



Form change classification and approval policy



Consultmed Form change classification and approval policy

Commercial in confidence

Document control

Policy owner	Consultmed Pty Ltd
Date approved	1 January 2026
Approved by	Vikram Palit, CEO Consultmed
Next scheduled review	1 July 2026
Version	v1.2

Contents

1. Purpose.....	3
2. Scope.....	3
3. Defined terms.....	4
4. Minor changes.....	5
4.1 Examples of minor changes.....	5
4.2 Testing requirements for Minor changes.....	1
5. Major changes	2
5.1 Examples of major changes.....	3
5.2 Testing requirements for Major changes.....	1
6. Change request process	2
6.1 Classification approach	2
7. Commercial considerations.....	3

1. Purpose

This policy defines the classification, approval, and delivery process for changes to Forms including Referral Forms, Advice & Guidance™ (A&G) Requests, Request for Admission (RFA), and any associated form content within the Consultmed platform.

The policy aims to distinguish between Minor and Major changes and describe the approval and governance processes.

This policy should be read in conjunction with the client's Subscription Agreement and any applicable Statements of Work.

2. Scope

This policy applies to all requests for changes relating to Forms including:

- Referral Forms
- Advice & Guidance™ Requests
- Requests for Admission

This policy does not apply to:

- Core platform feature requests
- Integrations or interface engines
- Reporting or analytics functionality
- Non-form user interface enhancements

3. Defined terms

For the purposes of this policy, the following definitions apply:

Term	Definition
Consultmed	Consultmed Pty Ltd, the owner and operator of the Consultmed software platform.
Client	An organisation holding a current Subscription Agreement with Consultmed.
Subscription Agreement	The executed commercial agreement governing access to and use of the Consultmed platform.
Form	The service-specific form used to capture clinical or administrative information within the Consultmed workflow, including Referral Forms, Advice & Guidance™ Requests, and Requests for Admission. The Form appears as the third section within the Consultmed document creation workflow (see Figure 1). Changes within the Form may be classified as either Minor or Major, depending on scope and impact.
Minor change	A low-impact modification confined to limited content or layout updates within the Form that does not require design review, development, or testing.
Major change	A change that impacts platform logic, data structures, workflows, user experience, or requires configuration, development, or User Acceptance Testing (UAT).
User Acceptance Testing (UAT)	A structured testing process conducted by the Client to confirm that the implemented changes meet the agreed requirements and approved scope prior to release.
Change Request	A formally submitted request for modification, lodged via the Consultmed Change Request Form or FreshDesk portal.

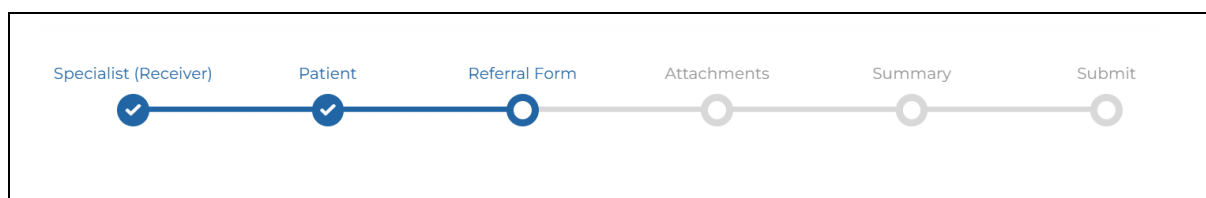


Figure 1: Consultmed document creation workflow illustrating the position of the Form within the workflow

4. Minor changes

Minor changes are low-impact updates that do not require changes to the underlying platform architecture or behaviour and do not require testing.

Minor changes form part of the client's subscription entitlements, subject to any limits or conditions set out in the applicable Subscription Agreement.

A change to the Form may be classified as a Minor change where all of the following apply:

1. The change is limited to content or layout adjustments
2. The change does not introduce complex conditional logic, integration or validation rules
3. The change does not require design review or User Acceptance Testing (UAT)

Where these conditions are met, the change may be delivered as a Minor change in accordance with subscription entitlements.

4.1 Examples of minor changes

Example 1: Update to text

Changes to existing text, for example, within an information box. See Figure 2 for a screenshot of example information box.

