



Health Record Form Management Procedure

1. Purpose

The purpose of this procedure is to provide a consistent approach to the development, review, approval and maintenance of WA Country Health Service (WACHS) health record forms. It establishes a standardised, WACHS-wide approach to health record form design and governance to support safe clinical documentation, reduce duplication and maintain the integrity of the health record.

This procedure ensures compliance with:

- AS2828.1:2019 Health records Part 1: Paper Records
- AS2828.2:2019 Health records Part 2: Digitized health records.

This procedure is to be read in conjunction with the [Health Record Management Policy](#).

2. Procedure

The following sections outline the requirements and process for the development, review, approval, implementation, amendment and rescindment of health records forms across WACHS.

The [WACHS Clinical Forms Register](#) captures all approved WACHS-wide health record forms.

2.1 Approval to develop new health record form

Requests for the development of new health record forms, or amendments to existing forms, are to be submitted to the WACHS Central Forms Team via [WACHS Forms Management](#). The Central Forms Team will provide advice and consultation to ensure all proposals are reviewed, benchmarked and validated before development or endorsement is pursued. This process supports robust forms governance, minimises duplication within the health record, and promotes alignment with statewide priorities for forms harmonisation.

All new health record forms are to be created as WACHS-wide forms. Approval is required from both the relevant WACHS-wide Tier 4 Program Lead and the Central Office Executive Director (ED) responsible for the program area to provide an appropriate oversight and scrutiny before the development of a new form is approved. It is the responsibility of the relevant program area to assign a clinical contact to work with the WACHS Central Forms Team to define the content of the health record form.

Regional / site / location specific forms

The development of site / location specific forms is not permitted unless in exceptional circumstances and supported by the relevant WACHS-wide Tier 4 Program Lead and Central Office Executive Director or Chief Operating Officer.

Requests to convert existing regional-specific forms into WACHS-wide forms are to follow the standard WACHS-wide form [review process](#). Approval to commence development is not required in these circumstances, as the need for the health record form has already been established within WACHS.

Health record forms are to be developed in accordance with the principles outlined in [Appendix A Health Record Form Design Principles](#).

2.2 New health record form development

The following principles are to be considered when assessing the need to develop a health record form. Consideration is also to be given to ensuring that only information necessary for the provision of patient care is captured in accordance with the [Privacy and Responsible Information Sharing Act 2024](#) (WA).

A health record form may be developed or reviewed for one or more of the following reasons:

- to address or reduce a clinical risk, ensuring standardised clinical practice
- to address gaps or deficiencies identified in existing clinical documentation
- to support the implementation of a new clinical service
- to reflect updates in evidence-based practice, clinical guidelines or regulatory requirements
- for implementation of a standardised statewide form.

Before developing a new health record form, consideration is to be given to the potential operational, administrative, and resource impacts, including:

- increased clinical workload associated with additional documentation requirements
- increased clerical workload related to preparation, filing, scanning and management of forms within the Digital Medical Record (DMR)
- additional storage requirements and associated costs both for the physical paper and electronic (digital or scanned) records
- ongoing resource commitments required for form governance, scheduled reviews and version control to ensure the health record form remains current and fit for purpose
- impacts to the broader priorities of EMR program and forms statewide forms harmonisation.

2.3 Process

The following steps outline the requirements for the development of a new WACHS-wide health record form. A summary of this process is provided in [Appendix B Health Record Forms Development Flowchart](#).

Identify requirement

The requirement to develop a new health record form is to be clearly established. Prior to developing a new form, considerations are to be given to alternative solutions that may achieve the desired outcomes such as:

- updating or modifying an existing health record form
- implementing process improvements
- revisiting existing procedures, guidelines or workflows
- providing education, training or other administration controls.

Benchmarking

Prior to developing or reviewing a health record form, the developer is to undertake comprehensive research to inform the form's content and design. This includes reviewing:

- standardised clinical assessment tools
- existing WACHS health record forms
- equivalent forms used by other Health Service Providers (HSPs).

The WACHS Central Forms Team are to support this process by identifying existing HSP forms and WACHS regional equivalent forms.

Review of aligning policy, procedures and guidelines

The developer is to identify aligning WACHS policy documents that must be created or amended alongside the health record form development or review.

Contact [WACHS Policies](#) for further advice and guidance.

Approval to develop

The developer discusses the proposed form with relevant WACHS-wide Tier 4 Program Lead, obtaining support for the development of the new WACHS-wide form. If the Program Lead supports the development, complete [Proforma 1 – REQUEST/RESCIND](#).

