

Eform Creation for OSCAR 2023

Part of BC OSCARCON 2023

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Where to start

- At it's most basic level, an eForm consists of a background image and an overlay of code.
- The background is usually the referral form or lab requisition converted into an image file – either png or jpg . The default for OSCAR is to use png files – they are “lossless” compressed image files and therefore provide sharper images.
- Often the form or requisition comes as a pdf which can easily be converted to one of these two image types.

Open

Quick Guided Expert

Create Share

VIEW

IHART Referral Form.pdf @ 48.4% (Layer 1, RGB/8) * x



SELECT



ENHANCE



DRAW



MODIFY



COLOR



fraserhealth
Better health. Best in health care.

IHART Referral Form

INTEGRATED HOMELESSNESS RESPONSE TEAM

Today's Date	Month	Day	Year
Referral Source	<input type="checkbox"/> Self <input type="checkbox"/> Community Partner <small>(Complete Community Partner Info & Client to Sign)</small>		
Community Partner Information	Staff who Completed Referral		
	Agency Name and Contact Number		
	Does Client consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Client Signature			

Client Information - Please fill in as much as possible

Full Name	Preferred Name
Date of Birth	PHN
Phone Number / Email	
Gender/Pronoun	
Shelter Name and Address	
Unsheltered: Cross Streets <small>(approx. location of where we can connect)</small>	
Identifying Features <small>(Appearance, Height, Tattoos etc.)</small>	
Do you have a Doctor/Psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name	Telephone
Indigenous Identity	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Métis <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say <small>Select all that apply.</small>

Current Mental Health Concerns <small>(Check all that apply)</small>	Current Medical Diagnosis and/or Concerns <small>(Check all that apply)</small>
<input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety <input type="checkbox"/> Schizophrenia <input type="checkbox"/> ADHD <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Psychosis <input type="checkbox"/> Substance Use	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer

How can we help? - Please fill in as much as possible (Note: housing support is not within IHART scope)

<input type="checkbox"/> Substance Use Treatment/Detox <input type="checkbox"/> Medical Services (Diabetes, Heart Disease, etc.) <input type="checkbox"/> Harm Reduction Supplies/Education <input type="checkbox"/> Medication/Pharmacy Support <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Health Care Equipment	<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Wound Care <input type="checkbox"/> Income Assistance <input type="checkbox"/> Hearing Support <input type="checkbox"/> Dental Concerns <input type="checkbox"/> Other (Specify): <input type="checkbox"/> OAT Services <input type="checkbox"/> Identification <input type="checkbox"/> Vision Concerns
--	---

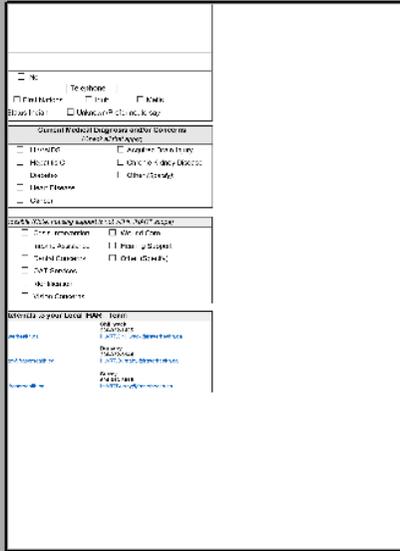
Please Email Completed Referrals to your Local IHART Team

Abbotsford/Mission 604-613-3964 IHART_Abbotsford@fraserhealth.ca	Hope 236-332-8122 IHART_Hope@fraserhealth.ca	Chilliwack 236-332-1435 IHART_Chilliwack@fraserhealth.ca
Tri-Cities/New Westminster 236-332-3697 IHART_TriCities@fraserhealth.ca	Maple Ridge 236-332-6371 IHART_MapleRidge@fraserhealth.ca	Burnaby 236-332-6144 IHART_Burnaby@fraserhealth.ca
New Westminster 236-332-4867 IHART_NewWest@fraserhealth.ca	Langley 236-632-2030 IHART_Langley@fraserhealth.ca	Surrey 604-813-8915 IHART_Surrey@fraserhealth.ca

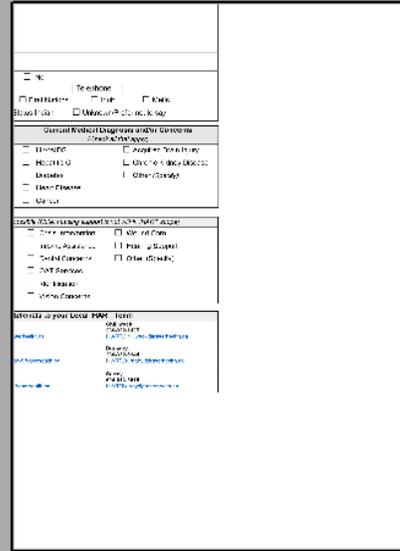
Save for Web (21.4%)



Save an image to include in a Web page.
Save photographs as JPEG and images with limited colors as GIF.
The image preview shows how image will look using the current settings.



Original: "IHART Referral Form.pdf"
11.9M



$1500 \times 11 / 8.5 = 1941.17647059$

PNG-8
193.7K
36 sec @ 56.6 Kbps
100% dither
Selective palette
64 colors

Preset: [Unnamed]

PNG-8

Selective Colors: 64

Diffusion Dither: 100%

Transparency Matte:

No Transparency Dit... Amount:

Interlaced Web Snap: 0%

Image Size

Original Size

Width: 2307 pixels

Height: 3204 pixels

New Size

Width: 1500 px

Height: 2083 → 1941

Percent: 65.02 %

Animation

Looping Options: Once

Frame Delay: 0.2 seconds

1 of 1



21.4%

R: -- G: -- B: --

Preview...



