PatientLink ProScan Printing and Scanning Guidelines

INTRODUCTION

PRINT DIRECTLY FROM THE PDF – DO NOT USE A COPIER OR FAX MACHINE TO MAKE COPIES

Do not use a copy machine to make copies.

Copy machines will often resize an image and cause an error at scanning.

Do not use a fax machine to make copies.

Fax machines will cause the bubbles to become darker than desired and may cause the software to pick up empty dark bubbles as marks on the paper.

For trouble-free printing and scanning of PatientLink ProScan forms, it is important to read and follow the guidelines contained in this document. **Most scanning problems are due to the improper printing of forms.**
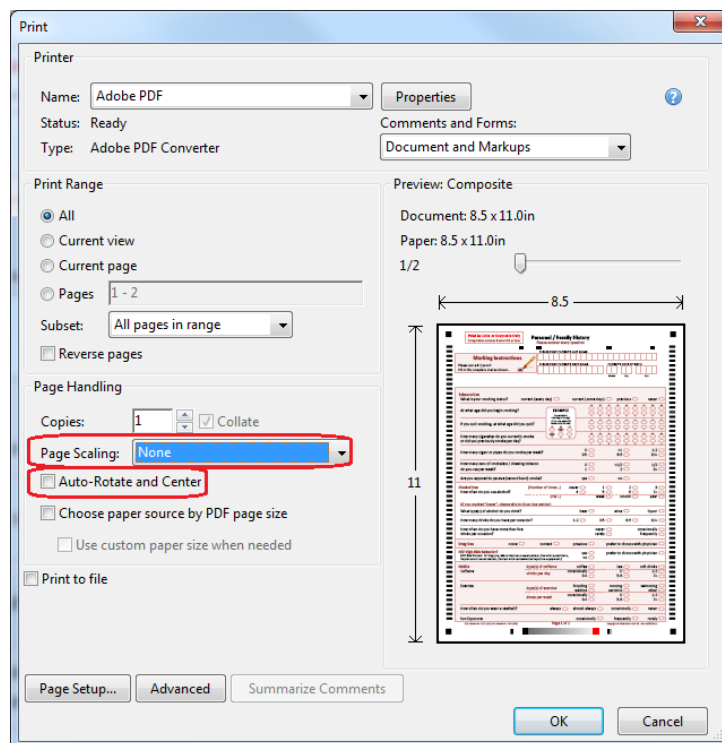
PRINTING GUIDELINES USING ADOBE ACROBAT READER

DO NOT ALLOW SCALING OF PRINT

Open the **Adobe Acrobat Reader** printing dialog box by pressing **Ctrl+P**.
Page Scaling must be set to **None.**
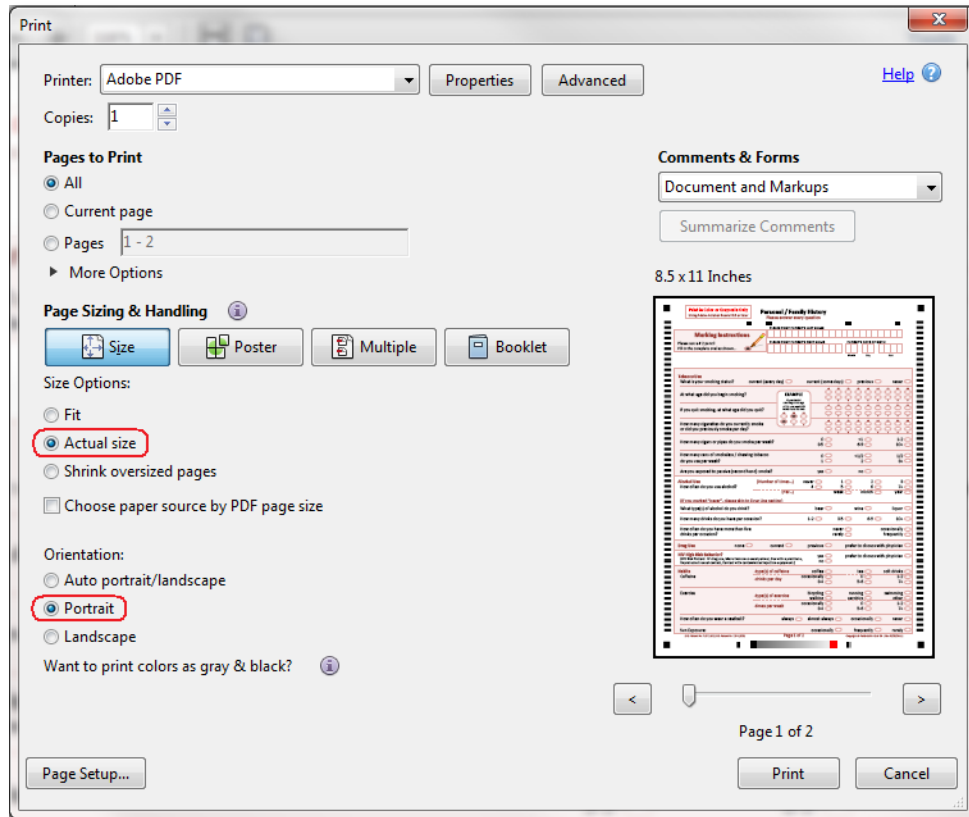**Auto-Rotate and Center** must be left unchecked.

The options may appear differently in the dialog box you are viewing.

If so:

Size Options must be set to **Actual size.**

Orientation must be set to **Portrait**.