A single Proforma 1 may be used for multiple related forms within a program area or specialty.

To ensure alignment with WACHS strategic priorities and resource planning, Central Executive Director endorsement, facilitated by the WACHS Central Forms Team, is required before any new development work begins.

Needs assessment and risk evaluation

Each proposed form is to undergo a risk assessment considering clinical, legal, and operational factors. This assessment is to inform development priority and timeframes, particularly where forms relate to patient safety incidents, legislative requirements, or accreditation standards.

Risk ratings are to be determined in accordance with the WA Health [Risk Assessment Tables for the WA Health System](#) and WACHS [Risk Management Policy](#).

Form design

The developer is to collaborate with the WACHS Central Forms Team to determine form requirements including estimated annual usage and filing locations within the DMR. The WACHS Central Forms Team are to prepare the initial draft to ensure compliance with AS2828 Health Record Standards and consistency with WACHS forms template.

Consultation with stakeholders

Comprehensive consultation with end users is to occur to ensure the form is clinically appropriate, practical and user friendly. All individuals and groups consulted are to be documented on the [Proforma 2 - SUBMISSION](#), supporting the approval to publish process and executive decision making.

A record of stakeholders consulted, and the feedback received is to be kept in accordance with the [Corporate Records Management Procedure](#). Refer to [Policy Stakeholder Consultation – User Reference](#) for additional guidance.

The developer may choose to trial a form during this phase. Following a successful trial, the developer is to complete all subsequent steps to finalise the health record form for approval refer to section [2.5 Trial Forms](#) for additional information.

Mandatory consultation with relevant stakeholders is required depending on purpose of the health record form, including:

- **Medication forms** are to be approved by the Medication Safety Committee (MSC) and the WACHS Chief Pharmacist.
- **Patient safety and quality:** Consultation with the [Patient Safety and Quality team](#) is required where there may be risks or impacts identified to compliance with the NSQHS Standards, mandatory policy frameworks, or other identified clinical risks.
- **Consumer-facing health record forms:** Including agreements and consent forms, are required to undergo review by the [Patient Experience and Community Engagement \(PEaCE\) Team](#) to ensure they are fit for purpose, use plain language, and are easily understood by the public, avoiding unnecessary complexity or clinical jargon.
- **Statewide templated forms:** No further WACHS consultation is required as these forms have been either created via consultation at the Statewide Clinical Advisory Groups or are a mandatory statewide template such as:
 - [medication charts](#)
 - Mental Health [Statewide Standardised Clinical Documentation \(SSCD\)](#) forms.

The [Proforma 4 - STATEWIDE FORM](#) is used to implement a statewide form within WACHS.

Quality assurance check

The developer is to review the final draft to ensure accuracy and completeness, and to ensure the form is free from typographical or formatting errors. Once finalised, the developer is to complete the [Proforma 2 - SUBMISSION](#) and [Proforma 3 - SUMMARY](#). These documents are to be submitted to the WACHS Central Forms Team for review and progression.

Approval

The WACHS Central Forms Team are to obtain endorsement from the relevant WACHS-wide Tier 4 Manager. Following this, the form and supporting documentation is to be submitted for final Executive approval to publish.

Publication and Notification

Upon approval, the form is published by the Central Forms Team and made available for use. An advisory notification email is sent by the Central Forms Team to the developer, and relevant clinical groups, which includes information about the form, printing, stock ordering, associated policy documents and educational resources to support implementation.

Implementation

The developer is responsible for developing, coordinating and implementing an appropriate implementation and communication plan to ensure that relevant stakeholders are informed of the changes and provided with sufficient guidance to facilitate consistent and effective use of the form.

2.4 Review, minor amendments and rescindments of existing forms

The following steps outline the requirements for the review of an existing WACHS-wide health record form.

Review

All approved health record forms are to undergo a scheduled review every five (5) years to ensure they remain current, clinically relevant and aligned with organisational standards, legislative requirements and best practice. An earlier proactive review may be initiated in response to changes in clinical practice, workflows or systems that impact their relevance or functionality.

To commence a review, [Proforma 1A - REQUEST Review](#) is to be completed. Responsibility for initiating and participating in the review lies with the review contact, in consultation with relevant stakeholders, including clinicians, operational staff, and the WACHS Central Forms Team.

Minor amendments

Errors and minor issues identified in approved forms are to be addressed promptly to maintain accuracy and usability. The WACHS Central Forms Team is authorised to implement minor amendments without requiring formal executive endorsement, provided the changes do not alter the intent, clinical meaning, or approved use of the form.