Save

Cancel

Done

Today's Date	Month	Day	Year
Referral Source	<input type="checkbox"/> Self <input type="checkbox"/> Community Partner <i>(Complete Community Partner Info. & Client to Sign)</i>		
Community Partner Information	Staff who Completed Referral		
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	Client Signature		

Client Information - Please fill in as much as possible			
Full Name			Preferred Name
Date of Birth		PHN	
Phone Number / Email			
Gender/Pronoun			
Shelter Name and Address			
Unsheltered: Cross Streets <i>(approx. location of where we can connect)</i>			
Identifying Features <i>(Appearance, Height, Tattoos etc.)</i>			
Do you have a Doctor/Psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor's Name			Telephone
Indigenous Identity <i>Select all that apply</i>	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis		
	<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say		

Current Mental Health Concerns <i>(Check all that apply)</i>		Current Medical Diagnosis and/or Concerns <i>(Check all that apply)</i>	
<input type="checkbox"/> Depression	<input type="checkbox"/> Bipolar	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Acquired Brain Injury
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Chronic Kidney Disease
<input type="checkbox"/> ADHD	<input type="checkbox"/> Other <i>(Specify):</i>	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other <i>(Specify):</i>
<input type="checkbox"/> Psychosis		<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Substance Use		<input type="checkbox"/> Cancer	

How can we help? - Please fill in as much as possible <i>(Note: housing support is not within IHART scope)</i>		
<input type="checkbox"/> Substance Use Treatment/Detox	<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Medical Services (Diabetes, Heart Disease, etc.)	<input type="checkbox"/> Income Assistance	<input type="checkbox"/> Hearing Support
<input type="checkbox"/> Harm Reduction Supplies/Education	<input type="checkbox"/> Dental Concerns	<input type="checkbox"/> Other <i>(Specify):</i>
<input type="checkbox"/> Medication/Pharmacy Support	<input type="checkbox"/> OAT Services	
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Identification	
<input type="checkbox"/> Health Care Equipment	<input type="checkbox"/> Vision Concerns	

Please Email Completed Referrals to your Local IHART Team		
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Tri-Cities/New Westminster 236-332-6687 IHART.Tricities@fraserhealth.ca	Maple Ridge 236-332-6371 IHART.MapleRidge@fraserhealth.ca	Burnaby 236-332-6144 IHART.Burnaby@fraserhealth.ca
New Westminster 236-332-6687 IHART.NewWest@fraserhealth.ca	Langley 236-632-2036 IHART.Langley@fraserhealth.ca	Surrey 604-613-8915 IHARTSurrey@fraserhealth.ca

- Administration Panel
- User Management >
- Billing >
- Labs/Inbox >
- Forms/eForms >
- Reports >
- eChart >
- Schedule Management >
- System Management >
- Faxes >
- System Reports >
- Integration >
- Data Management >

eForm Library [View Deleted](#)

[Upload](#) [Import](#) [Download](#)

Search:

eForm Name	Additional Information	Modified Date	Modified Time
FHA Parenteral Iron PPO 2023		2023-04-05	18:02:
PCRM_Referral_2023		2023-04-04	15:33:
FH_Provider_Progress_Notes_2023		2023-04-03	09:04:
BCIAPReferralFormVictoria2023		2023-03-31	08:27:
FH Orders And Directives	Updated 2023/03/29/ 08:45 depot provera added to accordion menu	2023-03-29	08:45:
NYGH_CT_Req_2023		2023-03-27	11:21:

- Administration Panel
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- Labs/Inbox >
- Forms/eForms >
- Reports >
- eChart >
- Schedule Management >
- System Management >
- Faxes >
- System Reports >
- Integration >
- Data Management >

Image Library

File name

No file selected.

Image Name

._.DS_Store
._ARHNeurodiagnostic.png
._ARHNeurodiagnostic[1].html
._CovidMonitoringRecord-ADDTOTHISFORM
._CovidMonitoringRecord-ADDTOTHISFORM.html
._eform.properties

BC OSCARCON 2023

OR

New

This PC > Windows (C:) > Users > johng > OneDrive - TH

Name	Status
Admin.png	✓
Admin2.png	✓
Admin3.png	✓
Eform Creation 2023.pptx	✓
eform Generator In Oscar.png	✓
eform Generator In Oscar2.png	✓
eformgen7.html	✓
Eform-Generator-7-Link.png	✓
FH_IHART_Referral_2023.zip	✓
IHART Referral Form.pdf	↻
IHART_Referral_FH_2023.html	✓
IHART-Referral-Form.png	✓
IHART-Referral-FormA.png	✓



- ⚙ Administration Panel
- User Management >
- Billing >
- Labs/Inbox >
- Forms/eForms >
- Reports >
- eChart >
- Schedule Management >
- System Management >
- Faxes >
- System Reports >
- Integration >
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Create In Editor
eForm Generator

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NYGH_CT_Req_2023		2023-03-27	11:21:

OSCAR eForm Generator 6.0

OSCAR eForm Generator [Expand All/ Collapse All](#)

1. Load Image: [Expand/Collapse](#)

2. eForm Name [Expand/Collapse](#)

3. Gender and Radio Checkboxes Radio and Parent Child boxes [Expand/Collapse](#)

4. Signatures[Expand/Collapse](#)

5. Add in form input fields (one-by-one) [Expand/Collapse](#)

6. Fine-tuning The Input Fields[Expand/Collapse](#)

7. Miscellaneous Options[Expand/Collapse](#)

8. Generate eForm[Expand/Collapse](#)[Expand/Collapse](#)

OSCAR eForm Generator 6.0

OSCAR eForm Generator [Expand All/ Collapse All](#)

1. Load Image: [Expand/Collapse](#)

IHART-Referral-Form.png 1

Page No.

- If the picture does not appear on the list upload it.

Orientation of form:

- Portrait (image width should be 1500 pixels, resized to 750 pixels on screen) 2
- Landscape (image width should be 2000 pixels, resized to 1000 pixels on screen)
- Custom (enter an integer)

3

If the eForm image extends past the red outline, you've cropped the image too long and it won't fit on a letter-sized printout. Try typing a number smaller than 750 in the "Custom" field.

2. eForm Name [Expand/Collapse](#)

Enter a name for the eForm here 4

3. Gender and Radio Checkboxes Radio and Parent Child boxes [Expand/Collapse](#)

Gender checkboxes used in this eForm? If yes, click here

- Add Gender Checkboxes
- Add Gender Xboxes 5

Radioboxes used in this eform? If yes, click here

- Add Radio Checkboxes
- Add Radio Xboxes

IHART Referral Form

INTEGRATED HOMELESSNESS RESPONSE TEAM

Today's Date	Month	3	Day	Year
Referral Source	<input type="checkbox"/> Self <input type="checkbox"/> Community Partner <small>(Complete Community Partner Info. & Client to Sign)</small>			
Community Partner Information	Staff who Completed Referral			
	Agency Name and Contact Number			
	Does Client consent to referral		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Client Signature			
Client Information - Please fill in as much as possible				
Full Name		Preferred Name		
Date of Birth	PHN			
Phone Number / Email				
Gender/Pronoun				
Shelter Name and Address				
Unsheltered: Cross Streets <small>(approx. location of where we can connect)</small>				
Identifying Features <small>(Appearance, Height, Tattoos etc.)</small>				
Do you have a Doctor/Psychiatrist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor's Name		Telephone		
Indigenous Identity <small>Select all that apply</small>	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis			
	<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say			

eForm Generator v7 [Expand All/Collapse All](#)

