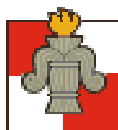




# FormFlow

Program to develop and use XML-based forms easily by tablet PC



University of Vaasa  
Department of Production

# Application areas



- Health care
- Military applications
- Logistics
- Maintenance
- Mobile terminals



# Installation

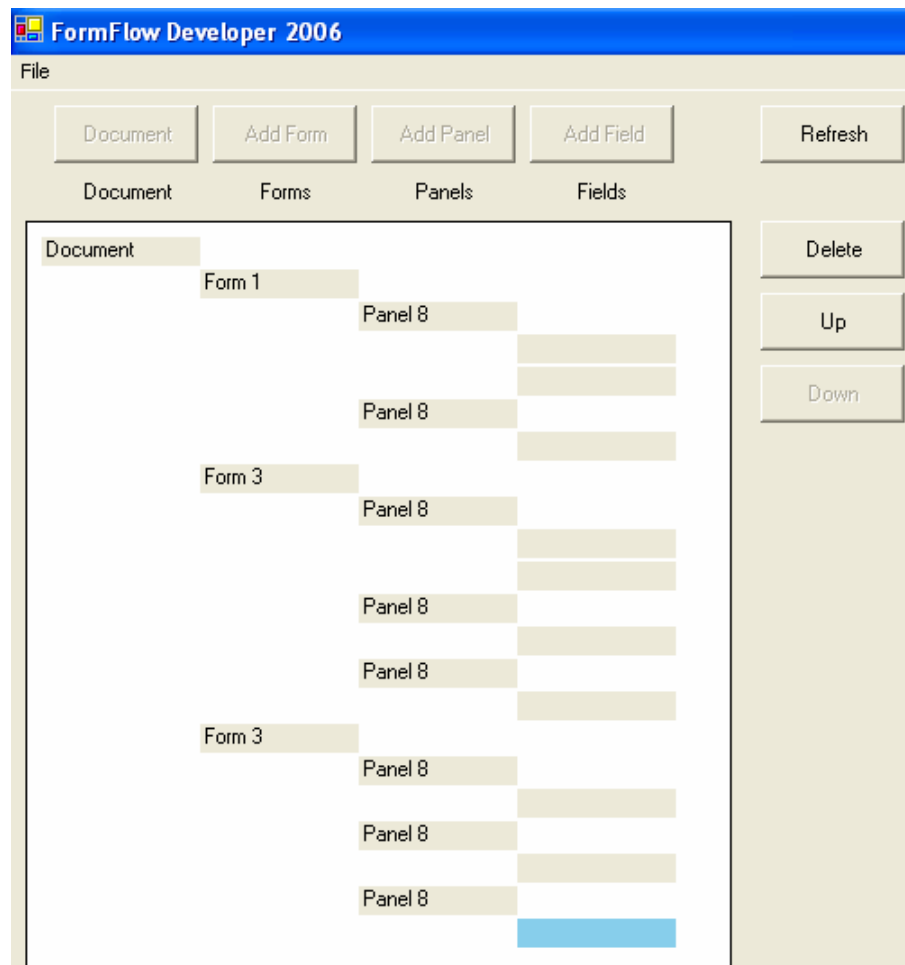


- Download the latest version from project web-pages <http://sourceforge.net/projects/formflow>
- You may also need to install a text recognizer package for your Tablet PC that can be downloaded freely from [www.microsoft.com](http://www.microsoft.com)
- Installation package contains two programs
  - FFDeveloper2006.exe
    - Meant for creating new forms and editing existing ones
    - Forms are possible to be created on a ready picture (for an example on a photo of a paper form) or from clear table
  - LogViever.exe
    - Meant to for the usage of ready made forms
    - Shows the form
    - Saves and sends the information written to the form to the server

# Developer



- Forms are easy to be created with a clear hierarchic structure



# Developer



- There is six different types for the field to be inserted on form

#: 21

Field type:

Field title:

Field dataname:

Check box amount:

Check box count:

Check box direction:

Check box indent:

Label visible:  True

Number visible:  True

Field precense:  True

*Note: The 'Field dataname' dropdown menu is open, showing options: Text, Short text, Checkbox, Combobox, Signature (highlighted), and Note.*

