

Ocean Forms

March 2017



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304
Toronto ON, M4N 2M1

AAA Screening Invitation

Abdominal Discomfort, Heartburn or Dyspepsia

Abdominal Pain - Pediatric

Abnormal Vaginal Bleeding

Accutane Consent Form

Accutane Pregnancy Prevention Checklist for Clinicians

ACE-IQ

Acne

Activities of Daily Living Status

Acute Abdominal Pain

Acute Monoarthritis

ADAM Questionnaire (Androgen Deficiency in the Aging Male)

Adolescent Checkup

Adolescent Health Assessment 10-13 yrs

Adolescent Health Assessment 14-17 yrs

Adolescent Health Assessment Questionnaire 6-9 yrs

Advance Care Planning

Advance Care Planning - Goals of Care - Part 1

Advance Care Planning - Goals of Care - Part 2

Advance Care Planning Follow-Up

Adverse Drug Reaction

Agenda Setting

Agenda Setting - 15 Minutes

Agenda Setting - One Issue Per Visit

Aging Males' Symptoms Scale (AMS)

Alcohol Abuse

Alcohol Drinks Per Week

Alcoholics Anonymous 20 Questions

Allergic Reaction to Food

Allergic Rhinitis or Conjunctivitis

Allergy - Pediatric

Allergy and Immunology Intake

Allergy Consultation Questionnaire

Allergy History Consult

Allergy Screen

Alternative Pain Treatments

Alvarado Score for Acute Appendicitis

Amenorrhea

Anaesthesia Questionnaire

Anemia

Ankle Pain

Ankle Swelling

Antenatal Record 1 - Initial Information

Antenatal Record 1 Medical History Questions

Anxiety

Appropriateness Criteria - Chronic Hip Pain

Arthritis - Subacute or Chronic

ASRS - Adult ADHD Self-Report Scale

Asthma

Asthma - Pediatric

Asthma Education Assessment

Atrial Fibrillation

AUDIT - Alcohol Use Disorders Identification Test

Autism-Spectrum Quotient (Age 16+)

Back Pain

BASDAI - Bath Ankylosing Spondylitis Disease Activity Index

BASFI

Basic Demographic Entry



BEARS - Sleep Screening Algorithm
(Adolescent 13-18 years)

BEARS - Sleep Screening Algorithm (School-
aged 6-12 years)

BEARS - Sleep Screening Algorithm (toddlers
2-5 years)

Bedbugs, Scabies or Lice

Benzodiazepine At Risk Questionnaire

Benzodiazepine Treatment Agreement

Bipolar Disorder

BMI Check

Body Pain Diagram

Bone Health and Fracture Risk Assessment

Bone Mineral Density Invitation

Breast Mass

Breastfeeding Difficulty

Breathlessness

Brief Pain Inventory (90)

Brief Pain Inventory (Short Form)

Bristol Stool Chart

Buprenorphine/Naloxone Treatment
Agreement

CAGE - Alcohol Screening Questionnaire

CAGE-AID Questionnaire

Calf Swelling

Canadian C-Spine Rule

Canadian Diabetes Risk Questionnaire

Canadian Health Care Evaluation Project
(CANHELP) Family Questionnaire

Canadian Lung Health Test

Canadian Staying Independent Checklist - Falls
Prevention

Cardiology General Consultation

Cardiology Referral

CardioRespiratory Requisition

Carpal Tunnel Syndrome

Cataract Lens Exchange Questionnaire

CDM Diabetes History

CDM Diabetes Vitals

Charlson Weighted Index of Comorbidity

Chest Pain or Discomfort

Child-SCAT3

Child-SCAT3-Child Report

Child-SCAT3-Parent Report

Chronic Kidney Disease

Chronic Pain

Chronic Pancreatitis

Claudication

Clinical Opiate Withdrawal Scale (COWS)

CMH Echocardiogram Requisition

Cocaine Abuse

Cognitive Impairment

Colonoscopy Intake

Colonoscopy Reminder

Compounded Medication Prescription

Concussion or Head Injury

Congestive Heart Failure

Constipation

Constipation - Pediatric

Consult Note

Contraception

COPD

COPD - Acute Exacerbation

COPD Assessment Test (CAT)



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

COPD MRC Dyspnea Scale

COPM - Canadian Occupational Performance Measure

CORE Back Tool Questions (Draft)

CORE Neck Tool Questions

Cough - Adult

Cough - Pediatric

CPM Botox for Chronic Migraine Referral Form

CPM Central Intake Referral Form

CPM Request for Telephone Consultation

CPM Viscosupplementation for Knee Osteoarthritis Referral Form

Cpp Test

CRAFFT Questionnaire

CRB-65 Score

CSQ3 Catastrophizing Subscale

CURB-65 Score

Delirium

Dementia Wellness Questionnaire

Demographic Review

Depression

Depression or Low Mood

Dermatology Life Quality Index

Developmental Coordination Disorder Assessment

Diabetes

Diabetes Education Program Referral

Diabetes Education Program Self-Referral

Diabetes Self-Management Education Action Plan

Diabetes Visit Reminder

Diagnostic Imaging Requisition

Diarrhea or Loose Stools

Diarrhea or Loose Stools - Pediatric

Dictation Assistant

Dictation Assistant - SOAP

Dietitian New Patient Intake

Direct Oral Anticoagulant (DOAC) Monitoring Checklist

Dizziness, Lightheadedness, Vertigo, or Balance Problem

Driving Fitness

Drug Use Screen (2 Questions)