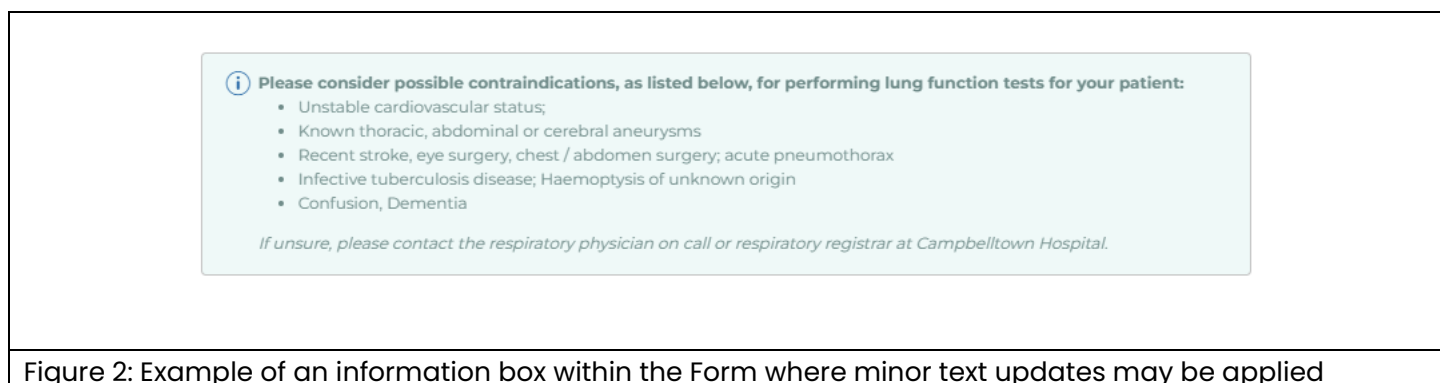


Figure 2: Example of an information box within the Form where minor text updates may be applied

Example 2: Additional questions within existing sections

Adding additional questions to a section that already exists within the Form.

Example 3: UI element adjustment

Addition or removal of existing form elements without introducing new logic, such as updating options within a radio button or checkbox list. See Figure 3 for example.