# Developer

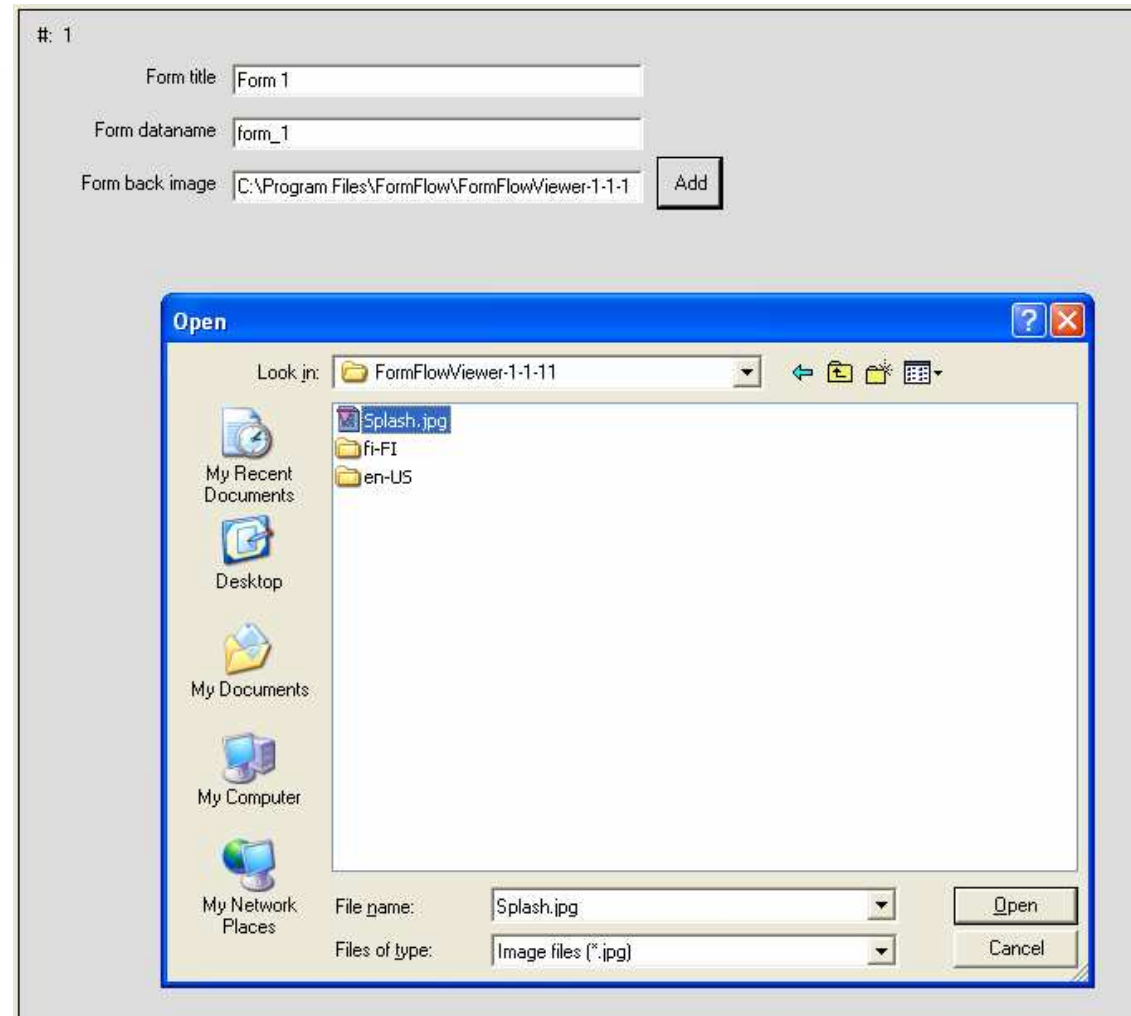


- Background image may be inserted separately for every form

Document

Form 1

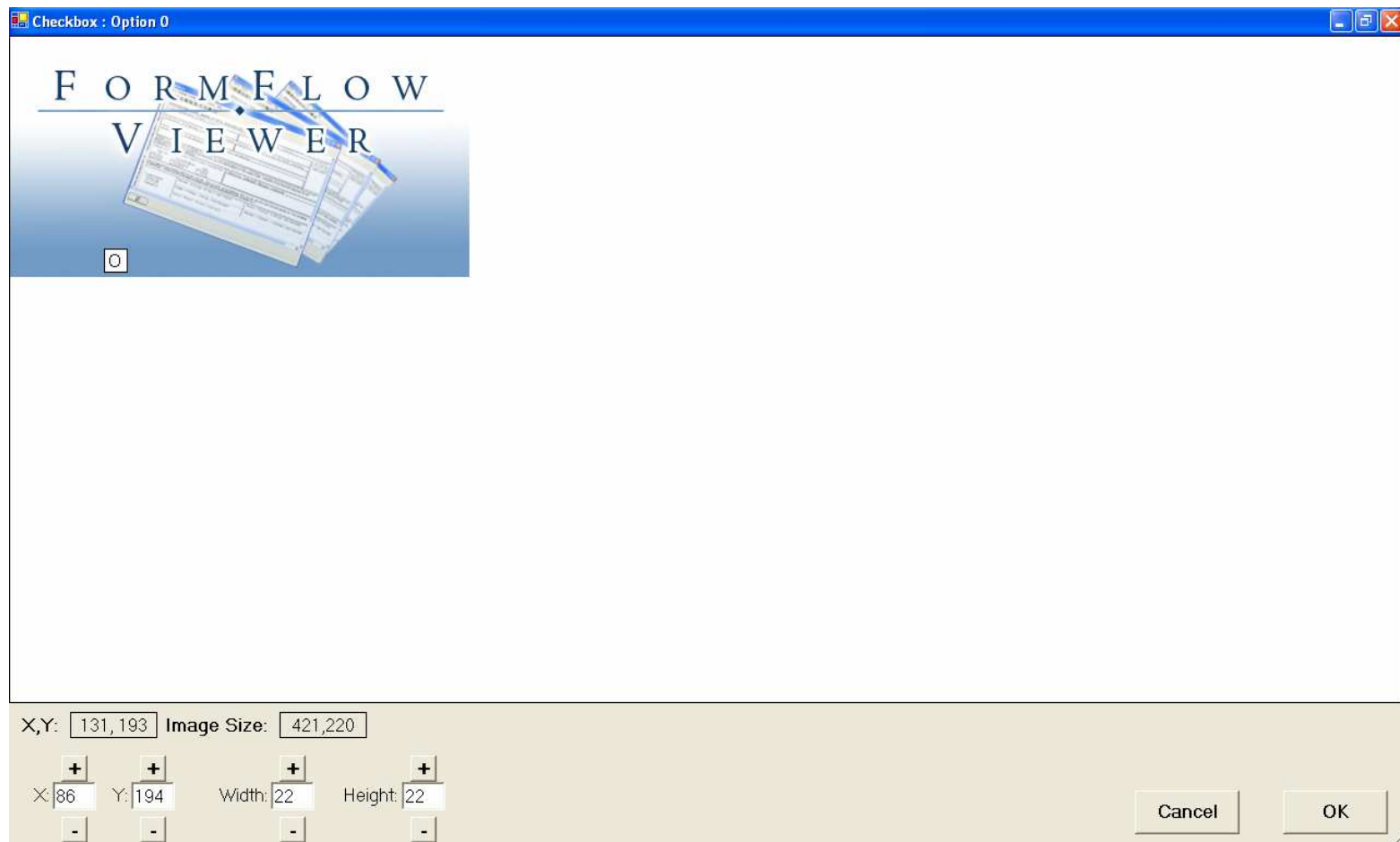
Form 2



# Developer



- Field locations can be pointed on the background image



# Viewer



- Forms can be filled by Tablet PC pen
- Text recognizer can be installed for several languages

The image shows two side-by-side screenshots of the FormFlow application. The left screenshot displays the 'First Panel' of a form, which includes a text input field containing 'HELLOU!', a short text input field with 'O' and a 'Unit' label, a short text date input field, and three unchecked checkboxes labeled 'Select 1', 'Select 2', and 'Select 3'. The right screenshot displays the 'Second Panel', which includes a combobox input field, a signature input field containing a handwritten signature and the text 'FREE FIELD', and a note input field containing the text 'Here you can write note' and 'This is easy!'.



# Viewer



- Information entered on the form can be saved and / or sent to a server.

A screenshot of a web browser window titled "FormFlow - [Example Form]". The browser's menu bar includes "File", "Edit", "Form", "View", "Tools", and "Help". The toolbar contains various icons for file operations and navigation. The main content area shows a form with two panels. The "Second Panel" contains a "Combobox example" with a dropdown arrow and a "Signature example" with a blue ink signature. The "3rd Panel" contains a "Note example" with the text "Here you can write note" and "This is easy!". At the bottom of the form, there are navigation buttons: a left arrow, a "Clear" button, a "Save and send" button, and a right arrow.