Drug Use Screen (Single Question)

Dysmenorrhea

Dysphagia

Earache or Ear Pain - Adult

Earache or Ear Pain - Pediatric

Easy Bleeding, Bruising, or Red Spotting

EAT-26 Questionnaire for Eating Disorder

Eating Disorder (Combine with EAT-26)

Eating Disorder Screening

Ebola virus disease (EVD) screening tool for primary health care providers

Eczema

Eczema - Pediatric

Edema

Edinburgh Postnatal Depression Scale (EPDS)

Edmonton Obesity Staging System

Elbow Pain

Elder Abuse Suspicion Index

Eliciting Suicidal Ideation

Email Consent - Old Brief Form

Email Consent Long Form



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

Emergency Contact Information

Emergency Contraception

EMR Optimization Quiz

Epistaxis - Recurrent

Erectile Dysfunction

ESAS (Edmonton Symptom Assessment Scale)

ESS - Epworth Sleepiness Scale

Exercise Vital Sign

Eye Pain

Facial Droop

Fagerstrom Test for Nicotine Dependence

Failure to Thrive

Fall or Near Fall

Falls Prevention - Clinician

Falls Prevention Screen

Family History - Brief

Family History Screening

Family Medicine Picklist

Fatigue, Tiredness, Sleepiness, or Low Energy

Fertility

Fever

Fever - Pediatric

Fever in the Returning Traveler

Fibro Pain Clinic Patient Questionnaire

Fibromyalgia

Fibromyalgia Impact Questionnaire

FINDRISC Diabetes Risk Calculator

First Toe Pain or Discomfort

Flatulence

Flu shot

Flu Symptom Screen

FOBT Reminder

Folic Acid Recommendation

Follow-up from Previous Visit

Foot Swelling

Foot, Heel or Toe Pain

Foreskin Problem

GAD-7

Gait Disorder in the Elderly

General Clinic Policies

General Consultation

General Foot or Toe Problem

General Health Screen

General History

General Referral

General Surgery Consultation

General Visit

Geriatric Assessment

Geriatric Depression Scale (15 Item)

Geriatric Depression Scale (4 Item)

Goals of Care Discussion

Gross Hematuria

Gynecology Incontinence or Prolapse Consult

Gynecology Menstruation Consult

Gynecology New Patient Questionnaire

Hair Loss

HAMD-7 (7-Item Hamilton Rating Scale for Depression)

Hand Cleaning Reminder

Hand, Thumb or Finger Injury

HAQ - Health Assessment Questionnaire

Headache or Migraine



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

Health Card Inquiry

Hearing Loss

Height Check

Hematochezia or Melena

Hemoptysis - Adult

Hemorrhoids

Hepatitis C

Hip Pain

Hirsutism

History of Present Illness

HIV

Hospital Anxiety and Depression Scale (HADS)

Hospital Anxiety and Depression Scale (HADS)
- Alternate Version

HPV Virus Vaccine

HQO 2014 Patient Experience Survey -
Focused Version (Obsolete)

HQO 2014 Patient Experience Survey - Full
Version (Obsolete)

HQO Patient Experience Survey - 2015

Hyperhidrosis Disease Severity Scale

Hyperkalemia

Hypertension

Hyperthyroidism

Hypnosis Smoking Cessation Intake Form

Hypogonadism - Men

Hypothyroidism

Infant Stool Colour Card

Infantile Colic

Influenza-Like Illness Report

Injury, Cut, Bruise, Bite or Other Accident

Insomnia or Sleep Problem

International Index of Erectile Function
Questionnaire

IPAQ - International Physical Activity
Questionnaire

IPIP

IPSS - International Prostate Symptom Score

Irritable Bowel Syndrome (IBS)

IUD Consent Form

Jaundice - Neonatal

Joint Injection Consent Form

Keele STarT Back Screening Tool

Kessler Psychological Distress Scale (K10)

Knee Pain

Kutcher Adolescent Depression Scale
(KADS)-6

LACE Risk Score

Laser Vision Correction

Limp or Abnormal Gait - Pediatric

Lower Limb Services Referral

Lumbosacral Surgery Referral Form

M-CHAT - Modified Checklist for Autism in
Toddlers

Mammogram Invitation

Mammogram Reminder

Marijuana Use

Maslach Burnout Inventory

Mastalgia

McGill Pain Questionnaire - Short-Form

McLean Screening Instrument for Borderline
Personality Disorder (MSI-BPD)

MDQ - (Mood Disorder Questionnaire)

