

Ontario Health eForms - Clinician User Guide

The Ontario Health eForms platform was created under the Patients Before Paperwork (Pb4P) initiative to reduce administrative burden on clinicians, streamline processes, eliminate redundancy, enhance efficiency and provide faster service to patients. In the current Limited Production Release of eForms, the focus is on digitizing the Ministry of Long-Term Care Health Assessment Form (HAF) that can be integrated into the Point of Care systems used by clinicians and Ontario Health atHome coordinators. As the platform expands, more forms will be added.

Accessing Ontario Health eForms

Access to the Ontario Health eForms platform requires ONE ID login. An authorized sender, such as a clinician, an administrative assistant or any individual approved by the clinician, can launch the platform directly from the patient's record in their Electronic Medical Records (EMR) system. Once launched, the platform opens in a separate browser tab. If the sender is not already signed into their EMR through their ONE ID account, they will be redirected to the ONE ID login page. After agreeing to the Terms and Conditions of Use, the sender is taken to the Ontario Health eForms home page (see figure 1), which displays their signed-in information and the patient's details.

The page also lists any previously submitted health assessment forms that have been submitted for the patient from the eForms platform, provided they were submitted under the same health information custodian's authority. Navigation options for browsing multiple pages are available at the bottom.

Selecting the 'Submit New Form' button lets the sender access and submit a new health assessment form.

Ontario Health	Submit New Form	Welcome to Ontario Health eForms		Signed in as: CLIENT.TEST807@ONEID.ON.CA Patient: Stanley Hudson Patient HCN: 8818 305 412	
Contact Us	TITLE 🔻 🖈	RECIPIENT 🔻 🕸	DATE/TIME SUBMITTED 🔻 🕹	STATUS 🔻 🕸	ACTIONS
Support	MLTC Health Assessment Form	Central LHIN	Apr-01-2025 5:10 PM	Submitted 🚯	🛓 🕒 🏷
	MLTC Health Assessment Form	Central LHIN	Mar-17-2025 1:29 PM	Submitted 🚯	🕹 🕒 ڬ
Exit eForms	MLTC Health Assessment Form @	Central LHIN	Mar-17-2025 1:22 PM	Submitted	🕹 (🖲 🍤
		« < 1	of 1 pages > >>		

Figure 1: Home page

Completing and Submitting a Health Assessment Form

When the new form opens, it appears as shown in figure 2. The patient's contact details and the sender's first and last name will auto-fill. Some fields will allow selection from predefined options.

The sender can:

- Choose the local Ontario Health atHome office
- Enter required medical information, including vaccination status, medical conditions, treatment/special needs, current diet and the patient's address (Address updates apply only to the current form and will not be saved for future submissions)
- Provide medical history, risk factors and any changes in the patient's health since the last assessment
- Add additional rows to enter more medical data
- Modify the patient's details such as their health card expiry date
- Upload PDF attachments with a limit of five megabytes (MB) per file, up to 10 files, for a total of 50 MB per submission (PDFs should be saved from your EMR to your computer before uploading to the eForms platform. Ontario Health recommends deleting the files from your hard drive after uploading. Note: Ontario Health is working on enabling direct uploads from your Ontario Health system in the future.)

At the end of the form, the practitioner provides their address, telephone number and signature, then selects the 'Submit' button to send the form to the Ontario Health atHome regional office.