Snap to grid (0 is off) ▾

1. [Load Image](#) [Expand/Collapse](#)

2. [eForm Name](#) [Expand/Collapse](#)

3. [Gender, Radio and Parent Child boxes](#) [Expand/Collapse](#)

Gender boxes used in this eForm (M/F)? If yes, click here

- Add Gender Checkboxes
- Add Gender Xboxes

Radioboxes used in this eForm (only one valid)? If yes, click here

- Add Radio Checkboxes
- Add Radio Xboxes 1

Radio: 3

use a unique name for each series 2

Parent Child Contols (subcategory inputs)? If yes, click here

- Add Parent Checkbox
- Add Parent Xbox

4. [Signatures](#) [Expand/Collapse](#)

5. [Add in form input fields \(one-by-one\)](#) [Expand/Collapse](#)

6. [Fine-tuning The Input Fields](#) [Expand/Collapse](#)

OSCAR eForm Generator 6.0

Radioboxes used in this eform? If yes, click here

- Add Radio Checkboxes
- Add Radio Xboxes

6

Parent-Child Checkboxes used in this eform? If yes, click here

- AddParent Checkbox

4. Signatures [Expand/Collapse](#)

- Add Freehand Signature Fields
- Add Signature Stamps to this form
- Add Classic Signature Box to this form

7

5. Add in form input fields (one-by-one) [Expand/Collapse](#)

a) Select An Input Type

- Single-line text input
- Multi-line text input
- Checkbox
- Xbox

8

b) Auto-populating Input Box

- Custom text
 - From OSCAR Database
 - Importing from Measurements
- Measurement Type or custom Field

c) Formating The Input Box

IHART Referral Form

INTEGRATED HOMELESSNESS RESPONSE TEAM

Today's Date	Month	Day	Year
Referral Source	<input type="checkbox"/> Self <input type="checkbox"/> Community Partner <i>(Complete Community Partner Info. & Client to Sign)</i>		
Community Partner Information	Staff who Completed Referral		
	Agency Name and Contact Number		
	Does Client consent to referral <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Client Signature	3	
Client Information - Please fill in as much as possible			
Full Name			Preferred Name
Date of Birth			PHN
Phone Number / Email			
Gender/Pronoun			
Shelter Name and Address			
Unsheltered: Cross Streets <i>(approx. location of where we can connect)</i>			
Identifying Features <i>(Appearance, Height, Tattoos etc.)</i>			
Do you have a Doctor/Psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor's Name			Telephone
Indigenous Identity <i>Select all that apply</i>	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis		
	<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say		

eForm Generator v7 [Expand All/Collapse All](#)

Snap to grid (0 is off) ▾

1. Load Image [Expand/Collapse](#)

2. eForm Name [Expand/Collapse](#)

3. Gender, Radio and Parent Child boxes [Expand/Collapse](#)

4. Signatures [Expand/Collapse](#)

Add Signature Stamps to this form

Add Classic Signature Box to this form

Add Freehand Signature Fields 1

Click here, then drag a box around the signature area

2

Use Sign Here decoration

Signature Color ▾

Signature Line Color ▾

Boundary Type ▾

Boundary Color ▾

Add Classic Signature Stamps to this form

5. Add in form input fields (one-by-one) [Expand/Collapse](#)

Today's Date	Month	Day	Year
Referral Source	<input type="checkbox"/> Self <input type="checkbox"/> Community Partner <i>(Complete Community Partner Info. & Client to Sign)</i>		
Community Partner Information	Staff who Completed Referral		
	Agency Name and Contact Number		
	Does Client consent to referral <input type="checkbox"/> Yes <input type="checkbox"/> No		
Client Signature		<input style="border: 2px solid red;" type="text"/>	
Client Information - Please fill in as much as possible			
Full Name		Preferred Name	
Date of Birth	PHN		
Phone Number / Email			
Gender/Pronoun			
Shelter Name and Address			
Unsheltered: Cross Streets <i>(approx. location of where we can connect)</i>			
Identifying Features <i>(Appearance, Height, Tattoos etc.)</i>			
Do you have a Doctor/Psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Doctor's Name		Telephone	
Indigenous Identity <i>Select all that apply</i>	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say		
Current Mental Health Concerns <i>(Check all that apply)</i>		Current Medical Diagnosis and/or Concerns <i>(Check all that apply)</i>	
<input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety <input type="checkbox"/> Schizophrenia		<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Chronic Kidney Disease	

5. Add in form input fields (one-by-one) [Expand](#)/[Collapse](#)

a) Select An Input Type

- Single-line text input
 Multi-line text input
 Checkbox
 Xbox

b) Auto-populating Input Box

Custom text

From Oscar Database patient_name UPPER CASE

Importing from Measurements

Measurement Type: Field:

or custom

c) Formatting The Input Box

Font Family: Font Style:

Font Weight:

Font Size: (in px, usually 12-14) Horizontal Alignment:

Background Color:

- Useful to have a white background to cover-up lines within the input field

c) Naming the input field:

- i) Automatic Sequential Naming (quicker method for most cases). 3A
 - automatic name prefix: (One Continuous Word)
- ii) Custom UNIQUE Name: 3B
 - Must be one continuous word with letters/numbers only (no spaces/symbols)
 - Use day or date in the name to identify date fields (eg. appt_date)
 - Custom naming eases later modification or data extraction

Information		Client Signature	<input type="text"/>
Client Information - Please fill in as much as possible			
Full Name		<input type="text"/>	
Date of Birth		PHN	
Phone Number / Email			
Gender/Pronoun			
Shelter Name and Address			
Unsheltered: Cross Streets <i>(approx. location of where we can connect)</i>			
Identifying Features <i>(Appearance, Height, Tattoos etc.)</i>			
Do you have a Doctor/Psychiatrist?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name		Telephone	
Indigenous Identity <i>Select all that apply</i>	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis		
	<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say		

Current Mental Health Concerns <i>(Check all that apply)</i>	Current Medical Diagnosis and/or Concerns <i>(Check all that apply)</i>
<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> ADHD <input type="checkbox"/> Psychosis <input type="checkbox"/> Substance Use	Traumatic Brain Injury Chronic Kidney Disease (Specify):

or custom

Class

Parent or Group Name

d) Drawing the input fields
For one- and multi-lined textboxes:
- Drag a box from the top left corner to the bottom right corner of the box.

