



## FORMS AUTOMATION FOR MOBILE HEALTH CARE PROFESSIONALS

Field2base's award winning field automation software provides the ultimate mobility solution for Home Health and Home Hospice agencies still utilizing paper forms in the field.

Maintaining Patient Health Information (PHI) on loose paper forms is an administrative headache, creates time delays and requires multiple steps to process. Paper forms take an excessive amount of time to complete and significantly delay reimbursements thru delays and errors. Field2Base enables mobile healthcare workers to use their own familiar forms, including any government mandated forms, and immediately sends form data directly from the field to any EMR system in a single step.

- ✓ Convert your existing forms into a digital format with limited end user training.
- ✓ Secure your Patient Health Information (PHI) and ensure HIPAA compliance with 256 bit AES encryption.
- ✓ Capture enhanced work order data such as photographs, biometric data, barcodes, signatures, and more.
- ✓ Send captured data immediately to an email address, a web hosted database or your back office system using LAN, Wi-Fi, or Broadband Cellular.
- ✓ Instantly process co-payments from patients using major credit cards or checks.
- ✓ Capture GPS data for insurance verification and employee safety.

HOSPITAL HICS 260 -		Patient Photo ID
<b>PATIENT EVACUATION TRACKING FORM</b>		
1. DATE 11/3/2009	2. UNIT 213-A	
3. PATIENT NAME John Doe	4. AGE 42	5. MR #
6. DIAGNOSIS (-ES) Swelling of posterior tibial tendon	7. ADMITTING PHYSICIAN Jane Doe	
Swelling of posterior tibial tendon		<input type="checkbox"/> Foley Catheter <input checked="" type="checkbox"/> Halo Device <input type="checkbox"/> Cranial Bolt/Screw <input type="checkbox"/> IO Device <input type="checkbox"/> Other
ISOLATION <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE
REASON		
10. DEPARTING LOCATION ROOM# TIME		11. ARRIVING LOCATION
ID Band Confirmed <input type="checkbox"/> YES <input type="checkbox"/> NO Medical Record Sent <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Addressograph Sent <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Belongings <input checked="" type="checkbox"/> with Patient <input type="checkbox"/> Left in Room <input type="checkbox"/> None Valuables <input checked="" type="checkbox"/> with Patient <input type="checkbox"/> Left in Safe <input type="checkbox"/> None Medications <input type="checkbox"/> with Patient <input type="checkbox"/> Left on Unit <input type="checkbox"/> to Pharmacy		
PEDI/INFANTS Bag/Mask with Tubing Sent <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Bulb Syringe Sent <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12. TRANSFERRING TO ANOTHER FACILITY TIME TO STAGING AREA TIME DEPARTING TO RECEIVING FACILITY		
DESTINATION		

To learn more about our mobile data collection solutions and see a demonstration of how your paper forms can be automated, contact one of our Sales Executives today.

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