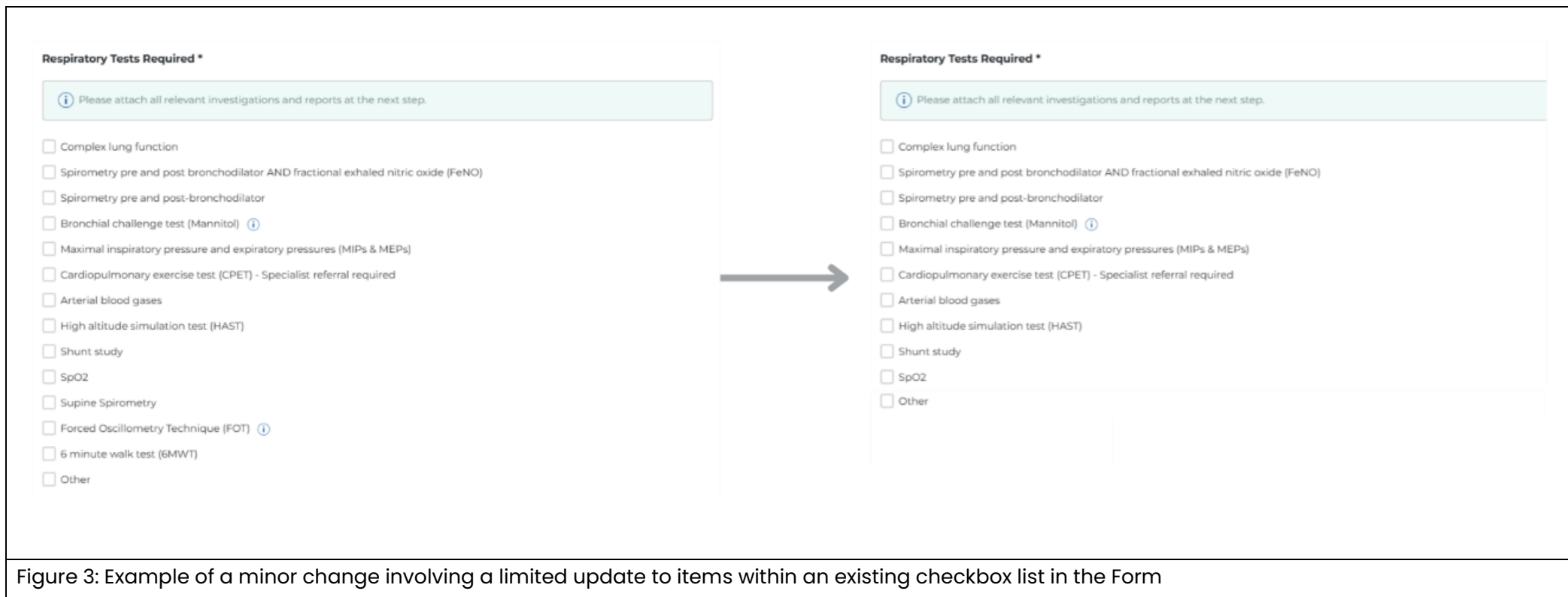
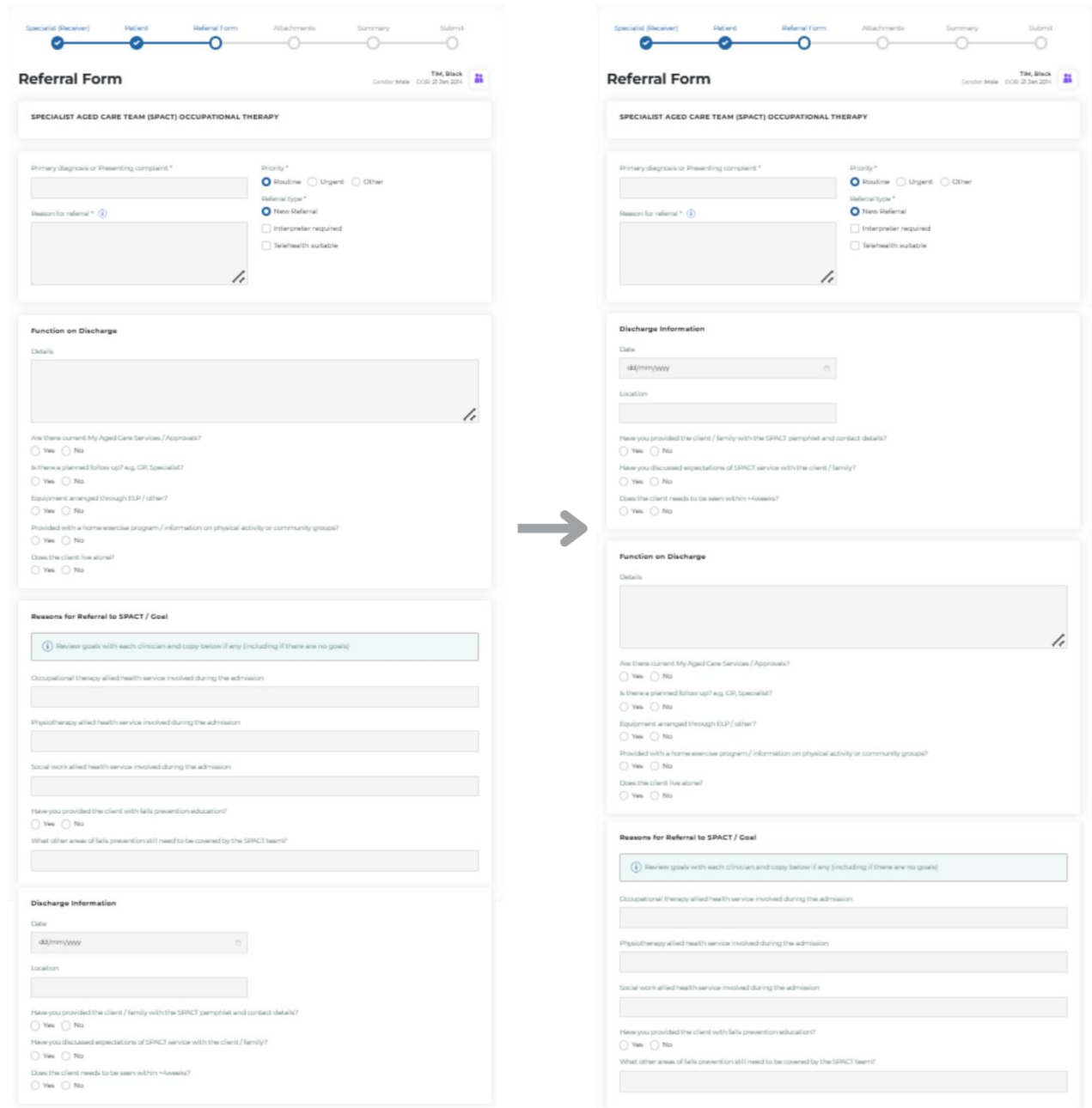


Figure 3: Example of a minor change involving a limited update to items within an existing checkbox list in the Form

Example 4: Reordering form content

Reordering or restructuring existing sections within a form. See Figure 4.