For [checkboxes](#)
- Click on the top left corner of the checkbox

Repeat step # 3 until all input boxes are done.

6. Fine-tuning The Input Fields [Expand/Collapse](#)

<input type="button" value="Uncheck All"/> <input type="button" value="Check All"/>	<input type="button" value="UP Align"/> <input type="button" value="Shift [alt] ↑"/> <input type="button" value="Nudge ↑"/>	<input type="button" value="Delete"/>
<input type="checkbox"/> --Page-- <input type="checkbox"/> page1_1 <input type="checkbox"/> page1_2 <input type="checkbox"/> Signature1 <input type="checkbox"/> patient_name	<input type="button" value="LEFT Align"/> <input type="button" value="Shift"/> <input type="button" value="Nudge←"/>	<input type="button" value="RIGHT Nudge→"/> <input type="button" value="Shift"/> <input type="button" value="Align"/>

6. Fine-tuning The Input Fields [Expand/Collapse](#)

<input type="button" value="Uncheck All"/> <input type="button" value="Check All"/>	<input type="button" value="UP Align"/> <input type="button" value="Shift [alt] ↑"/> <input type="button" value="Nudge ↑"/>	<input type="button" value="Delete"/>
<input type="checkbox"/> --Page-- <input type="checkbox"/> page1_1 <input type="checkbox"/> page1_2 <input type="checkbox"/> Signature1 <input type="checkbox"/> patient_name	<input type="button" value="LEFT Align"/> <input type="button" value="Shift"/> <input type="button" value="Nudge←"/>	<input type="button" value="RIGHT Nudge→"/> <input type="button" value="Shift"/> <input type="button" value="Align"/>
WIDTH <input type="button" value="Increase ↑+→"/> <input type="button" value="Decrease ↑+←"/>	<input type="button" value="Nudge ↓"/> <input type="button" value="Shift [alt] ↓"/> <input type="button" value="Align"/> DOWN	HEIGHT <input type="button" value="Increase ↑+↓"/> <input type="button" value="Decrease ↑+↑"/>

Identifying Features (Appearance, Height, Tattoos etc.)			
Do you have a Doctor/Psychiatrist?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doctor's Name			Telephone
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Current Mental Health Concerns <i>(Check all that apply)</i>		Current Medical Diagnosis and/or Concerns <i>(Check all that apply)</i>	
<input checked="" type="checkbox"/> Depression	<input type="checkbox"/> Bipolar	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Acquired Brain Injury
<input checked="" type="checkbox"/> Anxiety	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Chronic Kidney Disease
<input checked="" type="checkbox"/> ADHD	<input type="checkbox"/> Other (<i>Specify</i>):	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (<i>Specify</i>):
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How can we help? - Please fill in as much as possible (Note: housing support is not within IHART scope)			
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<input type="checkbox"/> Medical Services (Diabetes, Heart Disease, etc.)	<input type="checkbox"/> Income Assistance	<input type="checkbox"/> Hearing Support	
<input type="checkbox"/> Harm Reduction Supplies/Education	<input type="checkbox"/> Dental Concerns	<input type="checkbox"/> Other (<i>Specify</i>):	
<input type="checkbox"/> Medication/Pharmacy Support	<input type="checkbox"/> OAT Services		
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Identification		

6. Fine-tuning The Input Fields [Expand/Collapse](#)

Show/Hide Input Names

UP		Delete	
Uncheck All	Align		
Check All	Shift [alt] ↑		
	Nudge ↑		
	--Page--		
	page1_1		
	page1_2		
	Signature1		
	patient_name		
LEFT		RIGHT	
Align	Shift	Nudge→	Shift
	Depression		Align
	Anxiety		
	ADHD		
	Psychosis		
	SubstanceUse		
WIDTH		HEIGHT	
Increase ↑+→	Nudge ↓	Increase ↑+↓	
Decrease ↑+←	Shift [alt]↓	Decrease ↑+↑	
	Align		
	DOWN		

Today's Date	Month <input type="text"/>	Day <input type="text"/>	Year <input type="text"/>
Referral Source	<input type="checkbox"/> Self <input type="checkbox"/> Community Partner <i>(Complete Community Partner Info. & Client to Sign)</i>		
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Unsheltered: Cross Streets <input type="text"/> <i>(approx. location of where we can connect)</i>			
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Do you have a Doctor/Psychiatrist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Doctor's Name <input type="text"/>		Telephone <input type="text"/>	
Indigenous Identity <i>Select all that apply</i>	<input type="checkbox"/> Identify as an Indigenous <input type="checkbox"/> First Nations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis		
	<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Unknown/Prefer not to say		
Current Mental Health Concerns <i>(Check all that apply)</i>		Current Medical Diagnosis and/or Concerns <i>(Check all that apply)</i>	
<input type="checkbox"/> Depression <input type="checkbox"/> Bipolar <input type="checkbox"/> Anxiety <input type="checkbox"/> Schizophrenia <input type="checkbox"/> ADHD <input type="checkbox"/> Other (Specify): <input type="text"/> <input type="checkbox"/> Psychosis <input type="checkbox"/> Substance Use		<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Acquired Brain Injury <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (Specify): <input type="text"/> <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer	
How can we help? - Please fill in as much as possible (Note: housing support is not within IHART scope)			
<input type="checkbox"/> Substance Use Treatment/Detox <input type="checkbox"/> Medical Services (Diabetes, Heart Disease, etc.) <input type="checkbox"/> Harm Reduction Supplies/Education <input type="checkbox"/> Medication/Pharmacy Support <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Health Care Equipment		<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Wound Care <input type="checkbox"/> Income Assistance <input type="checkbox"/> Hearing Support <input type="checkbox"/> Dental Concerns <input type="checkbox"/> Other (Specify): <input type="text"/> <input type="checkbox"/> OAT Services <input type="checkbox"/> Identification <input type="checkbox"/> Vision Concerns	
Please Email Completed Referrals to your Local IHART Team			
Abbotsford/Mission 604-613-8964 IHART.Abbotsford@fraserhealth.ca	Hope 236-332-9122 IHART.Hope@fraserhealth.ca	Chilliwack 236-332-1435 IHART.Chilliwack@fraserhealth.ca	
Tri-Cities/New Westminster 236-332-6687 IHART.Tricities@fraserhealth.ca	Maple Ridge 236-332-6371 IHART.MapleRidge@fraserhealth.ca	Burnaby 236-332-6144 IHART.Burnaby@fraserhealth.ca	
New Westminster 236-332-6687 IHART.NewWest@fraserhealth.ca	Langley 236-632-2036 IHART.Langley@fraserhealth.ca	Surrey 604-613-8915 IHART.Surrey@fraserhealth.ca	