# Samples



**Sample Form - Rehabilitation Office**  
 2 Davis Drive • RTP, NC 27612  
 Telephone (919) 410-4819 Fax (919) 410-4800

☐ 1 - David Kingham, M.D.  
 ☐ 2 - Robert Pommer, M.D. MDCC

DATE	BY	NEW PATIENT	OTHER CHARGES AND FEES	PROCEDURES	CHARGE DATA
0001	<input type="checkbox"/>	Office Visit - Level 1	00170 <input type="checkbox"/> Medical Examination (short)	00750 <input type="checkbox"/> 000 - Anesthesia complete	<b>OTHER PROCEDURES</b>
0002	<input checked="" type="checkbox"/>	Office Visit - Level 2	00170 <input type="checkbox"/> Home health care - 10 min	00900 <input type="checkbox"/> 000 - Average Body	20000 <input type="checkbox"/> Trigger Point Injection
0003	<input type="checkbox"/>	Office Visit - Level 3	00170 <input type="checkbox"/> Home health care - 15 min	00900 <input checked="" type="checkbox"/> 000 - Intermittent	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0004	<input type="checkbox"/>	Office Visit - Level 4	20000 <input type="checkbox"/> Hospital care - 10 min	11700 <input type="checkbox"/> 000 - Injection administration	20000 <input checked="" type="checkbox"/> Arthrocentesis, joint, joint
0005	<input type="checkbox"/>	Office Visit - Level 5	20000 <input type="checkbox"/> Hospital care - 15 min	11700 <input type="checkbox"/> 000 - Injection administration	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0006	<input type="checkbox"/>	Special Procedure	00170 <input type="checkbox"/> Home health care - 10 min	40040 <input type="checkbox"/> 000 - Endometrial ablation	64040 <input type="checkbox"/> Microsurgical Prostatectomy
<b>REBALANCED PATIENT</b>					
0010	<input type="checkbox"/>	Office Visit - Level 1	00170 <input type="checkbox"/> Home health care - 10 min	11000 <input checked="" type="checkbox"/> 000 - Endometrial ablation	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0011	<input type="checkbox"/>	Office Visit - Level 1	00000 <input type="checkbox"/> Diagnostic/Therapeutic	11001 <input type="checkbox"/> 000 - Endometrial ablation	<b>DRUGS</b>
0012	<input type="checkbox"/>	Office Visit - Level 2	00070 <input type="checkbox"/> Hospital - Intensive Procedure	11001 <input type="checkbox"/> 000 - Endometrial ablation	20000 <input type="checkbox"/> Trigger Point Injection
0013	<input type="checkbox"/>	Office Visit - Level 3	00070 <input type="checkbox"/> Hospital - Intensive Procedure	11001 <input type="checkbox"/> 000 - Endometrial ablation	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0014	<input type="checkbox"/>	Office Visit - Level 4	00000 <input checked="" type="checkbox"/> Special Reports	11001 <input type="checkbox"/> 000 - Endometrial ablation	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0015	<input type="checkbox"/>	Office Visit - Level 5	00001 <input type="checkbox"/> Special Conference - 30 min	11001 <input type="checkbox"/> 000 - Endometrial ablation	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
<b>OUTPATIENT CONSULTATIONS</b>					
0016	<input type="checkbox"/>	OP Consult - Level 1	00000 <input type="checkbox"/> Special Conference - 30 min	11001 <input type="checkbox"/> 000 - Endometrial ablation	64040 <input checked="" type="checkbox"/> Microsurgical Prostatectomy
0017	<input checked="" type="checkbox"/>	OP Consult - Level 2	00000 <input type="checkbox"/> Special Report - 15 min	11000 <input type="checkbox"/> 000 - Endometrial ablation	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0018	<input type="checkbox"/>	OP Consult - Level 3	00000 <input type="checkbox"/> Special Report - 15 min	11000 <input type="checkbox"/> 000 - Endometrial ablation	<b>REFERRALS</b>
0019	<input type="checkbox"/>	OP Consult - Level 4	<b>ELECTROCARDIOGRAPHY</b>	11000 <input type="checkbox"/> 000 - Small Area	20000 <input type="checkbox"/> Trigger Point Injection
0020	<input type="checkbox"/>	OP Consult - Level 5	00000 <input type="checkbox"/> Results, 1 Electrolyte	11000 <input type="checkbox"/> 000 - Medium Area	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
0021	<input type="checkbox"/>	OP Consult - Level 6	00000 <input type="checkbox"/> Results, 2 Electrolytes	11000 <input type="checkbox"/> 000 - Large Area	20000 <input type="checkbox"/> Arthrocentesis, joint, joint
<b>COMP. SUPPLY CONSULTATIONS</b>					
0022	<input checked="" type="checkbox"/>	Results, 3 Electrolytes	11001 <input checked="" type="checkbox"/> Injection - Trigger Point	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	64040 <input checked="" type="checkbox"/> Microsurgical Prostatectomy
0023	<input type="checkbox"/>	Results, 4 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	<b>NEEDLES</b>
0024	<input type="checkbox"/>	Results, 5 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	25 <input type="checkbox"/> Separate EGM Service
0025	<input type="checkbox"/>	Results, 6 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	25 <input type="checkbox"/> Professional Component
0026	<input type="checkbox"/>	Results, 7 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	50 <input type="checkbox"/> Standard Service
0027	<input type="checkbox"/>	Results, 8 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	50 <input type="checkbox"/> Multiple Procedure
0028	<input type="checkbox"/>	Results, 9 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	50 <input type="checkbox"/> Standard Procedure
0029	<input type="checkbox"/>	Results, 10 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	50 <input checked="" type="checkbox"/> Multiple Procedure
0030	<input type="checkbox"/>	Results, 11 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	☐ 21567
0031	<input type="checkbox"/>	Results, 12 Electrolytes	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	11001 <input type="checkbox"/> 000 - Arthrocentesis, joint, joint	☐ 82476
<b>GENERAL PRACTICE VISITS</b>					
0032	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Single Visit	☐ Home Visit (separate code)	50 <input type="checkbox"/> Standard Service
0033	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Multiple Procedure
0034	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Standard Procedure
0035	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input checked="" type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input checked="" type="checkbox"/> Multiple Procedure
0036	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Standard Procedure
0037	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Multiple Procedure
0038	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Standard Procedure
0039	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Multiple Procedure
0040	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Standard Procedure
0041	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Multiple Procedure
0042	<input type="checkbox"/>	Physician Visit - 15 min	00000 <input type="checkbox"/> Home Visit (separate code)	☐ Home Visit (separate code)	50 <input type="checkbox"/> Standard Procedure

