

Scanning of C&W Allied Health Documents with FormFast Document Type Form Labels

Below please find a reference guide to the use of Allied Health document type labels and the recommended Health Information Management (HIM) practice for preparing documents for scanning.

1. C&W's HIM Health Records will scan Allied Health documents with FormFast Document Type barcode labels to the subject and alias indicated on the label.
2. For reference, please see below a list of aliases with document type labels built in FormFast for Allied Health's use.

| Subject/Title | Document Type | Alias |
|--|--------------------------------|-------|
| Dietitian Copyrighted Form | Dietitian Note | 6894 |
| Dietitian 3rd Party Form | Dietitian Note | 6895 |
| Dietitian Report | Dietitian Note | 6896 |
| Occupational Therapy Copyrighted Form | Occupational Therapy Note | 6897 |
| Occupational Therapy 3rd Party Form | Occupational Therapy Note | 6898 |
| Occupational Therapy Report | Occupational Therapy Note | 6899 |
| Physical Therapy Copyrighted Form | Physical Therapy Note | 6900 |
| Physical Therapy 3rd Party Form | Physical Therapy Note | 6901 |
| Physical Therapy Report | Physical Therapy Note | 6902 |
| Psychology Copyrighted Form | Psychology Note | 6903 |
| Psychology 3rd Party Form | Psychology Note | 6904 |
| Psychology Report | Psychology Note | 6905 |
| Social Work Copyrighted Form | Social Work Note | 6906 |
| Social Work 3rd Party Form | Social Work Note | 6907 |
| Social Work Report | Social Work Note | 6908 |
| Respiratory Therapy Copyrighted Form | Respiratory Therapy Note | 6909 |
| Respiratory Therapy 3rd Party Form | Respiratory Therapy Note | 6910 |
| Respiratory Therapy Report | Respiratory Therapy Note | 6911 |
| Spiritual Care 3rd Party Form | Spiritual Care Note | 6912 |
| Spiritual Care Report | Spiritual Care Note | 6913 |
| Speech Language Pathology Copyrighted Form | Speech Language Pathology Note | 6914 |
| Speech Language Pathology 3rd Party Form | Speech Language Pathology Note | 6915 |
| Speech Language Pathology Report | Speech Language Pathology Note | 6916 |

3. The following are examples of the documents that may use these document type labels:
 - a) Copyrighted Form – may be used for documents such as standardized test forms.
 - b) 3rd Party Form – may be used for 3rd Party Vendor quotations forms, forms for insurance purposes, applications for income assistance, disability application, housing applications.
 - c) Allied Health Report – reports created by the site's allied health staff not available as FormFast forms.

- Allied Health will apply the applicable **Document Type Label** on the top left side of the document **and** apply the **Patient Form Label** on the top right side of the document.

It is recommended that the labels are placed within the scanning zone indicated below for automatic indexing by Kofax. Each zone is approximately 1.5 inches in height from the top and two inches in width from the middle.

Ministry of Social Development and Poverty Reduction

BRITISH COLUMBIA

PLACE DOCUMENT TYPE LABEL ANYWHERE WITHIN THIS RED ZONE

PLACE PATIENT LABEL WITHIN THIS GREEN ZONE

ORTHOSES REQUEST AND JUSTIFICATION

SR#:

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

PROGRAM OBJECTIVE: To provide the most basic, least costly orthoses to meet a medically essential need. Full details on eligibility criteria can be found on the ministry's *BC Employment & Assistance Policy & Procedure Manual* at <https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual>

SECTION 1 – CLIENT INFORMATION

| | | | | |
|--|-------------------|--------------|-------------|---------------------------------------|
| CLIENT SURNAME | CLIENT GIVEN NAME | PHONE NUMBER | BIRTH DATE | PERSONAL HEALTH NUMBER [CARE CARD] |
| CLIENT STREET ADDRESS (IF RESIDENTIAL CARE FACILITY, NAME OF FACILITY) | | CITY / TOWN | POSTAL CODE | |

PLEASE LIST AND DESCRIBE ANY ADDITIONAL RESOURCES THAT COULD ASSIST IN MEETING YOUR MEDICAL NEEDS (for example: ICBC, WorkSafeBC, Veterans Affairs, private insurance).

- HIM recommends as best practice to apply the labels on every page. For a double sided document, labels should be applied to both the front and back page. This will ensure the document does not get scanned to another encounter and/or indexed to the wrong document type.
- When labels are not available or space is not adequate, the patient identifiers should be handwritten on the top right corner of the document. The alias should be written close to the patient identifiers.
- The required patient identifier includes: first and last name, MRN and encounter number. Write also the alias, e.g. "6898" on the document. The alias is the set of numbers at the bottom of the label. HIM clerks will manually index the document when scanning.



Note: Please use black or blue pen only for writing so it is visible when scanned.

- Secure multi-page documents together preferably with a paper clip or a paper clamp for thick documents before adding to the chartlet or before sending it down to Health Records.

Please feel free to email us at himrmvpp@vch.ca if you have any questions regarding this reference guide.