<input type="button" value="Uncheck All"/> <input type="button" value="Check All"/>	<input type="button" value="UP"/> <input type="button" value="Align"/> <input type="button" value="Shift [alt] ↑"/> <input type="button" value="Nudge ↑"/>	<input type="button" value="Delete"/>
<input type="checkbox"/> --Page-- <input type="checkbox"/> page1_1 <input type="checkbox"/> page1_2 <input type="checkbox"/> Signature1 <input type="checkbox"/> patient_name <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> ADHD <input type="checkbox"/> Psychosis <input type="checkbox"/> SubstanceUse <input type="checkbox"/> Date_Month <input type="checkbox"/> Date_Day <input type="checkbox"/> Date_Year <input type="checkbox"/> current_user <input type="checkbox"/> clinic_name <input type="checkbox"/> page1_4 <input type="checkbox"/> page1_5 <input type="checkbox"/> Preferred <input type="checkbox"/> dob <input type="checkbox"/> hinc <input type="checkbox"/> phone <input type="checkbox"/> cell <input type="checkbox"/> email <input type="checkbox"/> sex <input type="checkbox"/> Shelter <input type="checkbox"/> Unsheltered <input type="checkbox"/> Features <input type="checkbox"/> page1_6 <input type="checkbox"/> page1_7 <input type="checkbox"/> Indigenous <input type="checkbox"/> FirstNations <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Status <input type="checkbox"/> NonStatus <input type="checkbox"/> Unknown <input type="checkbox"/> Bipolar <input type="checkbox"/> Schizophrenia <input type="checkbox"/> OtherMentalHealth <input type="checkbox"/> HIV <input type="checkbox"/> HepC <input type="checkbox"/> DM <input type="checkbox"/> HD <input type="checkbox"/> Ca <input type="checkbox"/> ABI <input type="checkbox"/> CKD <input type="checkbox"/> OtherMedical <input type="checkbox"/> Detox <input type="checkbox"/> MedicalServices <input type="checkbox"/> HarmReduction		
<input type="button" value="LEFT"/> <input type="button" value="Align"/>	<input type="button" value="Shift"/> <input type="button" value="Nudge←"/>	<input type="button" value="RIGHT"/> <input type="button" value="Nudge→"/> <input type="button" value="Shift"/> <input type="button" value="Align"/>

7. Misc [Expand/collapse](#)

Maximise

Useful for lower resolution monitors.

Add date

Add date calander

Emphasize Checkmarks

Blackbox changes an X box into an entirely black mark. Very high visibility even using small Xbox

Scaling up Checkmarks

Fax

Include options for OSCAR faxing this eForm.

Corresponding default fax number xxx-xxx-xxxx:

PDFprint

includePDFprint

Tickler Options

Include automatic ticklers (requires OSCAR 19 printcontrol)

Priority ▾

Assign to ▾

Due in ▾ allow end user to adjust

Tickler message

(leave blank to have the message read "Check for results of [subject] ordered [today]")

S

Full Name		Preferred Name	
Date of Birth		PHN	
Phone Number / Email			
Gender/Pronoun			
Shelter Name and Address			
Unsheltered: Cross Streets <i>(approx. location of where we can connect)</i>			
Identifying Features <i>(Appearance, Height, Tattoos etc.)</i>			
Do you have a Doctor/Psychiatrist?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor's Name		Telephone	
Indigenous Identity <i>Select all that apply</i>	<input type="checkbox"/> Identify as an Indigenous		<input type="checkbox"/> First Nations
	<input type="checkbox"/> Status Indian		<input type="checkbox"/> Non-Status Indian
		<input type="checkbox"/> Inuit	<input type="checkbox"/> Metis
		<input type="checkbox"/> Unknown/Prefer not to say	
Current Mental Health Concerns <i>(Check all that apply)</i>		Current Medical Diagnosis and/or Concerns <i>(Check all that apply)</i>	
<input type="checkbox"/> Depression	<input type="checkbox"/> Bipolar	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Acquired Brain Injury
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> Chronic Kidney Disease
<input type="checkbox"/> ADHD	<input type="checkbox"/> Other <i>(Specify):</i>	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other <i>(Specify):</i>
<input type="checkbox"/> Psychosis		<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Substance Use		<input type="checkbox"/> Cancer	
How can we help? - Please fill in as much as possible (Note: housing support is not within IHART scope)			
<input type="checkbox"/> Substance Use Treatment/Detox		<input type="checkbox"/> Crisis Intervention	
		<input type="checkbox"/> Wound Care	

6. Fine-tuning the input fields [Expand/collapse](#)

7. Misc [Expand/collapse](#)

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Tickler Options

Include automatic ticklers (requires OSCAR 19 printcontrol)

Priority

Assign to

Due in allow end user to adjust

Tickler message

(leave blank to have the message read "Check for reults of [subject] ordered [today]"

8. Generate eForm [Expand/Collapse](#)

Load HTML code in new window

Reset form and start again

Save

Restore

Generating the code:

The html code should open up in a new window. Now you got two options:

1. Highlight everything and copy and paste it into a text editor (ex. Notepad), then save it as *filename.html*.
2. In the new window (in Firefox), select "File", then "Save Page As...", then select "**Text Files**" as the file type, then type in a *filename.html*.

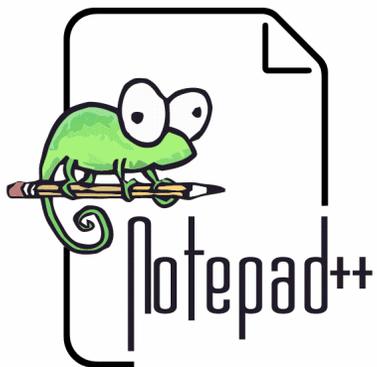
Uploading the files:

Go to Admin -> Eforms -> "Upload a Form", and upload the newly generated html file.

