

eForms Service User Guide

Purpose:

eForms is the provincial, scalable electronic solution for health-related forms. The Ontario Ministry of Transportation (MTO) is the first organization to offer its Driver Medical Review (DMR) forms through the eForms provincial service. Clinicians can now seamlessly access 16 DMR electronic forms (eForms) from MTO directly from their EMRs. These 16 eForms are available in both English and French for a total of 32 eForms.

The purpose of this document is to outline the steps for a user to execute the eForms service from an EMR.

Executing the eForms Service:

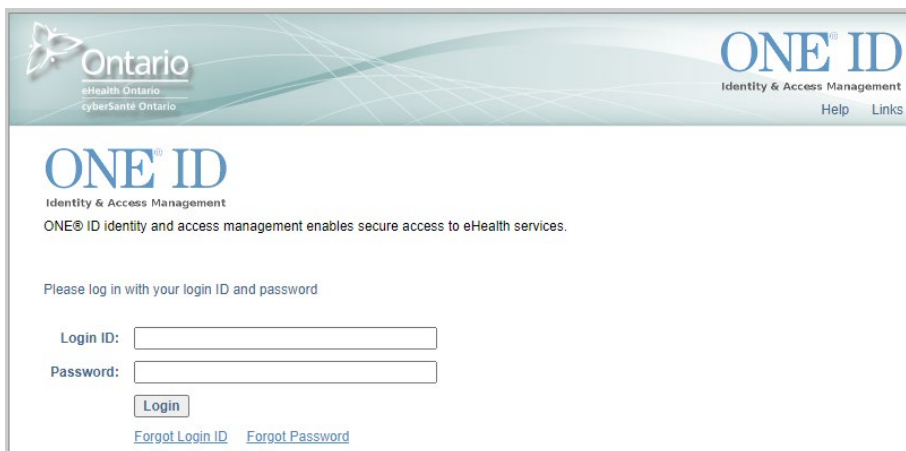
Prerequisites:

Prerequisites to be able to use eForms from within your OMD-certified version of the EMR:

- You are using a version of the EMR that includes eForms functionality.
- You have completed all registration and process steps (e.g., agreements with Ontario Health, valid ONE ID) and have received your confirmation email that you are ready to use the system.

Step 1:

- **ONE ID Login:** Login to ONE ID to enable access to eForms and all other provincial EHR services (e.g., DHDR, eConsult, eForms) that your EMR vendor has integrated into your EMR solution.

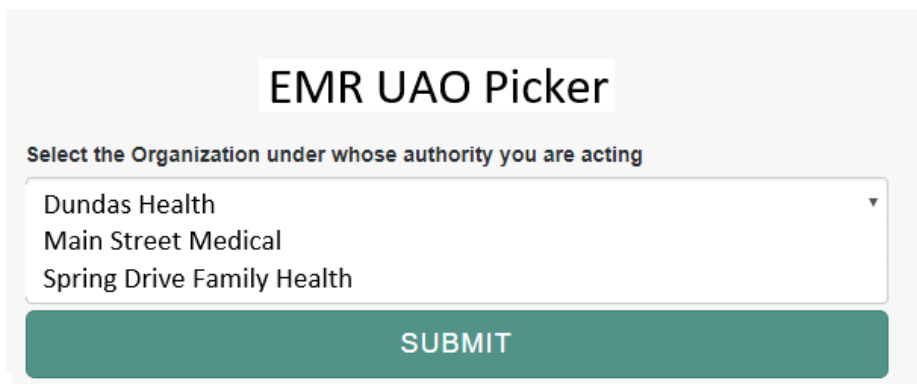


- Your EMR vendor may offer binding of ONE ID to your local EMR credentials, which would enable simultaneous login to the EMR as well as the provincial EHR services (eForms, etc.) through use of the ONE ID credentials.

- If your EMR vendor does not offer binding, then you will login to your EMR with your existing EMR-specific credentials. Your EMR will then request ONE ID credentials when you are trying to access an integrated EHR service (eForms, etc.).
- Your ONE ID remains active for up to 1 hour of inactivity or up to 8 hours of continuous use.

EMR UAO Picker: Users with multiple Under Authority Of (UAO) values will be presented with the following ‘EMR UAO Picker’ screen to enable selection of the legally responsible party.

For absolute clarity, users who are associated with only a single UAO will not be presented with the ‘EMR UAO Picker’ screen.



