

Form Completion Library

The Form Completion Module is an add-on module to MedPointe, available for \$250. It requires installation on each individual workstation that will use it.

Ready to say goodbye to those paper forms? Now MedPointe contains a Form Library. It allows you to:

- Scan in a form you commonly use and save it to the Form Library.
- “Map” the form to tell the system where to put patient & practice data (e.g., patient’s first name, last name, date of birth, insurance ID, provider name, address, etc.). You can even tell the system where the provider’s signature goes.
- For data that is unique to the form (that is, special questions, clinical information, checkboxes, etc., that are not somewhere else in the system), you can create an associated data entry window.
- Once done, you can open the form as often as needed from any patient’s chart. If it has an associated data entry form, it will open for that data to be entered. The completed form will appear on the screen. If it has “signature flags” placed, a provider can click the Sign button and the system will automatically place the provider’s scanned signature where the flags are.
- If the form has an associated recipient, when a provider signs it or clicks the Save button the system will ask if the form should be faxed to the recipient.

Thus, once a form has been mapped, the form can be completed, signed, and return faxed with just a few clicks! This is one of the most powerful tools we’ve ever added to the product. It’s sure to save you a lot of time!

Want us to map the form for you? Send it to us and we’ll set it up for you for \$100 per form.

Saving the Form to the Library

Scan the form into the Document Manager like any other document. Do not file it to a patient’s chart. Instead, right-click on the document and select **Save to Form Completion Library**. This will open a window for you to name the form. After you enter the name, the form will appear in the mapping window:

sleepinsights
sleep and neurodiagnostic services

p 585-385-6070
f 585-385-6071
tf 877-385-6070

SLEEP EVALUATION REFERRAL

Patient referral information for sleep services: please fax to: 585-385-6071

Last name Pat: Last	First Pat: First	MI
Phone Pat: Home Phone	DOB Pat: DOB	Sex M F Pat: Sex
Insurance Co. Ins: Name	Authorization #	Per
Insurance Phone #	Please attach a photocopy of the patient's insurance card	

Verification of Medical Necessity:

Sleep History:

- #001 Snores excessively during sleep
- #002 Stops breathing during sleep
- #003 Excessive daytime sleepiness: difficulty staying alert during the day, or report of extreme fatigue
- #004 Awakens from sleep with gasping or choking; dry mouth or throat upon awakening
- #005 Experiences a restless sensation in the legs or arms at bedtime or during sleep
- #006 Makes frequent kicking movements during sleep
- #007 Has difficulty falling asleep at the beginning of the night, or difficulty staying asleep
- #008 Has morning headaches
- #009 Sleepwalking or other behavioral episodes during sleep

Exit Save

This window allows you to “map” the form with text, standard data, special data, signatures, and other set-up information on the form. (The example above is what it looks like when a form has been mapped out). You may also access this window from Tools, EMR Set-Up, Form Completion Library.

1. Use the **Text** button to mark up the form with text that will probably never change. This might be used for the practice name, address, phone number, etc.
2. Use the **Standard data** button to insert variables for practice or patient data. This includes the patient name, DOB, insurance ID, etc. Click the button, then click on the form where you want the variable to appear.
3. Use the **Special data** button to create or insert fields on the form that do not exist anywhere else in the system (that is, that are not already available as standard data). After you click on this button, you will click on the form where you want the data to appear. Next the system will ask you if you want to create a new field or to select a field that you’ve already created. At first, you will want to click Yes to create a new field. (If that same information is needed in multiple places on the form, you would click No to select from the list of fields you have previously created.) Enter the name of the field. Next select the type of data the field is (for example, Text, Numeric, Checkbox, etc.).
4. Insert a “Signature Flag” by clicking the **Signature Flag** button. A Signature Flag is a marker to tell the system where to insert the provider’s scanned signature when he/she clicks the Sign button when the form is used. After clicking this button, click on the form where you want the signature to go. Make sure the bottom of the signature flag is directly on top of the base line where a provider would otherwise sign.
5. Click the **Update data entry form** button to modify the data entry form of special data fields (fields you created for this form only). You may want to modify the form to “pretty” it up – move fields around, create multiple pages on the form, etc.
6. To change the set-up properties of this form, click the **Document set-up** button. From the resulting window you can change the name of the form, select the document recipient (if you want the form to be automatically faxed upon completion), etc.

