# 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.*