- Ontario Health issues a unique UAO value to represent the legally responsible party for a given EHR transaction, such as eForms. A user may be associated with multiple UAOs within the EMR instance in use. The EMR vendor will maintain the list of available UAOs for the user. If the user is associated with more than one UAO, then the user will be presented with the ‘EMR UAO Picker’ pop-up screen enabling selection of the appropriate UAO.
- The EMR solution will provide a means for a user with multiple UAOs to change their UAO value without having to logout and back in.
- Consult with your EMR vendor for details on how the EMR UAO Picker functionality is enabled.

Step 2:

- Your EMR solution has a button, likely in the patient chart screen, entitled “Open eForms Window” or similar name—click on this button to launch eForms.

Note: Button positioning and name may vary depending on the EMR.

Step 3

- The eForms Service initially opens the home page. Click on the “Ministry of Transportation” tile that is part of the home page to navigate to the Forms List page.

eForms
FR X

Terms of Use

Welcome to the Ontario electronic forms ("eForms") platform. This service allows users to populate and electronically submit information requested by certain provincial forms through a secure and protected service, hosted and maintained by Ontario Health. Each form has been developed in coordination with the relevant provincial Ministry or Agency, and will provide transparency and context with respect to the collection, use, and disclosure of information submitted.

Using the eForms Service

eForms available through this service can be accessed below, and will be auto-populated with key patient and provider details from within your EMR. Completed forms can be saved as local files (PDFs) or printed for your records. Forms are NOT saved while in progress, so if you navigate away from this page, you will need to begin the process again when you return. When using the eForms service, there is no need for duplicate delivery through other channels (e.g., fax or paper).

Ministry of Transporta...

Submit medical reports to the Ministry of Transportation's Driver Medical Review...

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Step 4:

- 16 MTO forms appear in English (select the "FR" icon at the top right to access the additional 16 forms available in French).
- Open the desired form by double-clicking on it (e.g., Cardiovascular Assessment (SR-LC-004)).

eForms
FR X

Ontario Ministry of Transportation

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Ministry of Transportation

Submit medical reports to the Ministry of Transportation's Driver Medical Review Program.

[Medical Condition Report \(5108\)](#)

Mandatory report by a prescribed person to report a medical condition in compliance with subsection 203 (1) of the Highway Traffic Act, or **discretionary report** in relation to subsection 203 (2) of the Highway Traffic Act.

[Vision Report to the Registrar of Motor Vehicles \(5109\)](#)

Mandatory report by a prescribed person to report a visual impairment in compliance with subsection 203 (1) of the Highway Traffic Act, or **discretionary report** in relation to subsection 203 (2) of the Highway Traffic Act.

[Medical Report \(SR-LC-080\)](#)

General medical examination report required by MTO to:

- Evaluate driver fitness
- Provide a regular re-examination for holders of an Ontario commercial driver's licence
- Provide a medical examination for individuals wishing to apply for a commercial driver's licence

---This form should not be used for mandatory reporting purposes---

[Cardiovascular Assessment \(SR-LC-004\)](#)

Report requested by MTO to gather information relating to your patient's cardiac condition.

[Cerebrovascular Diseases, Traumatic Brain Injury, Tumour or Other Neurological Diseases \(SR-LC-005\)](#)

Report requested by MTO to gather information relating to your patient's cerebrovascular disease, traumatic brain injury or other neurological disease.

[Cognitive Disorder \(SR-LC-006\)](#)

Report requested by MTO to gather information relating your patient's cognitive status.

Step 5:

- The selected form will open and display the first of four windows: 1) “Patient Information,” which is automatically pre-populated with the patient’s demographic data from the patient’s chart.
- Any data entered into the eForms Patient Information screen to modify or add to pre-populated content is for MTO submission purposes only and is not reflected in the patient’s record within the EMR.
- Review the required fields and select “Next.”

Cardiovascular Assessment (SR-LC-004)

This form must be completed by a physician or nurse practitioner and based on information that has been obtained within the last three months. The cost for the completion of this form by your health care provider is the patient’s responsibility and not a benefit of the Ontario Health Insurance Plan (OHIP) or the Ministry of Transportation.



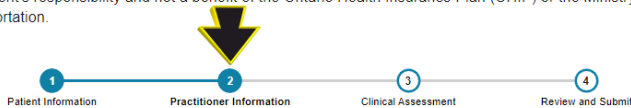
Patient Information

Step 6:

- The second window, “Practitioner Information,” is automatically pre-populated with the user’s information.