Go to Admin -> Eforms -> "Upload an Image", and upload:

- the eform background image
- "jSignature.min.js" for signing signatures if you have not already done so

```
<html>
<head>
<META http-equiv="Content-Type" content="text/html; charset=UTF-8">
<title>IHART Referral Form</title>
<style type="text/css" media="screen" >
  input {
    -moz-box-sizing: content-box;
    -webkit-print-color-adjust: exact;
    -webkit-box-sizing: content-box;
    box-sizing: content-box
  }
  .sig {
    border: 2px dotted blue;
    color: Black;
    background-color: white;
  }
  /* Drawing the 'gripper' for touch-enabled devices */
  html.touch #content {
    float:left;
    width:92%;
  }
  html.touch #scrollgrabber {
    float:right;
    width:4%;
    margin-right:2%;
    background-image:url(data:image/png;base64,iVBORw0KGgoAAAANSUhEUgAAAAEAAAFAAAQCh791DAAAAAXNSR0IArs4c6QAAABJJREFUCB1jmMmQxjCT4T/DfwAPLgOXlrt3IwAAAABJRu5ErkJggg==)
  }
  html.borderradius #scrollgrabber {
    border-radius: 1em;
  }
</style>
```



Current Version 8.5.2

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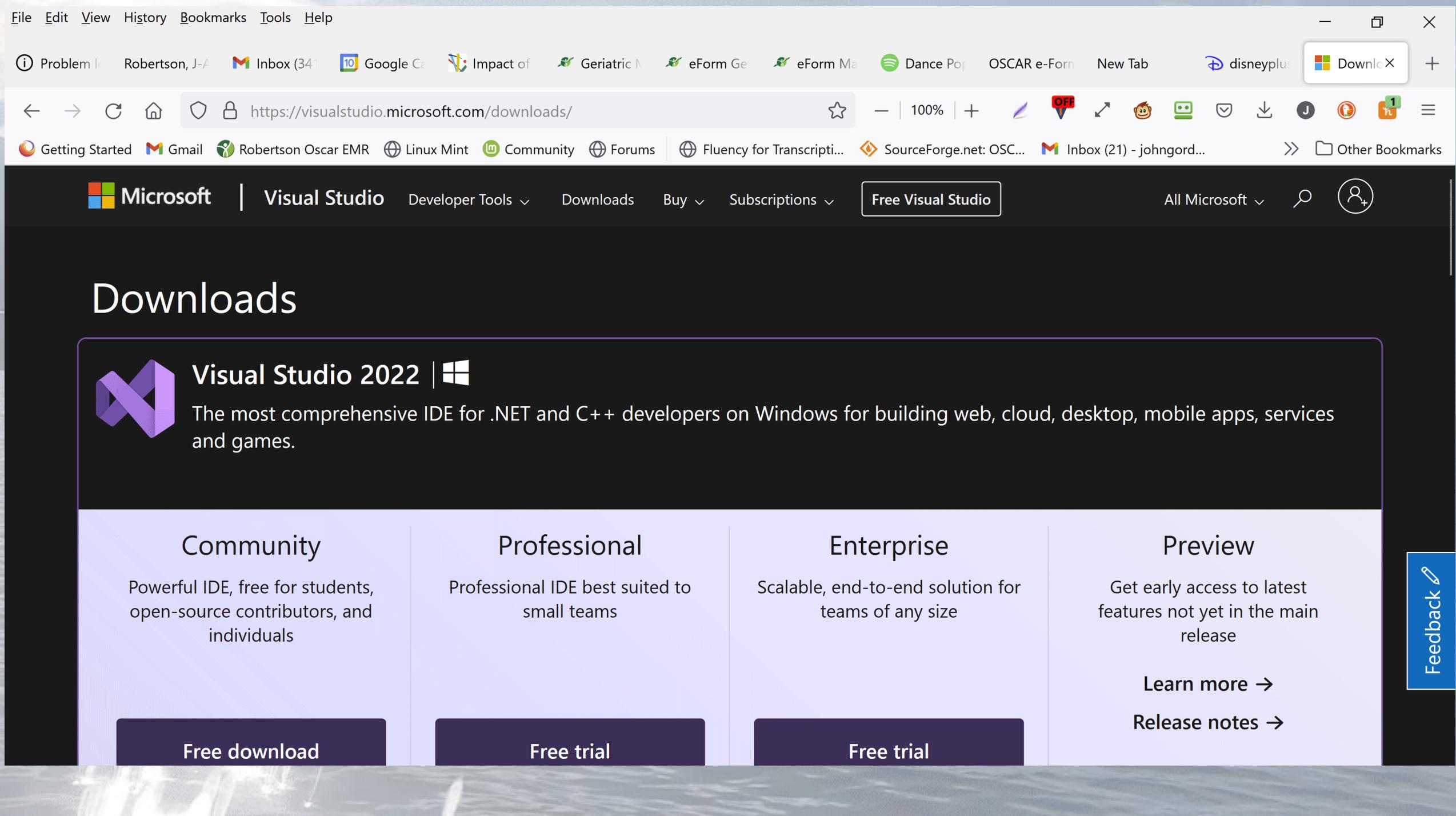
Donate

What is Notepad++

Notepad++ is a free (as in “free speech” and also as in “free beer”) source code editor and Notepad replacement that supports several languages. Running in the MS Windows environment, its use is governed by [GNU General Public License](#).

Based on the powerful editing component [Scintilla](#), Notepad++ is written in C++ and uses pure Win32 API and STL which ensures a higher execution speed and smaller program size. By optimizing as many routines as possible without losing user friendliness, Notepad++ is trying to reduce the world carbon dioxide emissions. When using less CPU power, the PC can throttle down and reduce power consumption, resulting in a greener environment.





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The most comprehensive IDE for .NET and C++ developers on Windows for building web, cloud, desktop, mobile apps, services and games.

Community

Powerful IDE, free for students, open-source contributors, and individuals

Free download

Professional

Professional IDE best suited to small teams

Free trial

Enterprise

Scalable, end-to-end solution for teams of any size

Free trial

Preview

Get early access to latest features not yet in the main release

Learn more →

Release notes →

Feedback

```
File Edit Search View Encoding Language Settings Tools Macro Run Plugins Window ?
North_York_CT_Requisition_2022.html x FHA_PPO_Fe_Sucrose_Infusion_V6_April1_2023.html x FHA_PPO_Fe_Sucrose_Infusion_V1_May31_2021.html x FHA_PPO_Fe_Sucrose_Infusion_V7_April1_2023.html x new 3 x
1 <html>
2 <head>
3 <META http-equiv="Content-Type" content="text/html; charset=UTF-8">
4 <title>IHART Referral Form</title>
5 <style type="text/css" media="screen" >
6   input {
7     -moz-box-sizing: content-box;
8     -webkit-print-color-adjust: exact;
9     -webkit-box-sizing: content-box;
10    box-sizing: content-box
11  }
12  .sig {
13    border: 2px dotted blue;
14    color: Black;
15    background-color: white;
16  }
17  /* Drawing the 'gripper' for touch-enabled devices */
18  html.touch #content {
19    float:left;
20    width:92%;
21  }
22  html.touch #scrollgrabber {
23    float:right;
24    width:4%;
25    margin-right:2%;
26    background-image:url(data:image/png;base64,iVBORw0KGgoAAAANSUgAAAAEAAAAAFCAAAAACH791DAAAAAXNSR0IArs4c6QAAABJ
27  }
28  html.borderradius #scrollgrabber {
29    border-radius: 1em;
30  }
31 </style>
32 <style type="text/css" media="print">
33   .DoNotPrint {
34     display: none;
35   }
36   .noborder {
```

Normal text file length : 26,173 lines : 355 Ln : 355 Col : 1 Pos : 26,174

Save As dialog box showing file selection in 'BC OSCARCON 2023' folder. The file 'IHART_Referral_FH_2023.html' is selected. The 'File name' field contains 'IHART_Referral_FH_2023_A.html' and the 'Save as type' is 'Hyper Text Markup Language file'. The 'Append extension' checkbox is checked.