Once a data field has been placed on the form, you can move it, resize it, or change the font attributes by clicking on it. To select multiple fields at once, click the first, then hold down the Shift key on the keyboard and click as many other fields you wish to select. Once one or more fields are selected:

- Move them by using the arrow keys on your keyboard (up, down, left, right) or by dragging them with the mouse.
- Change the font attributes (font size, bold, italics)
- Delete the field(s) by pressing the Delete key on your keyboard.
- You may also resize a field by dragging its side. Drag the right side to make it wider, the bottom side to make it taller, or the bottom right corner to do both at the same time. This is sometimes necessary to establish enough room for real data (e.g., a patient’s last name or address may be much longer than the initial data field). If the field is not wide enough, when the form is completed with real data, the data may cut off.

Once a form has been saved to the Library, you can open up the mapping window to make adjustments by going to Tools, EMR Set-Up, Form Completion Library.

Using a Form

Once a form has been saved to the Library and appropriately mapped, from within a patient's chart, right-click on some empty grey space. Select Form Completion Library from the menu and a sub-menu appears with all of your saved forms. Selecting the form causes it to open in the Forms Completion window.

First, if the form has an associated data entry form (for special data fields), that window will open for data entry. The data entered is keyed to that patient, form and date. That means that you can enter the data, process the form, select the same form and the data will reappear in the window. This makes it easy, for example, if a nurse or staff member wants to begin the form so that the provider can complete it.

Sleep Evaluation Referral

Date: 01/25/14

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- Excessive snoring
- Stops breathing
- Daytime sleepiness
- Awakens w/ gasping, choking or dry throat
- Restless sensation in arms/legs
- Makes frequent kicking movements
- Difficulty falling/staying asleep
- Morning headaches
- Sleepwalking/other behavioral episodes
- Other (please describe)

Other

Save Cancel

In the example above, the form consists mostly of checkboxes and patient information. This data entry window, then, contains multiple pages of checkboxes. This was created automatically when the form was mapped by adding special data fields to the form.

After saving the associated data entry form (if there is one), the form then appears with all of the mapped data completed:

Send to Sleep Insights

12 B I A

sleepinsights
sleep and neurodiagnostic services

p 585-385-6070
f 585-385-6071
tf 877-385-6070

SLEEP EVALUATION REFERRAL

Patient referral information for sleep services: please fax to: 585-385-6071

Last name Blackwell	First David	MI
Phone	DOB 11/03/56	Sex M F male
Insurance Co.	Authorization #	Per
Insurance Phone #	Please attach a photocopy of the patient's insurance card	

Verification of Medical Necessity:

Sleep History:

- Snore excessively during sleep
- Stops breathing during sleep
- Excessive daytime sleepiness: difficulty staying alert during the day, or report of extreme fatigue
- Awakens from sleep with gasping or choking; dry mouth or throat upon awakening
- Experiences a restless sensation in the legs or arms at bedtime or during sleep
- Makes frequent kicking movements during sleep

40% Exit Save

From this window you can continue to add data to the form, but generally, this would already be done in the mapping stage. (Adding data at this point would not update the library; only this instance of the form for the selected patient).

In most cases, once the form appears, it is complete. All that is needed is for it to be reviewed and signed. If a signature flag has been placed on the form, clicking the **Sign Document** button will cause the provider's (or user's) scanned signature to appear there. If there is no signature flag already on the form, it will be necessary to click on the form where you want the signature to appear (after clicking the button).

The completed form can be printed, queued (typically faxed), forwarded to another member of the practice (via their Inbox). If the form is routinely sent to the same recipient (e.g., a specialist, imaging provider, etc.), a large button will appear in the upper right of the window to send it. See the button in the above example, **Send to Sleep Insights**. Alternately, clicking Save will ask if you want the form faxed to the particular recipient.

Because the form is a patient document, the completed form will remain in the patient's chart.