Examples of minor amendments include:

- correction of typographical, spelling, or grammatical errors
- formatting adjustments (e.g. alignment, spacing, font consistency)
- updating contact details, logos, or branding elements
- clarification of wording where the original meaning remains unchanged.

Minor amendments are not to:

- alter the clinical intent or interpretation of the form
- introduce new data fields or remove existing mandatory fields
- change workflows, responsibilities, or decision-making processes.

All minor amendments are to be updated in the form metadata by the WACHS Central Forms Team to ensure traceability for audit of the document version history.

Rescindments

Health record forms that are no longer required, have been superseded, or are no longer aligned with current practice are to be formally rescinded.

To request rescindment, [Proforma 1 – REQUEST/RESCIND](#) is to be completed and submitted to the WACHS Central Forms Team. The request is to include clear justification and confirmation that the relevant key stakeholders have been consulted.

Once the rescindment is approved:

- the form is to be removed from the WACHS Medical Record Forms SharePoint Library
- the form is to be clearly marked as “Rescinded” and archived in accordance with the [Corporate Records Management Procedure](#)
- relevant stakeholders and users are to be notified to ensure the rescinded form is removed from circulation and no longer used.

The WACHS Central Forms Team is to maintain a record of rescinded forms to ensure traceability for auditing and medico-legal requests.

2.5 Trial Forms

Health record forms may be trialled to assess their practicality and effectiveness. New forms are to receive approval to develop before a trial can commence.

During the trial phase, the form is to be clearly identifiable as a trial version by:

- applying a “T” prefix (e.g., *TMR ### Form Name*)
- writing “TRIAL” in the top left title box
- adding the intended trial period to the version date in the footer
- updating the form status to “TRIAL” on the WACHS Clinical Forms Register.

The recommended trial duration depends on the anticipated usage level such as:

- High-use forms are recommended for a three (3) to six (6) months trial period.
- Low-use forms may require an extended trial period to allow sufficient evaluation.

The developer may determine whether the trial is to be conducted WACHS-wide or limited to specific sites or services.

The trial version is to be stored in the Electronic Document Record Management System (EDRMS) with access provided via a read-only hyperlink. This link is to be distributed to the designated trial group via email, including clear instructions on how to provide feedback, report issues and suggest improvements.

Where the trial relates to a revision of an existing form:

- All currently approved version of the form is to be removed from circulation at participating trial sites to ensure accurate evaluation of the revised form.
- Sites not participating in the trial are to continue using the currently approved published version until the revised form is formally published.

Trial forms can be amended at any stage during the trial period in response to user feedback and results from compliance audits. All update requests are to be coordinated through the WACHS Central Forms Team to ensure version control is maintained.

The developer is responsible for monitoring and finalising the trial. Trial forms are not to remain in trial for a significant period of time, e.g. multiple years. At the conclusion of the trial, the developer is to evaluate the form's suitability.

If the trial is unsuccessful, the form should either be redesigned based on user feedback or revert to the previous version. Where the trial is successful and the form is ready to proceed, the developer is responsible for completing the [Proforma 2 - SUBMISSION](#) and [Proforma 3 - SUMMARY](#) as per the steps documented in [2.2 Process](#).

2.6 Unapproved / Rogue Forms

The use of unapproved health record forms, often referred to as rogue forms is not permitted across all WACHS services. Unapproved forms are defined as any forms created or introduced by WACHS employees for use in the patient health record that have not been formally registered, reviewed and endorsed in accordance with the established WACHS health record form governance process. This includes forms sourced from external Health Service Providers (HSPs) that have not been approved for use or configured for WACHS sites.

Unapproved forms do **not** include standardised assessment tools, correspondence, other non-barcoded documents received from external providers. These documents are managed through the X-file process and maintained by the WACHS DMR Clinical Application Specialist.

Risks and Impacts

The use of unapproved forms introduces significant clinical and operational risks, including:

- disruption to the DMR scanning process, requiring additional manual handling
- increased administrative workload and processing time
- greater risk of errors in document naming, indexing, and filing
- use of non-standard or generic document titles, reducing the accessibility and visibility of clinical information in the health record.

Collectively, these risks may impact patient safety, data quality, legal compliance and operational efficiency.

Identification and management of unapproved forms

All staff are responsible for identifying and reporting any unapproved rogue forms in circulation to the relevant Regional Health Information Manager (RHIM). The RHIM is to work with the WACHS Central Forms Team to identify the source of the unapproved form and best course of action. Depending on the outcome, the form may be approved for use, redesigned to meet standards, or withdrawn from use.

