORMS  
 (Sophie: Create a “Back” Button that will return the clients to the Main List & Prior Pages)  
 (The information you provide will guide us towards your available options and our efficiency)  
 (Thank you so much for taking the time to complete the Guidance Form)

- 4.1 YOUR Name: (First) (Last) Phone Number: State you live in: Email: with Confirm (Type it twice)
- 4.2 YOUR Date of Birth \_\_/\_\_/\_\_ (age)
- 4.3 YOU Smoke Cigarettes Yes No (Radial Buttons)
- 4.4 YOU Any Major Health Issues in your LIFETIME? Yes No (Radial Buttons)

- 4.5 YOU Cancer Yes No (Radial Buttons)
- 4.6 YOU Heart Issues Yes No (Radial Buttons)
- 4.7 YOU Strokes Yes No (Radial Buttons)
- 4.8 YOU Diabetes Yes No (Radial Buttons)
- 4.9 YOU Respiratory Disorders Yes No (Radial Buttons)
- 4.10 YOU Kidney Disease Yes No (Radial Buttons)
- 4.11 YOU Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 4.12 YOU Other (Radial Button)
- 4.13 YOUR Height: Ft \_\_, In \_\_
- 4.14 YOUR Weight: Lbs. \_\_\_\_
- 4.15 YOUR Estimated Monthly Income: \$0-\$999 \$1,000-\$2,999 \$3,000-\$5,999 \$6,000-\$9,999 \$10,000+ (Radial)

**Sophie:** in **FORM 4** this message will Pop-Up  
 The **Child Section** is for any child **17** years of age or **younger**.

- 4.16 Child Name: (First) (Last)
- 4.17 Child Date of Birth \_\_/\_\_/\_\_ (age)
- 4.18 Child Any Major Health Issues Yes No (Radial Buttons)
- 4.19 Child Any Respiratory Disorders (Such as Asthma) Yes No (Radial Buttons)
- 4.20 Child Any Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 4.21 Child Any Heart Issues Yes No (Radial Buttons)
- 4.22 Child Any Kidney Issues Yes No (Radial Buttons)
- 4.23 Child Any Other Issues Yes No (Radial Buttons)
- 4.24 What is your relationship to the child?

**Sophie:** Under Question 4.24, add “**ADD ANOTHER CHILD**” Button. Add “**CONTINUE**” Button.

If Parent selects the “**ADD ANOTHER CHILD**” Button, the Child Pop-Up message (The **Child Section** is for any child 17 years of age or younger, Questions 3.31 through 3.39, another “**ADD ANOTHER CHILD**” Button, “**BACK**” (

The Parent will keep doing these steps until there are no more children to enter and then Click the “**CONTINUE**” Button which will indicate Red UNANSWERED Questions

(PLEASE BOOK a time where YOU and YOUR Spouse, or Significant Other WILL BE TOGETHER FOR THE APPOINTMENT)

I AGREE TO HAVE MY SPOUSE or SIGNIFICANT OTHER AT THE APPOINTMENT. YES (Radial)

I AGREE THAT I AM THE DECISION MAKER, and I will be the ONLY one attending the appointment (Radial)

**Sophie:** Client can ONLY choose one Radial or the other

**Sophie:** Client Gets a CONGRATULATIONS!!! FINAL STEP is to BOOK your APPOINTMENT; Click the “**BOOK MY APPOINTMENT**” Button

“**BOOK MY APPOINTMENT**” Button here that will take the Parent to the Scheduler.

**IMPORTANT:** PLEASE MAKE SURE YOU ARE COMPLETING the CORRECT FORM

## 5 I am a Family Member/Guardian/Caregiver completing this FORM: ONLY for a Child

If you are in the wrong FORM use this “BACK” BUTTON to return to the LIST OF FORMS  
(The information you provide will guide us towards your available options and our efficiency)  
(Thank you so much for taking the time to complete the Guidance Form)

- 5.1 YOUR Name: (First) (Last)
- 5.2 YOUR Phone Number
- 5.3 YOUR Email Type Twice
- 5.4 YOUR State
- 5.5 YOUR Relationship to the Child

**Sophie:** in FORM 5 this message will Pop-Up

The **Child Section** is for any child 17 years of age or younger.

- 5.6 Child Name: (First) (Last)
- 5.7 Child Date of Birth \_\_/\_\_/\_\_ (age)
- 5.8 Child Any Major Health Issues Yes No (Radial Buttons)
- 5.9 Child Any Respiratory Disorders (Such as Asthma) Yes No (Radial Buttons)
- 5.10 Child Any Neurological Disorders (Such as Autism) Yes No (Radial Buttons)
- 5.11 Child Any Heart Issues Yes No (Radial Buttons)
- 5.12 Child Any Kidney Issues Yes No (Radial Buttons)
- 5.13 Child Any Other Issues Yes No (Radial Buttons)
- 5.14 What is your relationship to the child? **Sophie:** Create a Dropdown of choices; Parent, Step-Parent, Grand Parent, Guardian, Other

“ADD ANOTHER CHILD” Button. “CONTINUE” Button. “BACK” Button.

**“BOOK MY APPOINTMENT”**

## Mapoma Wealth Enterprises Guidance Form

**IMPORTANT:** PLEASE MAKE SURE YOU ARE COMPLETING the CORRECT FORM

## 6 I am a Family Member/Guardian/Caregiver completing this FORM: ONLY for a Parent(s)/Family Member(s)/Other (PFO)

If you are in the wrong FORM use this “BACK” BUTTON to return to the LIST OF FORMS  
(The information you provide will guide us towards your available options and our efficiency)  
(Thank you so much for taking the time to complete the Guidance Form)

- 6.1 YOUR Name: (First) (Last)
- 6.2 YOUR Phone Number
- 6.3 YOUR Email CONFIRM Type Twice
- 6.4 YOUR State
- 6.5 YOUR Relationship to the Partent(s)/Family Member(s)/Other

6.6 (PFO) Name: (First) (Last)

6.7 (PFO) Date of Birth \_\_/\_\_/\_\_ (age)

6.8 (PFO) Any Major Health Issues Yes No (Radial Buttons)

6.9 (PFO) Any Respiratory Disorders (Such as **Asthma**) Yes No (Radial Buttons)

6.10 (PFO) Any Neurological Disorders (Such as **Autism**) Yes No (Radial Buttons)

6.11 (PFO) Any Heart Issues Yes No (Radial Buttons)

6.12 (PFO) Any Kidney Issues Yes No (Radial Buttons)

6.13 (PFO) Any Other Issues Yes No (Radial Buttons)

6.14 What is your relationship to the (PFO)?

“ADD ANOTHER (PFO)” Button. “CONTINUE” Button. “BACK” Button.

“BOOK MY APPOINTMENT”