

FORMS GUIDELINES & BEST PRACTICES

Introduction

This guide is to assist form creators, physicians, and administrative staff, with creating, editing, and distributing forms. The long-term goal is to integrate forms directly into electronic medical records (EMR) through the provincial eForms Project; however, in the interim this guide offers best practices on how to create and update a form, and whether or not a form is needed, and how to support the update process.

[Pathways BC \(https://pathwaysbc.ca/\)](https://pathwaysbc.ca/) has been recognised as the source of truth in the province of British Columbia for all PDF forms. After creating or updating a form, store it on Pathways as the primary means of distribution. Contact [Pathways Support](#) if you require assistance uploading your form to Pathways. If you require additional assistance, contact [Doctors Technology Office](#).

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Considerations Before Starting a Form

Before you begin creating or updating a form, use the information below to help determine if a change is necessary. Creating or updating forms impacts multiple peoples, form users, form recipients, patients, and EMR vendors, try to only take action when needed.

Consideration	Description
Need for another Form?	Identify the problem(s) with the form and consider if a change will solve the problem. Adopting new forms will add workload to EMRs and clinics. Create/update forms sparingly and explore which forms are already available in EMRs, or if EMRs have functionality which could be leveraged in place of a new form.
For what Benefit?	Consider who will benefit from a new form, and verify that they want/need a new form. Forms should be valuable, practical, and meaningful for the user.
Limited Changes	Change only what is required to resolve the problem to limit scope and reduce frequency of updates. The frequency and degree of change will impact how long it takes to adopt the new form.
Source of Truth	Consider where your form is going to be stored and be clear on communicating how to acquire your form. Pathways BC (https://pathwaysbc.ca/) is the source of truth for PDF forms. Having a clear method of distribution is key for the successful rollout of a new/updated form.
Contact Email	Provide form users with a method to communicate with form creators. In the form, clearly identify the appropriate email contact within your organization to send questions and feedback.
EMR Lead Time	Engage with the EMR vendors early in your process to account for the EMR lead time needed to develop your form. EMR vendors have limited resources.
Impact	Changing forms will impact form users and workflow. Will training be required and who will provide that training? Plan for the training if it is required.
Engaging Form Users	Engage with the admin staff and physicians for feedback to validate the new/updated form. Feedback can provide valuable information to improve the effectiveness of your form. Gather this feedback early in the process. Contact Doctors Technology Office if you need assistance to engage users for feedback.
Budget	Ensure there is a business case for the form changes, consider the costs which could be incurred, and identify a source of financial backing. Consider the time-cost of a new form as compared to the time-cost of not having a new form, and if it offers a time-savings. Planning for the costs associated with a new form ensures you can successfully roll it out.

Form Layout and Content Guidelines

NOTE:

The best practices in this segment are primarily for paper/PDF forms, though may be useful to electronic forms. While the goal is to move forms into an electronic format, this segment can help improve the quality of your forms during transition.

These recommendations can be used to improve the structure your form, but they are not hard and fast prescriptive rules. Use best practices insofar as they are not onerous to your organisation. An example of a form which was edited to improve its quality can be seen in [Appendix A of this guide](#).

Item	Details	Example
Filename	Be consistent in the structure of your filenames to avoid confusion on the purpose of the form. Structure your file name to best suit your organisational needs, including details such as organisation, title, date, and version.	e.g., WCB-F8F11-20190315-v10
	Use the standard date method in your filenames and throughout your forms to be consistent.	e.g., YYYYMMDD, 20190315
Health Authority Conventions	If in a health authority, inquire about their file naming, form title, and versioning conventions.	
Form ID	If the producing organisation uses form IDs to organise their forms, include a form ID.	e.g., Form ID: 4910
File Size	Keep the file size less than 1 MB if possible, larger file sizes can cause slow-downs in the EMR. The software you are using to edit (such as Adobe) may have a tool to reduce file size.	e.g., Avoid using unnecessary text and graphics
Form Logo	Keep the dimensions of logo/image small to decrease the form size, and place them in the top left of the form.	
Form Title	The form title should clearly express the form purpose.	e.g., Medical Imaging Requisition
	You do not need to include the word 'form' in your form title.	
	If relevant, include the facility/clinic name, service provided, and conditions being treated in the title or subtitle.	
Versioning	Add a version number to forms to keep track of the most current version.	e.g., v1.2.0, or v12
	Add the last updated date to forms.	e.g., Updated 20190307
	Add an organisation contact email to the form.	