2.7 Barcoding for the Digital Medical Record (DMR)

All WACHS health record forms must include a barcode to enable accurate scanning within the Digital Medical Record (DMR) prior to use. Only authorised personnel are permitted to request barcodes via Health Support Services (HSS). This ensures correct barcode placement, filing location and document configuration to prevent DMR scanning issues.

The following activities are only to be undertaken by the WACHS Central Forms Team:

- processing and managing barcode requests for WACHS health record forms
- applying, configuring and validating barcodes in accordance with DMR requirements. Refer to [HSS How to attach Barcodes to Documents](#) for correct barcode placement.
- managing and resolving issues associated with health record form scanning, indexing and filing locations.

The following activity is only to be undertaken by the DMR Clinical Application Specialist:

- requesting and maintaining barcodes for external documents managed within the X-file where physical barcodes are not available.

2.8 Version Control and Photocopying

Only the current approved version of a health record form is to be used for patient care, unless otherwise specified in communication sent from the WACHS Central Forms Team. In certain circumstances a controlled transition period may be approved to allow use of existing stock prior to implementation of a new version. This decision is made in consultation with the form developer, with consideration given to patient safety, clinical risk, cost efficiency and environmental sustainability.

Published health record forms are controlled documents. Any alteration, reproduction, or distribution outside the WACHS health record form approved governance process is prohibited. The use or creation of unapproved (uncontrolled) versions, including local or modified copies, that differ from the current published version is not permitted. Any superseded or obsolete blank health record forms identified in circulation are to be immediately removed and disposed of appropriately. This ensures all documentation used within the health record reflects current best practice and approved standards.

The routine photocopying of previously printed blank health record forms for clinical use is not permitted as this compromises:

- form quality and readability
- barcode integrity, where the DMR scanning machines are unable to read the barcode of a badly photocopied document
- reproducibility of the document for court and medico-legal purposes.

Print-on-site forms are to be printed directly from the WACHS intranet or accessed via the [WACHS Clinical Forms Register](#). Ensure print instruction on bottom left corner is followed. Incorrect printing impacts DMR scanning.

Printer held high-usage forms are to be ordered through iProcurement or directly from the approved statewide printer, in accordance with local site processes.

2.9 Portable Document Format (PDF) Writeable and eForms

Hardcopy health record forms may be replaced by clinical information systems or electronic forms (eForms). The development of eForms within clinical applications are to align with the corresponding approved hardcopy forms to ensure continuity during system downtime.

Paper-based versions of the eForm are only to be used during periods of system downtime. At all other times, clinical information is to be entered directly into the relevant clinical information system.

The use and development of Portable Document Format (PDF) writeable health record forms is not supported by the WACHS Central Forms Team due to challenges associated with:

- maintaining version control
- ensuring document integrity
- managing electronic signatures.

In limited circumstances, PDF writeable forms may be approved for specific services where an operational requirement exists, such as telehealth services including but not limited to:

- Emergency Telehealth Service (ETS)
- Acute Patient Transfer Coordination (APTC)
- Mental Health Emergency Telehealth Service (MH ETs)
- Inpatient Telehealth Service (ITS)
- Palliative Care Assessment Treatment Service (palCATS).

The telehealth service is to develop and maintain the approved PDF writeable versions of WACHS forms used within their service and to communicate any required changes to align with the paper-based version managed by the WACHS Central Forms Team.

Any requests for PDF writeable forms or eForms are to be discussed with the WACHS Central Forms Team to obtain appropriate advice, ensure compliance with governance requirements, and determine the most suitable solution.

2.10 Print Production of High Usage Forms

The [HCNS219707 Forms Management Service](#) is the mandatory statewide contract governing the printing of health record forms across all Western Australian public healthcare services. This contract applies to high usage forms, defined as those with an annual volume exceeding 3,000 copies. All high usage forms must be produced through the contracted provider to ensure consistency, quality and cost-effectiveness.

The unit cost of each health record form is determined by estimated annual usage volumes. Pricing may be reviewed and changed where there are significant changes in usage; upon the introduction of more colours / complexity to the form; or a change in layout e.g. A4 to A3. Printing is typically coordinated through quarterly (three-monthly) production schedules.