The figure illustrates the reordering of sections in a 'Referral Form'. The form is titled 'SPECIALIST AGED CARE TEAM (SPACT) OCCUPATIONAL THERAPY' and includes a progress bar at the top with steps: Specialist (Receiver), Patient, Referral Form, Attachments, Summary, and Submit. The user is currently on the 'Referral Form' step.

Original Form (Left):

- Primary diagnosis or presenting complaint *** (Text input)
- Priority *** (Radio buttons: Routine, Urgent, Other)
- Referral type *** (Radio buttons: New Referral, Interpreter required, Telehealth suitable)
- Reason for referral *** (Text input)
- Function on Discharge** (Section with 'Details' text input and several Yes/No questions about My Aged Care Services, follow-up, equipment, and home exercise programs).
- Reasons for Referral to SPACT / Goal** (Section with a goal review instruction and three text input fields for Occupational therapy, Physiotherapy, and Social work allied health services).
- Discharge Information** (Section with Date, Location, and three Yes/No questions about SPACT pamphlet, expectations, and needs).

Reordered Form (Right):

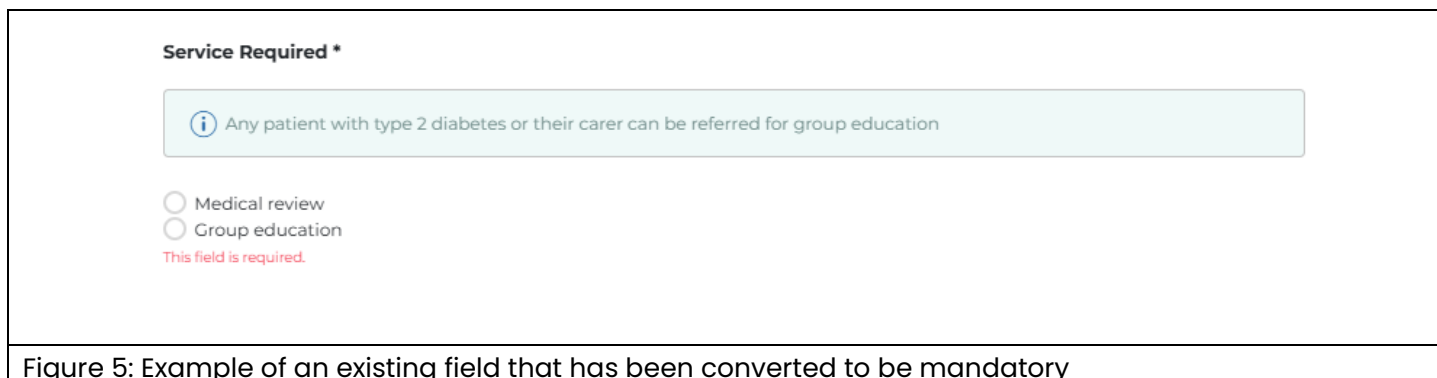
- Primary diagnosis or presenting complaint *** (Text input)
- Priority *** (Radio buttons: Routine, Urgent, Other)
- Referral type *** (Radio buttons: New Referral, Interpreter required, Telehealth suitable)
- Reason for referral *** (Text input)
- Discharge Information** (Section with Date, Location, and three Yes/No questions about SPACT pamphlet, expectations, and needs).
- Function on Discharge** (Section with 'Details' text input and several Yes/No questions about My Aged Care Services, follow-up, equipment, and home exercise programs).
- Reasons for Referral to SPACT / Goal** (Section with a goal review instruction and three text input fields for Occupational therapy, Physiotherapy, and Social work allied health services).

The reordering moves the 'Discharge Information' section to precede the 'Function on Discharge' section, while the 'Reasons for Referral to SPACT / Goal' section remains in its original position relative to the 'Function on Discharge' section.

Figure 4: Example of a Form that has had sections reordered

Example 5: Mandatory field adjustment

Updating an existing field to become mandatory or non-mandatory. See Figure 5.



The screenshot shows a form field titled "Service Required *". Above the field is a light blue information box containing an information icon and the text: "Any patient with type 2 diabetes or their carer can be referred for group education". Below the field are two radio button options: "Medical review" and "Group education". A red error message "This field is required." is displayed below the options.

Figure 5: Example of an existing field that has been converted to be mandatory

Example 6: Changing selection behaviour

Changes to how a form field allows selections, such as updating a field from single-selection (radio buttons) to multi-selection (checkboxes), or vice versa.