Item	Details	Example
Footer	The form version number/ID should be included in the footer.	
	If the form will not be stored on Pathways, include a URL of where to acquire the form from.	e.g., A PDF copy of this form can be found at...
	Page numbering should include the total number of form pages. Try to keep forms limited to one page. It is recommend keeping page numbers on the right side of the form.	Page 1 of 3
Page Size	Use standard letter page size, many practices may not have the ability to print legal (or other) page sizes.	251.9 x 279.4cm (8.5 x 11")
Margins	Keep margins small, but ensure there is enough space for a three-hole punch if needed.	2.54cm (1") for three-hole punch and 1.52 (0.6") for narrow margins
Form Disclaimer	If your form requires a disclaimer, keep the disclaimer within the bottom margin, or footer.	
Labels or Barcode	If a label or bar code is expected to be used by your organization, leave enough space for them and be consistent with that space between forms.	
Font Type	Use a single common font per form and remain consistent with the font type. Consider using Arial as the font for your forms for ease of use and readability.	
Font Size	Consider selecting a standard size of text for different text elements (such as titles), and remain consistent to those selections. Do not use font sizes over 18 to ensure enough space for other details. Do not use fonts smaller than 9 in your form body to keep it readable.	e.g., set all titles to size 16, all subtitles to size 14, segment headers either size 14 or 12, body text to size 10, and header and footer text to size 8
Formatting	Use formatting (such as bolding) sparingly. When used, select a standard for use and remain consistent.	e.g., use <i>italics</i> for descriptions, use bold for critical information, and use ALL CAPS for titles and headers
Consistent Patient Details	Keep the patient demographic details and structure consistent between forms. For an example of this structure, see Appendix A of this guide .	Key patient details: Patient Full Name, Date of Birth, Personal Health Identification, Email, and Primary Contact Number
Consistent Provider Details	If including provider details, keep the content and structure consistent between forms.	Key Provider details to consider: Provider Full Name and Provider MSP Number

Item	Details	Example
Consistent Detail Placement	Keep the detail placement consistent. Place the patient details in the top left area of the form, and the provider details in the top right area of the form.	
Mandatory Segment	When building a form, only include segments (such as patient details or clinical information) as needed.	
Mandatory fields	It is best practice to only include mandatory fields necessary to complete the form to reduce the number of clicks for completion.	Form users report higher satisfaction on forms with fewer clicks/actions to take.
	If your form is not limited to mandatory fields, use an asterisk to mark mandatory fields. Include explanation in footer as to the purpose of asterisk. Red text can also indicate a mandatory field, but does not transmit well over fax.	e.g., Patient Address *
	If using optional fields use (optional) to indicate the optional field; subscript (optional) to further differentiate it from the field text.	e.g., Religion <i>(optional)</i>
Fax/Print Friendly	It is recommended to use greyscale only, if using colour be aware the recipient may not receive it. Keep the background white, and use dark graphics sparingly.	
	Avoid highlighted text and shading as it does not transmit well over fax/print.	
	Avoid fine lines or fine logos which can be distorted over fax/print.	
	Avoid small text or images which can become unreadable over fax/print.	
	Keep the original form as high quality as possible, avoid using scanned material or pictures.	
Consolidate Supporting Information	If space is limited, consider consolidate supporting details (patient, maps, instructions, clinic location, etc.). Put this information on a separate page, document, or on the Pathways BC Website .	Pathways URL, https://pathwaysbc.ca
New Form Files	Create a new form from a PDF or Word document. Keep this file unlocked for easy access when working with others.	Unlocked forms are easier for EMR vendors to work with.