High-usage forms are warehoused by the contracted supplier and distributed via purchase orders through established ordering systems. Each form is assigned a Universal Catalogue Number (UCN) by Health Support Services (HSS) Cataloguing. The UCN

enables integration with WACHS financial, supply, and distribution systems, supporting accurate tracking, ordering, and cost allocation across regions

The initial setup and production timeframe for new forms is generally four to six weeks depending on print schedules, demand, and material availability. When introducing a new or revised version of a health record form, alignment with existing print schedules is essential to allow current stock to be utilised prior to transition to minimise waste and avoid unnecessary costs.

In circumstances where immediate implementation is required to address patient safety risks, or significant changes in clinical practice, transition arrangements may be expedited. Implementation planning is to include strategies to effectively manage the changeover and communicate requirements to end users.

3. Roles and Responsibilities

The **Executive Director and Chief Operating Officer** are responsible for:

- providing executive level oversight for ensuring all WACHS health record forms are aligned with strategic priorities and resource planning requirements
- providing final approval of health record form development.

The relevant **Tier 4 Program Lead** is responsible for:

- providing specialty governance and oversight to ensure proposed form addresses a clearly identified information gap, aligns with clinical best practice, and does not duplicate existing documentation
- supporting the final version of new or revised forms for progression to executive approval and publication.

The **Developer/Review Contact** is responsible for the development and review of the clinical content of health record forms including:

- undertaking research to ensure alignment with evidence-based best practice
- facilitating consultation and engagement with relevant key stakeholders
- incorporating feedback and recommendations into the form design
- completing all required submission and supporting documentation.

The **Manager, Health Record Forms** is responsible for:

- ensuring all health record forms comply with relevant standards and requirements including Australian Standards (e.g. AS2828) for form design and structure and assigning form numbers and overseeing DMR barcode requests
- providing oversight of the form development process and ensuring cost-effective print production and document lifecycle management.

The **Regional Health Information Manager** is responsible for:

- collaborating with the WACHS Central Forms Team to identify and address unauthorised form usage
- escalating all form-related issues to the WACHS Central Forms Team for review and management.

The **Subject matter expert/Clinical reference groups** is responsible for providing expert advice on legislative, operation and clinical requirements relevant to their area of expertise to inform form development and review.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Monitoring and evaluation of this procedure is the responsibility of the WACHS, Manager Health Record Forms in consultation with the WACHS Health Information Management (HIM) Network.

Auditing of health record forms is to be achieved via the Medical Records Audit Tool, regional reviews and ongoing feedback from clinical leads.

5. Definitions

Term	Definition
Controlled Document	A document subject to version control, review, approval, distribution, and retention requirements. Controlled documents are maintained to ensure accuracy, consistency, and compliance with organisational, regulatory, and operational requirements, with all revisions identifiable and traceable.
Digital Medical Record (DMR)	Patient information stored in a digital format. Includes both natively electronic data and scanned paper records.
Developer / Review Contact	The designated subject matter expert responsible for the design, development, review, and amendment of a health record form. Ensuring the form meets clinical, operational, legal, regulatory, accreditation, and health record management requirements and coordinates consultation with relevant stakeholders.
Electronic Medical Record (EMR)	A collection of patient information created and maintained natively in a digital format. Designed to improve clinical workflows, documentation and patient care.
Health Record Form	A structured document or template used to record clinical information in a health record. Includes paper based or electronic formats. Used to communicate essential patient information. It forms part of the legal patient record and supports the delivery of safe, high-quality care by enabling consistent and accurate documentation.
High usage form	More than 3000 copies used across WACHS per year.
Unapproved / Rogue Forms	Unapproved health record forms created or introduced by WACHS employees for use in the patient health record that have not been formally registered, reviewed and endorsed in accordance with the established WACHS health record form governance process.

Tier 4	The Tier 4 refers to the following typical positions as per the WACHS Authorisation Schedule: Central Office: Directors (Program Directors); Coordinator Nursing and Midwifery; Manager Integrity; Manager BME; Manager Infrastructure, Manager Planning and Evaluation; Manager Board and Policy Governance; Manager Assurance and Project Support; Chief Pharmacist; Program Manager Allied Health; General Counsel.
X-file	Excel spreadsheet reference document to assist clerical scanning staff in the Medical Record Department to help with paper management and to determine if the document is to be scanned and what to call the unapproved/rogue document.

