

## Electronic Documentation with M\*Modal Fluency Direct for Physicians and Nurse Practitioners ACCESS & Training Request

Windows Users: Submit this form via email from any Windows PC with Outlook installed using the Submit button below.

Mac Users: Print form, save to PDF and then email the PDF to [IMITCISpdocfd@interiorhealth.ca](mailto:IMITCISpdocfd@interiorhealth.ca).

Please email [IMITCISpdocfd@interiorhealth.ca](mailto:IMITCISpdocfd@interiorhealth.ca) directly if you are unable to use the form.

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|--|--|--|--|
| Requested by (Name)  |  |  |  |
| Mnemonic   |  |  |  |
| E-mail address   | Phone  |  |  |
| Do you currently document electronically on Emergency Department patients? <span style="float: right;"> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No         </span>  |  |  |  |
| Please list Specialty(s)/Department(s)?  |  |  |  |
| Please list all Interior Health sites where you intend to use electronic documentation and Fluency Direct.   |  |  |  |
| What type of reports do you need to create? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>• Consults <input type="checkbox"/></li> <li>• Progress notes <input type="checkbox"/></li> <li>• Histories <input type="checkbox"/></li> </ul> </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> <li>• OR/Procedures <input type="checkbox"/></li> <li>• Discharge summaries <input type="checkbox"/></li> <li>• Outpatients Clinics <input type="checkbox"/></li> </ul> </td> </tr> </table> |  | <ul style="list-style-type: none"> <li>• Consults <input type="checkbox"/></li> <li>• Progress notes <input type="checkbox"/></li> <li>• Histories <input type="checkbox"/></li> </ul> | <ul style="list-style-type: none"> <li>• OR/Procedures <input type="checkbox"/></li> <li>• Discharge summaries <input type="checkbox"/></li> <li>• Outpatients Clinics <input type="checkbox"/></li> </ul> |
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| Which workstation will you be using for documentation?<br>(IMIT Analyst will remote on to verify software installed) <ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital ward dictation station</li> <li><input type="checkbox"/> Other (exam room / office)</li> </ul>   | Is there a PHILIPS microphone installed at the workstation? <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No?</li> </ul>                           |  |  |
| IH computer name? See label on the monitors or computer, for example KHSITCN2.<br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>   |  |  |  |
| What is your availability for training? Please provide details, for example:<br><i>I am available the week of January 21st after 2 pm or I am available Tuesdays and Thursdays between 10 am and noon.</i>   |  |  |  |
| Comments/Additional Information  |  |  |  |