4.2 Testing requirements for Minor changes

Minor changes **do not** require User Acceptance Testing (UAT).

All Minor changes are subject to Consultmed's internal quality assurance and quality control (QA/QC) processes prior to release. These checks are completed by Consultmed to confirm that the change functions as intended and does not adversely affect the existing Form or workflow.

Once a Minor change has successfully passed Consultmed's internal QA/QC processes, it will be deployed to the live environment without further client testing or formal sign-off.

5. Major changes

Major changes require design work, configuration or development, and formal UAT. These changes typically involve more substantial updates to form structure, logic, or content and are subject to scoping, approval, and agreement prior to commencement.

A change within the Form will be classified as a Major change where it involves:

1. Significant restructuring or redesign of an existing form or creation of a new form
2. Introduction of new sections
3. Complex, layered, or interdependent conditional logic
4. Changes affecting how data is captured, validated, stored, reported, or integrated
5. Any requirement for design review, configuration, development, or UAT

Any proposed change that applies to workflow areas outside the Form, such as Patient, Attachments, Summary, or Submit (Figure 1), is automatically classified as a Major change.

5.1 Examples of major changes

Example 1: Introduction of customised sections

Adding one or more new customised sections to an existing form. See Figure 6.

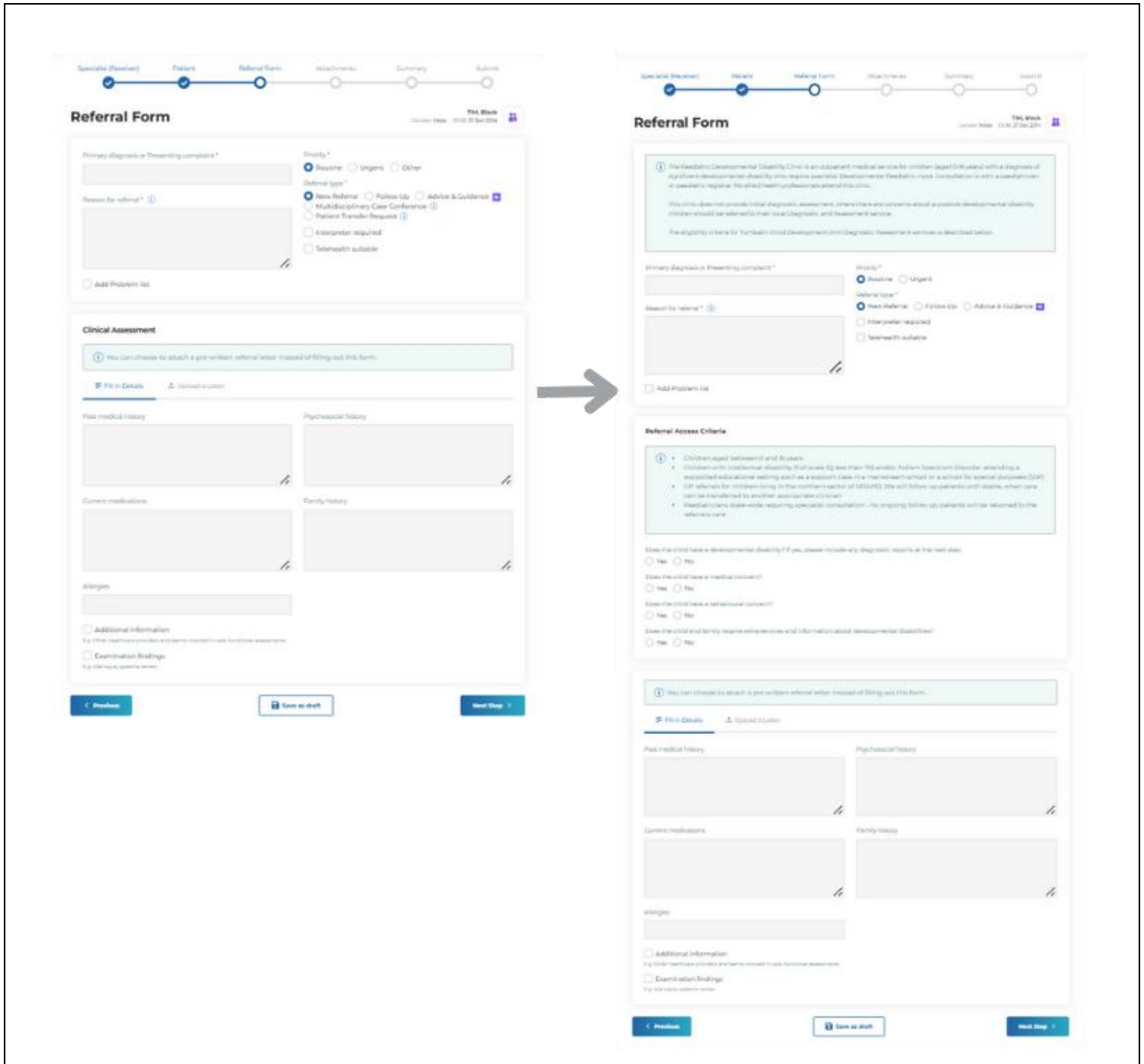


Figure 6: Example of a major change illustrating the introduction of multiple additional sections to customise the form

Example 2: Complex conditional logic

Introduction of multi-layered conditional behaviour. See Figure 7.

The figure displays three panels of a medical referral form, illustrating how the content dynamically changes based on the selected referral criteria. Each panel has a 'Referral Criteria' section at the top with a note: 'Please ensure at least ONE of the following essential criteria has been met.'

- Panel 1 (Left):** 'Infantile Haemangioma' is selected. The form includes fields for gestational age, current age, lesion location, and complications. It also has checkboxes for imaging and photographs.
- Panel 2 (Middle):** 'Eczema' is selected. The form includes checkboxes for severe eczema, treatment response, and family history of immunosuppressive therapy.
- Panel 3 (Right):** 'Acne' is selected. The form includes checkboxes for severe nodulocystic acne, scarring, treatment response, and contraception.

Figure 7: Example of a major change illustrating dynamic form behaviour, where form content changes based on referral criteria selection

Example 3: Integration-related changes

Changes to an existing Customised Form that require updates to, or remapping of, data fields exchanged with external clinical systems. This includes, but is not limited to:

- changes to fields that are mapped to Practice Management Systems (e.g. Best Practice, MedicalDirector or equivalent systems), and/or
- changes to fields that are mapped to hospital electronic medical record (EMR) systems, integration engines, or downstream clinical or administrative systems.

