



NEXTPEN FOR RHEUMATOLOGY

A Revolution in Patient Intake & Data Entry

From Paper to your Rheumatology Specific EHR...with the Stroke of a Pen.

Easy Data Capture for Everyone

NextPen™ is easy to use for both patients and staff. If you can use an ink pen, you can use NextPen. Simply start writing.

Innovative Technology

A revolutionary camera at the pen's tip interprets NextPen's position on the form. It immediately captures everything the patient or provider writes.

- Paper forms act as an intuitive data entry device.
- Data from multiple forms can be stored in NextPen without running out of memory.

Robust Recognition

NextPen Captures Data in Multiple Formats, including:

- Cursive and block printing
- Drawings
- Numeric data
- Check boxes

Full Integration

NextPen's software allows you to compare handwritten entries to structured data and highlights questionable areas for verification. The approved structured data is then transferred to your EHR.

- Connection via a secure USB docking station uploads NextPen information for approval.
- Digital form images are stored, making it ideal for documenting signatures and drawings.
- Data from one form can flow into multiple templates.



Secure & HIPAA Compliant

A unique dot pattern is printed on each form, meaning patient identity is kept secure.

- Like a fingerprint, each form is unique and corresponds with the patient's record, ensuring that all data goes directly to the correct electronic chart.
- Encryption keeps data within NextPen secure, so even if the pen is lost or stolen, the data cannot be accessed.

NextPen At Work...



For your Practice

No more transcribing, scanning, or form filing
Accelerated check-in processing



For your Patients

Clerical errors are reduced or eliminated
Encrypted data means medical records are secure

NextPen Forms

We offer an expanded selection of specialty specific forms, available exclusively to TSI Healthcare clients. Our forms library includes:

- Rheumatology intake
- Rheumatology follow-up
- Rapid 3 / MDHAQ exam
- Infusion questionnaire
- HAQ II
- FIQR
- BASDAI
- And many others...

Printers

NextPen forms work with color laser printers. There are no per-page fees or special types of paper that must be used, keeping your costs low. Ask your team for a compatible model list.

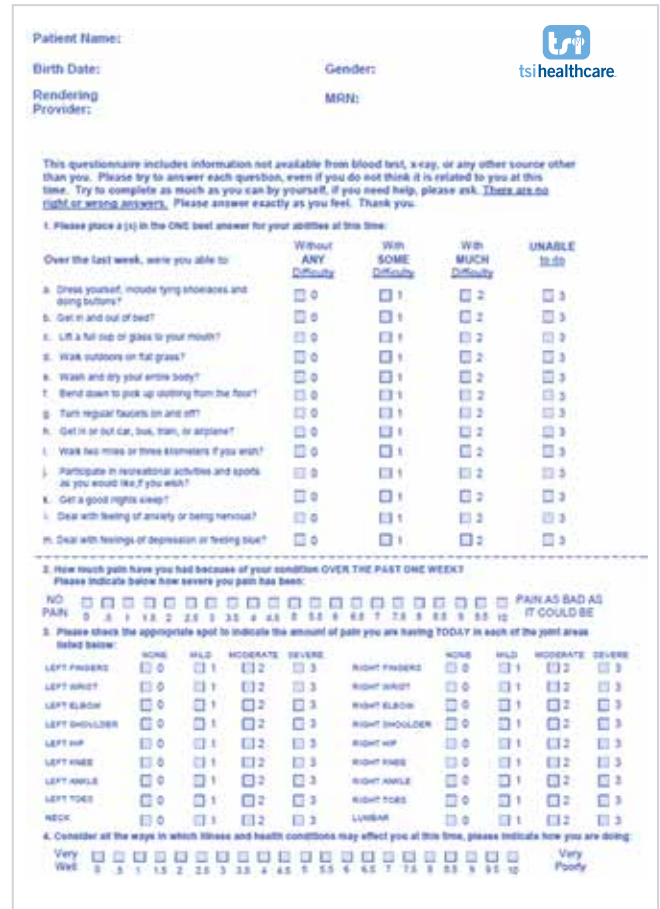
Subscription Details

TSI Healthcare is committed to the continuing support and service for our clients. Our NextPen subscription includes:

- NextPen handwriting recognition software
- NextPen device and docking station
- Standard forms package
- Maintenance & support

Also Available (sold separately):

- Form customization projects
- Printers



Patient Name: _____ **Gender:** _____

Birth Date: _____ **MRN:** _____

Rendering Provider: _____

TSI healthcare

This questionnaire includes information not available from blood test, x-ray, or any other source other than you. Please try to answer each question, even if you do not think it is related to you at this time. Try to complete as much as you can by yourself, if you need help, please ask. www.tsi.net right or wrong answers. Please answer exactly as you feel. Thank you.

1. Please place a (x) in the ONE best answer for your abilities at this time:

Over the last week, were you able to:	Without ANY Difficulty	With SOME Difficulty	With MUCH Difficulty	UNABLE to do
a. Dress yourself, include tying shoelaces and doing buttons?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Get in and out of bed?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Lift a full cup or glass to your mouth?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Walk outdoors on flat grass?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Wash and dry your entire body?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Bend down to pick up clothing from the floor?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Turn regular faucets on and off?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Get in or out car, bus, train, or airplane?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Walk two miles or three kilometers if you want?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Participate in recreational activities and sports. As you would like, if you wish?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Get a good night's sleep?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Deal with feelings of anxiety or being nervous?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Deal with feelings of depression or feeling down?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

2. How much pain have you had because of your condition OVER THE PAST ONE WEEK?
Please indicate below how severe your pain has been:

NO PAIN: 0 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10
PAIN AS BAD AS IT COULD BE

3. Please check the appropriate spot to indicate the amount of pain you are having TODAY in each of the joint areas listed below:

	NONE	MILD	MODERATE	SEVERE		NONE	MILD	MODERATE	SEVERE
LEFT FINGERS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT FINGERS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT WRIST	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT WRIST	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT ELBOW	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT ELBOW	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT SHOULDER	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT SHOULDER	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT HIP	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT HIP	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT KNEE	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT KNEE	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT ANKLE	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT ANKLE	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
LEFT TOES	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	RIGHT TOES	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
NECK	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	LUMBAR	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

4. Consider all the ways in which stress and health conditions may affect you at this time, please indicate how you are doing:

Very Well 0 1 1.5 2 2.5 3 3.5 4 4.5 5 5.5 6 6.5 7 7.5 8 8.5 9 9.5 10 Very Poorly

An Inside Look: NextPen Forms

TSI Healthcare delivers exclusive form features designed specifically for Rheumatology.

Call 800-354-4205

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Visit tsihealthcare.com/nextpen

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