Electronic Form Suggestions

NOTE:

Not all functions raised in this segment may be available on all EMRs. Work with your EMR vendor to identify available form functionality. If you need support working with your EMR vendor, contact [Doctors Technology Office](#). The definitions of terms used in this area can be found in [Appendix B](#). An example of an updated form can be found in [Appendix A](#).

Some fillable electronic forms have all fields entered manually (e.g., editable PDFs) while some automatically populate fields with details such as patient demographics. Auto-populating fillable forms save time and increase accuracy. They are usually stored within the EMR to access the information.

When creating or updating electronic forms, consider the amount of mouse clicks it will take to enter the information. Physicians and administrative staff will save time and respond more positively to a new form.

Use the suggestions below as best practices not as prescriptive rules.

Item	Details	Example
Consistent Field or Control Size	Keep the size of your fields and controls consistent within and across forms.	
Auto-population Data	Consider what kind and the amount of data you want to auto-populate, how that data will display, and if that data is needed.	e.g., if auto-populating in a medication list, consider which parts of each medication should auto-populate- Name, DIN, Dose, Frequency, etc..
Tick Boxes	Use tick boxes for a declarative statement such as 'Patient is Pregnant' or in a multiple-choice scenario with one or more possible selections, such as a list of chronic diseases experienced by the patient.	
Radio Buttons	Use radio buttons in a multiple-choice scenario with only one possible selection, such selecting a referral facility from a list.	
Dropdown Menus	Dropdown menus can be used to keep a list of selectable options hidden unless needed.	e.g., a dropdown list of facilities to refer the patient to instead where the form user can select a facility.

Item	Details	Example
Lookup Text Boxes	Lookup text boxes allow a form user to make a selection from a table of data, such as looking up a drug from your drug database.	e.g., a lookup text box can link to the list of cardiologists and allow the form user to search for, and select, one of them.
Functional Buttons	Buttons can be used to trigger other actions, such as opening a different form, sending the form for eFaxing, or to automatically print the form when it is saved.	Buttons are flexible tools, the actions performed can change depending on need.
Mouse Over Text	Mouse over text can display suggestions, hints, or additional details. These can be useful if those text details are infrequently used/only used as reminders.	This text appears when the user moves the mouse cursor over areas of the form which include mouse over text.
Field/Control Space Requirements	Provide enough space for the expect amount of text being entered, but not excess amounts of space which will not be used.	
Avoid Bulky Structure	Avoid using large, bulky content structuring such as columns, tables, and segmented fields. Electronic forms can display the same information in reduced space.	e.g., a segmented field for a patient PHN where each number is given its own field.
Default Control/Field State	Form controls can be set to a default state other than empty; helping speed up a form's completion. Set a default control state based on the most-used outcome. Be aware of how this data will be used after the form is completed and if there are patient privacy or safety concerns from over sharing unneeded details.	e.g., a form with a 'bill to MSP' option which is selected the majority of the time.
Calculations and Algorithms	Forms can include calculations and algorithms which generate an equation output. Use calculations to help reduce the amount of human entry and human error in a form.	e.g., if the form is a patient questionnaire, it can be set to automatically calculate the final patient score based on entered values.
Linking to EMR Data	Completed fields in forms can be saved back into your EMR as discrete data. Be explicit on how the form fields should be stored in the EMR. Will you need this information later?	e.g., if the form collects information on a patient's blood pressure, state that the form blood pressure should connect to the EMR blood pressure observation.

Conclusions

We hope you've found this guide and its best practices useful. If you have further questions, or would like additional assistance on creating or updating forms, contacting or working with EMR vendors, or engaging with form users for feedback, please contact [Doctors Technology Office](#). The best practices found in this guide are recommendations only and are intended to supplement the provincial forms standards.