Example 4: New Form build

Creation of a new Referral Form, Advice & Guidance™ Request Form or Request for Admission Form with new data fields and logic.

Example 5: Multiple minor changes requested together

Requesting five or more minor changes at the same time to the same Form. While each change may be minor on its own, the combined request may be treated as a major change due to the overall level of effort and complexity.

5.2 Testing requirements for Major changes

All Major changes require a defined and agreed testing approach. As part of the approved proposal, Consultmed and the Client will agree in advance:

- the scope of testing, and
- a time-limited UAT period, including the start and end dates of that period.

Unless otherwise specified in writing, one time-limited round of UAT is included in the costs for Major changes.

Only defects identified and logged within the agreed UAT period will be assessed against the approved requirements and scope. Any testing, defect review, or changes requested outside the agreed UAT period may require additional scoping and may incur additional costs.

6. Change request process

1. All change requests, minor or major, must be submitted via the Consultmed Change Request Form or via FreshDesk (as agreed between Consultmed and the Client)
2. Consultmed will review the request and work with the Client to clarify the scope and classify the change as Minor or Major
3. For Major changes, Consultmed will provide a written proposal outlining the scope, cost, and indicative timelines for the Client's consideration
4. Work on Major changes will only commence once the scope and commercial terms have been agreed in writing

6.1 Classification approach

This policy provides guidance and illustrative examples to support the classification of change requests; however, not every scenario can be anticipated.

Where a change request is submitted, Consultmed will work with the Client to confirm whether the request is best classified as a Minor or Major change, taking into account the intended outcome, scope, and potential impact.

To avoid uncertainty, no work will commence until the classification has been agreed and, where applicable, the scope and commercial terms for the change have been confirmed in writing.

7. Commercial considerations

Minor changes are included within the Client's subscription entitlements, with the number of Minor changes permitted defined in the applicable Subscription Agreement. Minor changes apply on a per-form basis and are limited to low-impact updates within an existing form, supporting ongoing refinement of service-specific content.

Major changes are chargeable on a per-form basis. This reflects the additional effort required from Consultmed's design, development, and quality assurance teams to scope, configure, build, and test the requested changes. Where a Major change is requested, Consultmed will provide a separate written proposal outlining the scope, associated costs, and indicative timelines for the Client's consideration.

Any additional design iterations, testing cycles, or changes requested outside the agreed scope may result in additional costs, which will be discussed and agreed with the Client prior to commencement.