**ORDERS**      **REFERRALS**      **REFURB VISIT**

Age 60 Sex M      To Ortho      Date 4/23/02 Time 10:30am

Lab PT      Reason Chc - rt      Date 4/9/02 Time 11:00am

Phone 227632      Appointment Date 4/11/02 Time 11am      Order MR      Patient Program none

Account 111762451379826      Total Charges 384.5711      Today's Charges 237.06

Physician G. Galvin      Date of Birth 4/8/25      Sex M      Height 5'11"      Weight 161.17

Responsible Party Self      Address B. 2217 Boxer Rd      City Box      State OR      Zip 97114      Insurance PXL      Amount 21.04

Home Address 2217 Boxer Rd      City Box      State OR      Zip 97114      Insurance PXL      Amount 0

Trans Health Trans Health      Amount 0      Today's Charges 44.23

Follow up with phone call now      Total Amount 414.27

Today's Payment 0      Today's Payment 414.27

Balance Due 414.27

Comments OK      Date 4/23/02      By DR      Last Appointment Date none

# Samples



1 - RESANDEKORT - REISEKARTE

PAINOKIRJAIMIN - TEXTA - BLOCK LETTERS - DRUCKBUCHSTABEN

1 Sukunimi - Efternamn - Surname - Familienname <b>SMITH</b>	2 Etunimet - Förnamn - Given names - Vornamen <b>JOHN</b>
3 Kansalaisuus - Medborgarskap - Citizenship - Staatsangehörigkeit	4 Henkilötunnus - Personbeteckning - Date of birth - Geburtstag
5 Osoite kotimaassa - Adress i hemlandet - Address in native country - Heimatadresse	
VÄÄRIEN HENKILÖTIETOJEN ANTAMISESTA ON SÄÄDETTY RANGAISTUS RIKOSLAISSA - LÄMNANDE AV FALSKA PERSONUPPGIFTER ÄR S ENLIGT STRAFFLAGEN - THE USE OF FALSE PERSONAL DATA IS PROSCRIBED BY THE PENAL CODE - ANGEBEN FALSCHER PERSONALIE STRAFGERICHT MIT STRAFE BEDROHT	
6 Matkan tarkoitus - Syftet med resan - Object of journey - Zweck der Reise <input type="checkbox"/> Vapaa-aika Fritid <input type="checkbox"/> Leisure Freizeit <input checked="" type="checkbox"/> Ammattiin liittyvä Professionell Professional Beruflich <input type="checkbox"/> Muu Annan Other Sonstig	7 Allekirjoitus - Underskrift - Signature - Unterschrift 

# Benefits



- Anyone can create forms easily after short practising
- Program is free of charge
- Updating forms can be done inside own organization
- No programming skills are needed to create forms

# Questions?



- Please give your feedback and questions via  
<http://sourceforge.net/projects/formflow>