Health	Ontario 😵 Ministry of Long. Term Care		Health Assessment - Ontario Health atHome Fixing Long-Term Care Act, 2021			
NEWO			Fee Code K038			
port	This form is to be used for completion of the assessment required under the Fixing Long-Term Care Act, 2021 when a person applies for a determination of eligibility for long-term care home admissos. The required assessment is of the applicant's physical and mental health, and the applicant's requirements for medical treatment and health care. This assessment must be made by a physician registered nurse. This assessment, and other information about the applicant, will be used by the designated placement coordinator, Ontario Health adflome, to determine whether the applicant is eligible for admissis into a long-term care home. If the applicant, is determined eligible, this assessment will be provided to be long-term care home(s) selected by the papilcane case adjusted whether or to na papow the preson's devision. The home(a) ull revue this assessment to determine whether a lisks the physical factities or notings question readows to the applicant's equirement in the assential that comprehensive, complete and accurate information about the person applying for admission be provided, it is also essential that this information be provided in a timely to to prevent devises in the admission provided in a simply in the person applying for admission be provided, it is also essential that this information be provided in a timely to to prevent devises in the admission provided in a timely to prevent and the size of the devise the admission provided in a timely to prevent devise in the admission provided in a timely to prevent devise in the admission provided in a timely to prevent the devise in the admission provided in a timely to prevent devise in the admission provided in a timely to prevent devise in the admission provided in a timely to prevent devise in the admission provided in a timely to prevent the devise in the admission provided in a timely to prevent devise in the admission provided in a timely to prevent devise in the admission provided in a timely to prevent devise in the admission provided in a timely to pre					
Exit erorms						
	The physician or registered nurse can provide a copy of the applicant's previous h assessment. In these situations, the physician or registered nurse must revew this their previous assessment (see section entitled "Any change in applicant's health state completed attestation) adaption with the previous health assessment to Ontario Health a	ealth assessment instead of completing this form entire document and attest that the applicant's he us since the previous assessment' - page 3). The ph rHome.	If the applicant's health status has not changed since their li lith and medication/treatment, etc. status has not changed or psician or registered nurse should then submit this form (with t			
	10 August and a second s					
	when completing this form indicate the source of information where appropriate.					
	when compresing this form indicate the source of information where appropriate.					
	When completing this form indicate the source of information where appropriate. Ontario Health atHome Information Return completed form to: Load Oncide Health atform Officer					
	When completing this form indicate the source or information Ontario Health atHome Information Return completed form to: Loal Orario Hean advone Officer Please solect an oppon		v			
	When completing this form indicate the source of intermation where appropriate. Ontario Health atHome Information Return completed form to: Loai Orario Hean advonc Office* Please solact on appon Applicant's Information		u]			
	Applicant's Information	First Name*	v) Mode inter			
	Contario Health atHome Information Resum completed from to: Load Order of Health atHome Information Resum completed from to: Load Order Health atHome Officer Private safeer: an apsion Applicant's Information Lan Name* Hydron	First Name* Scarley	v) Middle Inital			
	When completing this form indicate the source of information Person completed form to: Local Orario Heath advone Officer Person solect an appoin Applicant's Information Late Name* Hudson Dete of Birth Joygemmötar* Geodert	Pret Name* Sanley	V Mode Intal			
	When completing this form indicate the source of information Resum completed from to: Local Oracio Health atHome Information Resum completed from to: Product Sent nations Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Information Local Oracio Health atHome Information Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Information Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Information Local Oracio Health atHome Information Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Information Local Oracio Health atHome Information Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Officet Product Sent Information Local Oracio Health atHome Informat	First Name* Samley	v Midde Inital M			
	When completing this form indicate the source of information Resum completed form to: Local Oracle Health atHome Information Resum completed form to: Provide solect an aption Applicant's Information Line Name* Hudson Dete of Birth (pygninnviday* Seeder* 1999/04/08 Center Health cerd number* Health cerd number*	First Name* Scanley Factor Data Decollocation	v Alidde Inital			

Figure 2: Health assessment form

Submitted Form

After submission, a confirmation notification appears on the home page. The submitted form then displays as the first item on the list, showing its title, recipient, date/time submitted and status (see figure 3).

The sender can:

- View a submitted form (The Ontario Health atHome section at the top of a submitted form will be completed by a placement coordinator at Ontario Health atHome)
- Hover over the icons under 'Actions' or 'Status' for descriptions of each icon or the form's status
- Download, clone or revoke a form using the Actions icons (If a form is revoked, the recipient sees the status change)
- Review a processed form (A form's status changes to processed once the recipient downloads and marks it as processed. After this has occurred, the form can no longer be revoked)
- View a revoked form (Once revoked, the recipient can no longer access it)
- Clone a form with 'submitted', 'processed' or 'revoked' status and resubmit it as a new form (Note: The copied form keeps all original details, including the sender's name and practitioner's signature, which can be modified before submission)

Ontario Health	Submit New Form	Welcome to On	tario Health eForms	Signed Patient () Success Patient Form submitted succ	×
Contact Us	TITLE 🔻 🕼	RECIPIENT 🔻 🕸	DATE/TIME SUBMITTED 🛛 🔻 🕹	STATUS 🔻 🖨	ACTIONS
Support	MLTC Health Assessment Form	Central LHIN	Apr-04-2025 10:20 AM	Submitted 🕚	🛓 🕒 💙
	MLTC Health Assessment Form	Central LHIN	Apr-04-2025 10:20 AM	Submitted	🛓 🕒 💙
Exit eForms	MLTC Health Assessment Form	Central LHIN	Apr-01-2025 5:10 PM	Submitted 🚯	🕹 (🖲 🏷
	MLTC Health Assessment Form	Central LHIN	Mar-17-2025 1:29 PM	Submitted 🚯	🛓 🕒 🏷
	MLTC Health Assessment Form @	Central LHIN	Mar-17-2025 1:22 PM	Submitted 🕔	🕹 (🖲 🏷
		« < 1	of 1 pages > >>		

Submitted, processed, revoked or downloaded forms cannot be edited.

Figure 3: Home page with new submissions and confirmation notification

A sender cannot search for a patient through the Ontario Health eForms platform and must always access the patient's record from their EMR.

Log Out

To log out, select the menu icon \equiv at the top left corner then select 'Exit eForms' from the list.

CONTACT INFORMATION

For any questions, concerns or support, users can email the Ontario Health eForms general mailbox at <u>OHeForms@ontariohealth.ca</u>.

For any issues related to logging in, multifactor authentication, or accessing the OH eForms platform via ONE[™]ID, please call ONE[™]ID Support at 1-866-250-1554 or send an email to <u>servicedesk@ehealthontario.on.ca</u>.