Appendix A: Example of Updated Form and Form Update Process

The Cardiac Rehabilitation form is an example of workflow improvement by updating the existing form by the Vancouver Island Health Authority (VIHA) working group. The VIHA working group, with support from DTO, was brought together to improve the quality of referral forms. As part of the form evaluation process, stakeholders (sending and receiving facilities, specialists and general physicians, medical office staff and office administrators, the local health authority) were engaged to ensure the form updates would meet their needs while also being an improvement to the form workflow.

The next step for this form would be to make into an auto-populating fillable form in EMRs so it can leverage the stored clinical, demographic, and contact information; further reducing time to completion.

Consider the complexity of your form when transforming it paper/PDF or PDF fillable into an auto-populating fillable before you provide requirements to the EMR vendor(s). If the form is straight forward, providing general guiding statements is generally sufficient. Use best practice statements such as:

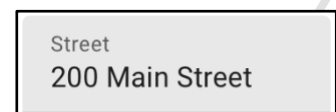
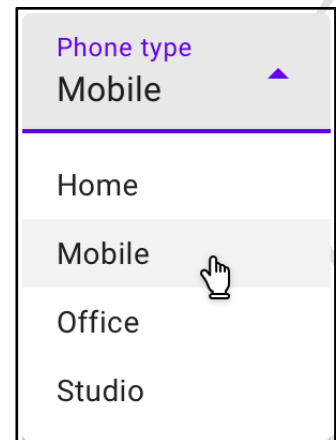
- All text fields should allow alphanumeric entry
- All fields should be editable by the form user
- Auto fill all form controls and fields where possible
- All form dates should be in YYYYMMDD format
- All form data stored discretely and linked to the appropriate terms where possible

If you require assistance working with EMR vendors, or are unsure to what degree you should prepare requirements based on the complexity of your form, please contact [Doctors Technology Office](#) for assistance.

PATIENT INFORMATION				SEND RESULTS TO				
Last name				Referring provider name				
First name				MSP # <input type="checkbox"/> Locum				
Date of birth Year Month Day				Clinic Name				
PHN				Street Address STAMP				
Primary contact number				Phone				
Special Instructions				Fax				
MRN or Email (optional)				Primary care provider full name				
Street address				<input type="checkbox"/> Same as referring provider				
City Prov Postal code				Copy to (Full name)				
REFERRAL INFORMATION								
Reason for referral								
Diagnostic Category		Event Date		Diagnostic Category		Event Date		
<input type="checkbox"/> Myocardial Infarction/Stable or Unstable Angina				<input type="checkbox"/> Percutaneous Coronary Intervention (Post Angiogram)				
<input type="checkbox"/> Arrhythmias				<input type="checkbox"/> Valvular disease				
<input type="checkbox"/> Other (please specify)				<input type="checkbox"/> CABG				
CLINICAL PATIENT INFORMATION								
Risk Factors		Medications		Allergies		Optional Attachments		
<input type="checkbox"/> Tobacco product <input type="checkbox"/> Depression or Stress <input type="checkbox"/> Diabetes/Pre-diabetic <input type="checkbox"/> Abnormal Lipids <input type="checkbox"/> Hypertension <input type="checkbox"/> Family History <input type="checkbox"/> Alcohol use <input type="checkbox"/> Inactivity <input type="checkbox"/> Obesity						<input type="checkbox"/> Physician Consultation <input type="checkbox"/> Lab results (from last 6 months: lipids, fasting glucose, HBA1c, TSH, BNP, LFT, renal function)		
						If not completed by Island Health: <input type="checkbox"/> Recent ECHO results		
ROUTING								
Royal Jubilee Hospital 1952 Bay St, Royal Block 3 Room 343			Phone: 250-519-1601 Fax: 250-370-8267		Date of Referral Year Month Day		Total # of pages faxed	
NOTE: Patients can be referred or self-refer to the following community based risk reduction services:								
<ul style="list-style-type: none"> • Heart Matters or Heart to Heart Education Programs - Please provide brochure - patient can self-refer • Take Heart & Breathe Well Exercise Programs - Please provide brochure See http://www.viha.ca/heart_health/services/risk-rehab.htm for services								
ACKNOWLEDGEMENT								
Clinic to acknowledge receipt of referral by faxing this form to referring provider <input type="checkbox"/> Received				Clinic to inform patient of appointments. Option: Also inform referring provider with reply fax: Date: Year Month Day Time:				
[Inventory#]		Feb 2019		This is a TEMPORARY form for TESTING PURPOSES Please provide feedback on form content or design to tansBekker@gmail.com				1 of 1