Name	Status	Date modified
eformgen7.html	✓	2021-08-27 6:23 AM
IHART_Referral_FH_2023.html	✓	2023-03-25 4:10 PM



```
1 <html>
2 <head>
3 <META http-equiv="Content-Type" content="text/html; charset=UTF-8">
4 <title>IHART Referral Form</title>
5 <style type="text/css" media="screen" >
6   input {
7     -moz-box-sizing: content-box;
8     -webkit-print-color-adjust: exact;
9     -webkit-box-sizing: content-box;
10    box-sizing: content-box
11  }
12  .sig {
13    border: 2px dotted blue;
14    color: Black;
15    background-color: white;
16  }
17  /* Drawing the 'gripper' for touch-enabled devices */
18  html.touch #content {
19    float:left;
20    width:92%;
21  }
22  html.touch #scrollgrabber {
23    float:right;
24    width:4%;
25    margin-right:2%;
26    background-image:url(data:image/png;base64,iVBORw0KGgoAAAANSUheUgAAAAEAAAAFCAAAAACh791DAAAAAXNSR0IArs4c6QAAABJJREFUCB1jmMmQxjCT4T/DfwAPLgOXlrt3Iwi
27  }
28  html.borderradius #scrollgrabber {
29    border-radius: 1em;
30  }
31 </style>
32 <style type="text/css" media="print">
33  .DoNotPrint {
34    display: none;
35  }
36  .noborder {
```

Using Chat GPT to help

File Edit View History Bookmarks Tools Help

192.168.1.1 Robertson, J-Ap Administration NYGH CT 20 X Inbox (437) Google Cal Doxy.me Measureme eForm Mag Netflix Fraser Health E Check date

https://robertson.openosp.ca:11042/oscar_robertson/eform/efmshowform_da

Getting Started Gmail Robertson Oscar EMR Linux Mint Community Forums Fluency for Transcrip... SourceForge.net: OSC... Inbox (21) - johngord... Other Bookmarks

Signature _____		
Appointment _____		
PRIOR SURGICAL HISTORY:		
RENAL FUNCTION SCREENING FOR PATIENTS REQUIRING INTRAVASCULAR IODINATED CONTRAST MEDIA		
<i>REQUIRED for patients who meet any of the following criteria (check all that apply):</i>		
<input type="checkbox"/> History of renal disease (kidney transplant, single kidney, renal surgery, dialysis/chronic renal failure etc.)		
<input type="checkbox"/> Has been seen or is waiting to see a Specialist due to decreased kidney function		
Creatinine Result: _____ $\mu\text{mol/L}$	Result acceptable within 90 days	
eGFR Result/Calculation: _____ mL/min/1.73m^2		
Date of Result (include copy): _____		
ALLERGY, PRIOR EXAMS AND APPOINTMENT INFORMATION		
Previous Hospitalization for Allergic Reaction? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Allergy to IV Iodinated Contrast? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, describe reaction:		
Reports from relevant prior exams must be included with requisition		
If patient is not English speaking, please ask patient to have a translator accompany them for their exam		
REQUESTING PROVIDER		
Address: _____		
City: _____ Postal Code: _____		
Telephone Number: _____		
Fax Number: _____		
Billing Number: _____		
Copy to: _____		
DATE/TIME	SIGNATURE (REQUESTING PROVIDER)	PRINT NAME

Choose Tickler reminder date _____

4 wks 8 wks 16 wks

Stamp Wet



As it to write a javascript query

The screenshot shows a web browser window with the following elements:

- Browser Tabs:** 192.168.1.150:1, Robertson, J-Appoi, Inbox (437) - jo, Google Calend, Doxy.me, Measurements, eForm Magic P, Netflix, Fraser Health Eating, Check date - X.
- Address Bar:** <https://chat.openai.com/c/6e0ce855-30b4-48e6-ba1a-2cf2525bd7f7>
- Browser Bookmarks:** Getting Started, Gmail, Robertson Oscar EMR, Linux Mint, Community, Forums, Fluency for Transcrip..., SourceForge.net: OSC..., Inbox (21) - johngord..., Other Bookmarks.
- Chat Interface:**
 - User Input:** write a javascript query with an alert if a date is more than 90 days old
 - AI Response:** Sure, here's an example JavaScript code that checks if a date is more than 90 days old and shows an alert message accordingly:

```
javascript
// Date to be checked
const dateToCheck = new Date('2022-12-01'); // replace with your own date

// Calculate the difference between the current date and the date to check
const timeDiff = new Date() - dateToCheck;
const daysDiff = timeDiff / (1000 * 60 * 60 * 24);

// Check if the date is more than 90 days old and show an alert message if i
```
- Input Field:** Send a message.
- Footer:** Free Research Preview. ChatGPT may produce inaccurate information about people, places, or facts. [ChatGPT May 12 Version](#)

Have the Eform run a javascript on load

```
700 </head>
701
702 <body onload="startUp();" onbeforeprint="document.forms['FormName'].reportValidity();" >
703 <form method="post" action="" name="FormName" id="FormName" >
704 <div id="page1" style="position:relative;" class="Show">
705 <div id="page1" style="position:relative;" class="Show">
```

Have your startup function run a set defaults that only runs the first time you use the eForm

```
<script language="javascript" type="text/javascript">
  /*****
  startup functions
  *****/
  → function startUp()
  {
    setDocumentTitle('NYGH CT 2023',document.getElementById('patient_nameL').value);
    reImg();
    → setDefaults();
    setFaxNo();
    //optimize window size/width
    top.window.resizeTo(900, screen.availHeight);
  }