6. Document Summary

Coverage	WACHS-wide
Audience	All WACHS staff who document in the patient healthcare record.
Records Management	Clinical: Health Record Management Policy
Related Legislation	• Freedom of Information Act 1992 (WA) • Work Health and Safety Act 2020 (WA) • Privacy and Responsible Information Sharing Act 2024 (WA) • State Records Act 2000 (WA)
Related Mandatory Policies / Frameworks	• MP 0175/22 Consent to Treatment Policy • MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services • Information Management Framework
Related WACHS Policy Documents	• Clinical Documentation Policy • Health Record Auditing Procedure • Health Record Management Policy • Patient Identification and Procedure Matching Policy • Policy Development, Management and Governance Policy
Other Related Documents	• ACSQHC Recommendations for safe use of medicines terminology • ACSQHC Recommendations for terminology, abbreviations and symbols used in medicines documentation • HCNS219707 Forms Management Service, HSS Contract • HSS How to attach Barcodes to Documents • WACHS Policy Stakeholder Consultation – User Reference • WACHS Clinical Forms Register
Related Forms	Nil
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5999
National Safety and Quality Health Service (NSQHS) Standards	1.16, 1.17
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil
Other Standards (please specify and include link)	• AS2828.1:2019 Health records Part 1: Paper Records • AS2828.2:2019 Health records Part 2: Digitized health records

7. Document Control

Version	Published date	Current from	Summary of changes
2.00	29 September 2026	29 September 2026	Formal Review. Key changes include: • policy document type changed from policy to procedure • inclusion of steps involved for health record form development, review and rescindment • emphasis of T4 Program Manager endorsement • inclusion of statewide forms harmonisation priorities • inclusion of guidance on DMR and management of unapproved forms.

8. Approval

Policy Owner	Executive Director Business Services
Co-approver	Executive Director Clinical Services Executive Director Nursing and Midwifery
Contact	Manager, Health Record Forms
Business Unit	Digital and Data Innovation
EDRMS #	ED-CO-14-32469
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This document can be made available in alternative formats on request.

Appendix A Health Record Form Design Principles

The below key design principles are to be considered for health record form development.

Key design principle	Rationale
Multidisciplinary and Standardised forms	WACHS-wide or statewide forms are to be prioritised to support statewide harmonisation. Standardised documentation promotes integrated patient care, enhances communication across teams, improves efficiency, reduces training requirements and minimises printing costs.
Aligned Policy Documents	Forms must be developed and reviewed in conjunction with relevant clinical policies and procedures to ensure consistency with current best practice and organisational requirements.
Avoid duplication	Each field must serve a clear purpose, unnecessary duplication of information already captured elsewhere in the health record is to be avoided to reduce documentation burden and workload.
Layout	Layout should be clean, uncluttered, and easy to understand. Simple design enhances usability, reduces completion time, and minimises the risk of documentation errors.
Sequencing and workflows	Content should follow a logical and clinically relevant sequence. Where the form supports data entry, the order of fields should align with system workflows.
Colour usage	Colour should be used minimally and only where it adds value. A single colour strip may be used to identify the specialty area; all other content should be black ink on white paper. Additional colours (e.g., red) may be used only to highlight critical information. Excessive colour increases printing complexity and cost.
Shading	Colour or grey shading must not be used in areas intended for handwritten entries. This ensures legibility when forms are scanned into the Digital Medical Record (DMR), photocopied, or faxed. Shading can be used in areas where no text is to be handwritten, for example to denote titles and separate sections of the form.
Tick boxes and data fields	Tick boxes support efficient and consistent documentation and must be accompanied by clear descriptive labels to ensure meaningful data capture. Wording of all data fields must be precise and unambiguous to guide accurate completion.
Instructions for completion	Instructions may be included on the reverse side or within relevant sections to support correct use. Instructions to be used minimally and with careful consideration, ensuring the information adds clarity and avoids confusion. It is important to note comprehensive whole page instructions are not included in the Electronic Medical Record (EMR) eForms.

Name, designation, date and time	All forms must provide a space for recording date, time, name, signature, and designation of the person(s) completing the form.
Patient label and identification	A place for affixing the patient label or recording patient identification must be included on every face of the form. A signature register can be included to identify those staff assigned to shifts with their signature and initial samples. At minimum the three core identifiers; family name and given names; date of birth (DOB); and Unit Medical Record Number (UMRN) must be written if a label is unavailable.
Abbreviations	Only recommended abbreviations should be used. Refer to: • Recommendations for terminology, abbreviations and symbols used in medicines documentation: A Rapid Literature Review Australian Commission on Safety and Quality in Health Care • Recommendations for safe use of medicines terminology Australian Commission on Safety and Quality in Health Care

Appendix B Health Record Forms Development Flowchart