Appendix B: Terminology

- **Alpha/Alphanumeric/Numeric:** Alpha, Alphanumeric, and Numeric, describe which kind of characters will be permitted in any particular field or control. Alpha specifies only letter characters (ABC); Alphanumeric specifies letters and numbers (ABC123); Numeric specifies only numbers (123).
- **Automatic Population (Auto-populate or auto fill):** Auto-populate, or auto-fill, describe the expectation that the fields or controls are automatically filled/populated with expected information if that information exists within the EMR. For example, if you had a form that included a list of medications and want it to populate automatically with the selected patient’s medications you would request that that field auto fill.
- **Button:** A button is a control which will allow you to click it to trigger another action. For example, a button could be pressed to open another form page, calculate a formula to provide a score in a patient questionnaire, or print the selected form.
- **Character(s) or Character Limit:** Characters or a character limit is how you define the maximum length of any given control or field. For example, if you wanted to limit a field to 20 letters and/numbers, you would specify “Limit the field to 20 characters”.
- **Digital or Electronic Form:** A digital or electronic form has been made available on a computer, this form may be manually filled or auto-populating.
- **Dropdown Menu (or Sub Menu):** A dropdown menu, or sub menu, is the menu list which appears when you click on the dropdown control. This menu can contain any number of items. An example of a dropdown or sub menu, is the Window’s home button, or the MacOS’s Apple button.
- **Field (or Control):** A field or control is a designated space where the information is either manually entered or auto-populating. For example, the area where you would enter in a patient’s name, a tick box, or a pair of radio buttons are all types of fields or controls.
- **Lookup control:** A specific kind of control which connects to a reference list or data table (where the information entered into an EMR are stored) in the EMR allowing the user to select an entry from that list. For example, you can have a lookup control for patients which will allow you to search all patients in the EMR; or, you can have a lookup control for facilities which will allow you to search all facilities recorded in your EMR.
- **Mouse over:** A popup window/dialog box which displays when you move your cursor over an area in a form. The popup window/dialog box can contain custom text.
- **Open Field Box (or Free Text Box):** An area in the form where you can type freely to enter in data or information. These can come in a variety of shapes and sizes, to match the needs of the form.
- **Paper Form:** A paper form is a form which has been designed, and intended to be used, in the physical, paper format exclusively.
- **PDF Form:** Is a form which has been made available on a computer and usually does not have any interactable fields. This form is generally printed out for use.



- **Radio button:** A radio button is usually seen in at least a pair and indicate a binary selection of a multiple-choice possibility. For example, you might see four radio buttons on a patient questionnaire, where you are expected to only select one of them based on patient feedback.
- **Tick box:** A tick box is a control which will allow you to 'tick' it off to indicate a confirmation of the connected question or text. Can be used to select one or more item in a list of selectable choices.

 Approved
 Not approved Cupcake

DISCLAIMER

This document provides general guides and approaches only. We strongly recommend that you retain a knowledgeable and qualified professional to regularly assess and maintain your clinic's technology.

For more information, guidance, or support please contact:

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