```

In the SetDefaults function run the date check and give it the id of the input to run it on

```
function setDefaults() {  
    // check the newform flag to ensure this is the initial load of the form  
    if (document.getElementById("newForm").value == 'True') {  
        StartClock12();  
        parseDate('today',0,1,2,'-','/');  
        document.getElementById("Electronic").click();  
        parseMeasurementDate("eGFR_Date");  
        → checklabdate("eGFR_Date"); ←  
    } else { // actions if eForm is reopened  
        loadSig();  
        reloadSignature();  
    }  
}
```

Script modified for this eForm

```

    /*****
    |     Check to see if lab value is over 90 days old
    *****/
function checklabdate(id){
    // Date to be checked
const dateToCheck = new Date(document.getElementById(id).value); // replace with your own date

// Calculate the difference between the current date and the date to check
const timeDiff = new Date() - dateToCheck;
const daysDiff = timeDiff / (1000 * 60 * 60 * 24);

// Check if the date is more than 90 days old and show an alert message if it is
if (daysDiff > 90) {
    alert('The eGFR result is more than 90 days old!');
}
}
```

Name and ID

- As mentioned earlier the “name” of an input and the “id” if an input do not need to be the same.
- If you do not use a “name” for your input, the server will not store the information.
- The “id” is commonly used for javascript purposes etc such as getElementById.
- Although you can short cut by using only name, or not using either name or id, it is recommended to use both.

Name and ID continued

Taken from StackOverflow:

In HTML4.01:

Name Attribute

- Valid only on `<a>`, `<form>`, `<iframe>`, ``, `<map>`, `<input>`, `<select>`, `<textarea>`
- Name does not have to be unique, and can be used to group elements together such as radio buttons & checkboxes
- Can not be referenced in URL, although as JavaScript and PHP can see the URL there are workarounds
- Is referenced in JavaScript with `getElementsByName()`
- Shares the same namespace as the id attribute
- Must begin with a letter
- According to specifications is case sensitive, but most modern browsers don't seem to follow this
- Used on form elements to submit information. Only input tags with a name attribute are submitted to the server

In (X)HTML5, everything is the same, except:

Name Attribute

- Not valid on `<form>` any more
- XHTML says it must be all lowercase, but most browsers don't follow that

Name and ID continued

Id Attribute

- Valid on any element except `<base>`, `<html>`, `<head>`, `<meta>`, `<param>`, `<script>`, `<style>`, `<title>`
- Each Id should be unique in the *page* as rendered in the browser, which may or may not be all in the same *file*
- Can be used as anchor reference in URL
- Is referenced in CSS or URL with # sign
- Is referenced in JavaScript with `getElementById()`, and jQuery by `$('#<id>')`
- Shares same name space as name attribute
- Must contain at least one character
- Must begin with a letter
- Must not contain anything other than letters, numbers, underscores (`_`), dashes (`-`), colons (`:`), or periods (`.`)
- Is case insensitive
- In (X)HTML5, everything is the same, except:

Id Attribute

- Valid on any element
 - XHTML says it must be all lowercase, but most browsers don't follow that
- This question was written when HTML4.01 was the norm, and many browsers and features were different from today.

Javascript security

- From Peter Hutten Czapski via the Oscar Discussion Group:
- You may or may not know that jQuery is vulnerable to certain types of cyber attacks. They are unlikely to happen in your OSCAR but we should not be dependent on older and insecure versions of jQuery when we have control of the matter. For new eForms I suggest for best combination of eform compatibility and security to reference jQuery 3.6.4 as available in Open OSP and OSCAR 19 and failover to much older jQuery as provided in OSCAR Pro and older versions of OO and O19 going back to OSCAR 15. The following will provide that in your eforms.
- `<script type="text/javascript" src="../../library/jquery/jquery-3.6.4.min.js" ></script>`
- `<script> window.jQuery || document.write ('<script src="../../js/jquery-1.12.3.js >< \\/script>')
</script>`

Javascript Security (cont.)

- Unfortunately WELL relies on older forms of jquery and does not currently support jQuery 3.6.4
- As such, in an effort to make eForms more widely useable, earlier versions of jQuery have been used like 2.2.1
- `<script type="text/javascript" src="https://code.jquery.com/jquery-2.2.1.min.js" integrity="sha256-gvQgAFzTH6trSrAWoH1iPo9Xc96QxSZ3feW6kem+O00=" crossorigin="anonymous" ></script>`
- The checksum at the end is used to confirm the library being used is the correct source.

Burning Questions

- How to create a signature in one eForm with multiple signatures automatically or by selecting the name of doctor and will auto populate the signature.
- Create script to write data from eForm to a database such as in measurement or other database.

Measurements in eForms

- Taken from OSCARGalaxy.org **eForm Magic Part B – Measurements**
- <https://oscargalaxy.org/knowledge-base/eform-magic-part-b-measurements/>
- To “pull” measurements from the patient’s chart the input should have `oscarDB=m$<measurementName>#<measurementField>`
- For example: `oscarDB=m$WT#value` for the patient’s weight, `oscarDB=m$EGF#comments` for comments associated with an EGFR measurement, or `oscarDB=m$HT#dateObserved` for the date the Height was recorded in the chart.

Measurements in eForms pt2

- To “push” measurements to the patient’s chart the input name should be in the format name=m\$WT#value
- Important points – the name of each field must be unique, and there must BE a name for the input to save and store information.
- The “name” and the “id” do not need to be the same. This is very helpful if you are manipulating an input with javascript, as js will not accept input “ids” with \$ or # in them.

Multiple Signatures

- There is code that allows for signing in 4 places – found here:
- <http://oscarcanada.org/oscar-users/emr-resource/eform/eforms-in-development-beta-testing/useful-code/4-signature-form/4SignatureScripts.js/view?searchterm=signatures>
- This question “How to create a signature in one eForm with multiple signatures automatically or by selecting the name of doctor and will auto populate the signature.” suggests that someone other than the physician is signing on their behalf, in other words delegating authority – please see the next slide.

From the CMPA re delegation

- **The bottom line**
- Delegation works well in many situations, and a physician can appropriately delegate many acts to other healthcare providers. However, a physician could be subject to a lawsuit or College complaint if the delegated act leads to patient harm, and the physician was aware that:
 - the delegate was not capable of performing the act safely
 - delegation was not appropriate in the case of that particular patient
 - the delegation was not sufficiently precise, or
 - there was insufficient supervision.
- Carefully assessing whether delegation is appropriate in each situation can help reduce medico-legal risk. Physicians are encouraged to review College policies or standards, and any applicable legislation related to delegation in their jurisdiction.