Cardiovascular Assessment (SR-LC-004)

This form must be completed by a physician or nurse practitioner and based on information that has been obtained within the last three months. The cost for the completion of this form by your health care provider is the patient’s responsibility and not a benefit of the Ontario Health Insurance Plan (OHIP) or the Ministry of Transportation.



Practitioner Information

- Choose to check off “yes” or “no” for the question: “Are you the most responsible practitioner for this patient for this report?”
- Any data entered into the eForms Practitioner Information screen to modify or add to pre-populated content is for MTO submission purposes only and is not reflected in the EMR.
- Fill in the required fields and select “Next.”

Are you the most responsible practitioner for this patient for this report? (required)

Yes

No

Previous

Next

Step 7:

- The third window “Clinical Assessment” opens.
- Fill in/check off the required fields.
- No clinical data is pre-populated within the Clinical Assessment screens.



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Cardiovascular Assessment (SR-LC-004)

This form must be completed by a physician or nurse practitioner and based on information that has been obtained within the last three months. The cost for the completion of this form by your health care provider is the patient's responsibility and not a benefit of the Ontario Health Insurance Plan (OHIP) or the Ministry of Transportation.



Clinical Assessment

Step 8:

- Check off that the “statement above” is true (you are a physician or a nurse practitioner).
- You may elect to include attachments to your form by selecting the “Choose files” button. These attachments are files containing relevant patient data located in an accessible and secure file folder managed by the clinic. File formats and size limits are provided as stated.
- When finished, select “Next.”

I confirm that I am a physician or a nurse practitioner and acknowledge that this report is being submitted to the Ministry of Transportation at the request of my patient in accordance with the Highway Traffic Act. I have examined the patient and have obtained their consent to submit this form. (required)

I confirm the statement above and wish to submit this form



Attachments

In addition, you may choose to include up to 5 attachments(maximum combined file size is 2.5 MB). Acceptable file formats are .jpeg, .pdf, .png, .tiff or .rtf. Click on the "Choose Files" button below to upload a file. (optional)

Choose files

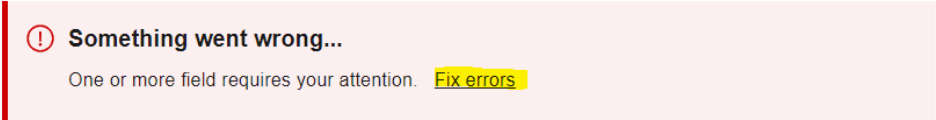
Previous

Next



Step 9:

- eForms Service will not present the submission window until all required fields are entered correctly. If data has been entered in an incorrect format or is missing, the following message will appear:



- Click on “Fix errors” and re-enter the data highlighted in red. Select “Next” when complete.

Step 10:

- The fourth window “Review and Submit” opens.

Cardiovascular Assessment (SR-LC-004)

This form must be completed by a physician or nurse practitioner and based on information that has been obtained within the last three months. The cost for the completion of this form by your health care provider is the patient’s responsibility and not a benefit of the Ontario Health Insurance Plan (OHIP) or the Ministry of Transportation.



Review and Submit

- Review data entered on the previous screens. If the data needs to be updated, select “Edit” within the relevant section(s) on the right-hand side.

Practitioner Information Edit

Your Information

Last Name: MDLast Two
 First Name: MD Two
 Street Address: 13 Boring St
 City: Toronto
 Province: Ontario
 Postal/Zip Code: A1A1A1
 Country: Canada
 Location Name: Sinai Health System
 Phone Number: 416-123-3456
 Licence Type: CPSO
 Licence Number: 54535
 Are you the most responsible practitioner for this patient for this report: Yes

- Select “Submit.”

Step 11:

- Confirmation of the eForm submission appears indicating that the form has been successfully submitted.



Confirmation

✔ **Done**
Your form has been successfully submitted

Response Bundle ID: 9d94b522-6c5b-48a8-9d28-51a358548547

Submission Date/Time: 04/13/2022 03:46:45

Print your submission

You may download a copy of the completed form below by clicking on the Print button and selecting Print to PDF.



- The user should retain a copy of the completed form by either:
 - Printing the completed form to paper, for later scanning and posting to the patient chart; or
 - Printing to a PDF, then saving to a secure folder for later posting to the patient chart.
- Commencing late summer of 2022, a copy of the completed form will automatically be sent to clinicians who use Health Report Manager (HRM®), thus eliminating the need for clinicians to manually print. The completed form will be sent via HRM and arrive in the clinician's EMR within one hour.