PRINTING SAMPLES

PatientLink ProScan forms must be printed on white paper using **GRAYSCALE** (shades of gray), or in **COLOR.**

> **Print in Color or Grayscale Only**
> Using Adobe Acrobat Reader 8.0 or later

USING COLOR PRINTING IS BEST, BUT NOT NECESSARY.
With color printing, the bubbles will be light and will "drop out".
This prevents false positive readings.

> **Print in Color or Grayscale Only**
> Using Adobe Acrobat Reader 8.0 or later

Personal / Family History
Please answer every question

PLEASE PRINT PATIENT'S LAST NAME

Marking Instructions

Please use a # 2 pencil
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S FIRST NAME   PAT

Mon

Tobacco Use

What is your smoking status?   current (every day) ◯   current (some days) ◯

At what age did you begin smoking?

If you quit smoking, at what age did you quit?

How many cigarettes do you currently smoke
or did you previously smoke per day?

EXAMPLE

If you started
smoking at the age
of 21, you would fill
in the ovals like this:

10   20   30
◯   ●   ◯
1   2   3

●   ◯   ◯
1   2   3

10   20   30
◯   ◯   ◯
1   2   3

10   20   30
◯   ◯   ◯
1   2   3

10   20   30
◯   ◯   ◯
1   2   3

USING GRAYSCALE PRINTING WILL RESULT IN GOOD SCANNING QUALITY.

With grayscale printing, the bubbles will be light and will "drop out".
This prevents false positive readings.

USING BI-TONAL (pure black and white) PRINTING WILL CAUSE SCANNING PROBLEMS!

Bi-tonal printing (from a fax machine or photocopier) will force the light colors to black, which will result in scanning problems. The most common error is a false positive reading.

DO NOT HOLE PUNCH PATIENTLINK FORMS

PatientLink forms should not be hole punched before scanning. The holes will scan as pure black and will cause scanning problems. The punched holes will also interfere with the black rectangular clock marks that run along the sides of the form.

PAPER THICKNESS

Use white 8 ½" x 11" paper only. When printing a single sided form, standard copy paper will suffice. For double sided forms, PatientLink recommends using 24 pound paper.

DO NOT print two single sided forms on one sheet of paper. Doing so will result in reading errors.

DO NOT print a single sided English form and a single sided Spanish version on one sheet of paper. Doing so will result in reading errors.

There are locations on each Scan Form that the P356 Scanner uses in order to properly read the Scan Form. **Do not write or stamp anything in this area prior to scanning.** Doing so will result in scanning errors. The areas circled in red within the image below are the 'out of bounds' areas.

Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

Personal / Family History
Please answer every question

PLEASE PRINT PATIENT'S LAST NAME

Marking Instructions
Please use a # 2 pencil
Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month   Day   Year

Tobacco Use
What is your smoking status? current (every day) ○ current (some days) ○ previous ○ never ○

At what age did you begin smoking?

EXAMPLE
If you started smoking at the age of 21, you would fill in the ovals like this:

If you quit smoking, at what age did you quit?

How many cigarettes do you currently smoke or did you previously smoke per day?

How many cigars or pipes do you smoke per week? 0 ○ <1 ○ 1-2 ○ 3-5 ○ 6-9 ○ 10+ ○

How many cans of smokeless / chewing tobacco do you use per week? 0 ○ <1/2 ○ 1/2 ○ 1 ○ 2 ○ 3+ ○

Are you exposed to passive (second hand) smoke? yes ○ no ○

Alcohol Use
How often do you use alcohol? (Number of times...) never ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7+ ○
(Per...) week ○ month ○ year ○

(If you marked "never", please skip to Drug Use section)

What type(s) of alcohol do you drink? beer ○ wine ○ liquor ○

How many drinks do you have per occasion? 1-2 ○ 3-5 ○ 6-9 ○ 10+ ○

How often do you have more than five drinks per occasion? never ○ occasionally ○ rarely ○ frequently ○

Drug Use
none ○ current ○ previous ○ prefer to discuss with physician ○

HIV High Risk Behavior?
(HIV Risk Factors: IV drug use, More than one sexual partner, Sex with a prostitute, Unprotected sexual contact, Contact with contaminated injection equipment.)
yes ○ no ○ prefer to discuss with physician ○

Habits
Caffeine -type(s) of caffeine coffee ○ tea ○ soft drinks ○
-drinks per day occasionally ○ 0 ○ 1-2 ○ 3-4 ○ 5-6 ○ 7+ ○

Exercise -type(s) of exercise bicycling ○ running ○ swimming ○ walking ○ aerobics ○ other ○
-times per week occasionally ○ 0 ○ 1-2 ○ 3-4 ○ 5-6 ○ 7+ ○

How often do you wear a seatbelt? always ○ almost always ○ occasionally ○ never ○

Sun Exposure: occasionally ○ frequently ○ rarely ○

(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)   Page 1 of 2   Copyright © PatientLink Card 20 (Rev. 9/28/2011)

If you are interested in having a print company produce a large quantity of Scan Forms, below are companies that we have worked with and fully understand the printing needs of PatientLink Scan Forms. They are able to provide services to companies nationwide.

Print Place
1130 Ave. H East
Arlington, TX 76011
877-405-3949
817-701-3700 fax
Printplace.com

Great Lakes Printing Solutions, Inc.
5163 Robert Hunter Drive
Muskegon, MI 49441
800-530-9876
800-798-2640 fax
tgroleau@glpsi.com

SCANNING GUIDELINES

FEED THE DOCUMENT STRAIGHT INTO THE SCANNER

It is important to feed the document straight into the scanner. PatientLink will detect the degree of "skew" or "twist" of each scan. In order to prevent erroneous readings, PatientLink will reject any document that is skewed or twisted. To align the paper when introducing it into the scanner, use the guides at the edges of the input tray.