# Hospital Information Form

*A questionnaire to help us understand your needs better. Please fill to the best of your knowledge.*

## Section 1: Hospital Information

Name of the Hospital\*

Your answer

Complete Address of the Hospital\*

Your answer

Contact Information (Phone & Email) \*

Your answer

Ownership Type (Private Limited Firm, Government,

Board, Social, etc.) \*

Your answer

## Section 2: Hospital Facilities

Number of Beds\*

Your answer

Does the Hospital have an ICU? \*

Your answer

Does the Hospital have a CCU? \*

Your answer

*\*This is a required question.*

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Does the Hospital have a Pharmacy? \*

Your answer

Does the Hospital have Labs? \*

Your answer

Does the Hospital have Radiology Services? \*

Your answer

Does the Hospital have Cardiology Services? \*

Your answer

Are any of these services outsourced (ICU, CCU, Pharmacy, Labs, Radiology Services, Cardiology Services)? If yes, please specify.

which ones.\*

Your answer

Is there is an existing software applicable in practice? If yes, please

provide its name technology and database\*

Your answer

*\*This is a required question.*

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## Section 3: Automation Goals and Timeframe

What are your goals for implementing automation in the hospital? \*

Your answer

What is your desired timeframe for implementing the software solution? \*

Your answer

## Section 4: Patient Flow

What is the average patient flow in the Out-Patient Department (OPD) per day? \*

Your answer

What is the average patient flow in the In-Patient Department (IPD)

per day? \*

Your answer

What is the average patient flow in the labs per day? \*

Your answer

What is the average patient flow in the Radiology per day? \*

Your answer

What is the average patient flow in the Cardiology per day? \*

Your answer

What is the average patient flow in the Emergency Room (ER) per day? \*

Your answer

*\*This is a required question.*

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## Section 5: Machine Integration

Are you looking for integration with medical machines ?\*

Your answer

If yes, please list the machines and their brand names.

Your answer

Do you have protocols for integration with these machines?\*

Your answer

## Section 6: Modules Required

Please select the modules you require for the hospital (click on the checkbox for selection) \*

[ ] Out-Patient Department

[ ]  In-Patient Department

[ ]  Lab Devices Integration

[ ]  Front Desk

[ ]  Self Service (kiosk) counter for Schedule and check-in (Integrated App)

[ ]  Queue metrics (Integrated App)

[ ]  Electronic Medical Records (EMR)

[ ]  Emergency Care

[ ]  Laboratory Information System

[ ]  Radiology Information System

[ ]  Cardiology Information System

[ ]  Document Management System

[ ]  Reporting

[ ]  Admin Module

[ ]  Inventory Management

[ ]  Practice Management

[ ]  Revenue Cycle Management

[ ]  Patient Mobile Application (iOS/Android)

[ ]  Product Support

[ ]  User Support

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## Section 7: Additional Modules and Features

Would you like to import, export, and share electronic Health

Records?\*

Your answer

Are you interested in any add-on products? If yes, please specify:

Your answer

Do you require a Picture Archiving and Communication

System (PACS)?\*

Your answer

Do you need a Blood Bank Module?\*

Your answer

Would you like a Financial Accounting Module (Up- To Trial Balance)?\*

Your answer

Do you need a Payroll Module?\*

Your answer

*\*This is a required question.*

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Are you interested in Multi-Tenancy integration?\*

Your answer

Do you require Remote Patient Monitoring and Centralised Management (Alerts, Alarms, etc.)?\*

Your answer

**Section 8: Checklist**

Please check the following boxes to indicate your preference & requirements (click on the checkbox for selection) \*

[ ]  Integration with Medical Machines

[ ]  Picture Archiving and Communication System (PACS)

[ ]  Blood Bank Module

[ ]  Financial Accounting Module

[ ]  Payroll Module

[ ]  Multi Tenancy Integration

[ ]  Remote Patient Monitoring and Centralized Management

*\*This is a required question.*