Medical Review of Systems



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

Medical Review of Systems - Thorough

Medication List

Medication Payment Survey

Medication Reconciliation

Menopause

Menopause Symptom Questionnaire

Mental Health (Anxiety, Depression, Low Mood, Stress, Other)

Methadone or Suboxone Visit

Migraine Disability Assessment Scale (MIDAS)

Missed Appointment Notification - First Time

Missed Appointment Notification - General

Motor Vehicle Collision

MRI Requisition

MRI Screen

Muscle, Back, or Joint Pain

Musculoskeletal Chest or Rib Pain

Nail Problem

Narcotics Anonymous Am I An Addict? Questionnaire

Nausea or Vomiting

Nausea or Vomiting - Pediatric

ndds 1 month (nipissing district developmental screen)

ndds 12 months (nipissing district developmental screen)

ndds 15 months (nipissing district developmental screen)

ndds 18 months (nipissing district developmental screen)

ndds 2 months (nipissing district developmental screen)

ndds 2 years (nipissing district developmental screen)

ndds 3 years (nipissing district developmental screen)

ndds 30 months (nipissing district developmental screen)

ndds 4 months (nipissing district developmental screen)

ndds 4 years (nipissing district developmental screen)

ndds 5 years (nipissing district developmental screen)

ndds 6 months (nipissing district developmental screen)

ndds 6 years (nipissing district developmental screen)

ndds 9 months (nipissing district developmental screen)

Neck Pain

Neonate First Vist

New Patient Registration - Adolescent

New Patient Registration - Child

New Patient Registration - Family Medicine

New Patient Registration - Internal Medicine

New Patient Registration - Rheumatology

New Patient Registration - Rheumatology WOHS

New Pregnancy Visit

NIAAA Alcohol Abuse Screen

Night Sweats

NIH Chronic Prostatitis Symptom Index

Nocturnal Enuresis - Pediatric

Nocturnal Leg Cramp

Numbness / Tingling / Paresthesia



NutriSTEP Screen for Preschoolers

NutriSTEP Screen for Preschoolers (with SDHU Handout)

NutriSTEP Screen for Toddlers

NutriSTEP Screen for Toddlers (with SDHU Handout)

Nutrition Assessment - Pediatric

Obesity

Ontario QIP Patient Experience Survey - Long Form (Obsolete)

Ontario QIP Patient Experience Survey-Basic (Obsolete)

Ophthalmology Patient Intake Form

Opioid Agonist Treatment Questionnaire

Opioid Risk Tool

Opioid Treatment Agreement

Opioid Visit for Chronic Non-Cancer Pain

OQ-45

ORN Outpatient Nephrology Referral Form

Osteoporosis

Osteoporosis Self-Assessment Tool (OST)

Oswestry Low Back Pain Disability Questionnaire

Ottawa Ankle Rule and Foot Rule

Ottawa Knee Rule

Outside Use FHT Inquiry

Outside Use Notification

Overactive Bladder Questionnaire

Pain - Description

Pain - History

Pain Assessment Questionnaire

Pain Catastrophizing Scale

Pain Clinic - Insurance Review

Pain Clinic - Pre-consultation Questionnaire

Pain Disability Index

Palpitations or Heart Racing

Pap Test

Pap Test Reminder

PAR-Q+ - Section 1 - General Health

PAR-Q+ Section 2 - General Health

Parent and Teacher Assessment Launch

Parkinsonism

PARmed-X for Pregnancy

Past Medical History - Brief

Patient Health Status Report for Disability Application

Patient Intake

Patient Tablet Usability Survey

Patient Tablet Usability Survey Invitation

Patient Tablet Usability Survey With Scales

Patient-Friendly Medication List

PB-Q

Pediatric Psychological Services Referral Form

Pediatric Symptom Checklist - Youth Report (Y-PSC)

Pediatric Symptom Checklist (PSC)

PEG: A Three-Item Scale Assessing Pain Intensity and Interference

Pelvic Pain and Urinary /Frequency (PUF) Patient Symptom Scale

Pelvic Physical Therapy Referral

Perceived Deficits Questionnaire (PDQ D5)

Periodic Health Exam



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

Personal Action Planning for Patient Self-Management

PGSI - (Problem Gambling Severity Index)

Pharmacy Information

PHQ-15 - Physical Symptoms

PHQ-2 Screen for Low Mood

PHQ-9 (Extended Version)

PHQ-9 (Patient Health Questionnaire) for Low Mood

PHQ-A (PHQ Modified for Adolescents)

Physical Therapy Referral

Pigmented Lesion or Mole

Pneumococcal 13-Valent Vaccine

Pneumococcal Polysaccharide 23 Vaccine

Pneumonia Severity Index

Polycystic Ovarian Syndrome

Polymyalgia Rheumatica

Postmenopausal Bleeding

Postpartum Visit

PPI Discontinuation Inquiry

PQ-B

Prebiologic Checklist

Preconception Counseling

Preferred Method of Contact

Preferred Pharmacy Confirmation

Pregnancy / Prenatal / Antenatal Visit

Premenstrual Syndrome

Preoperative Assessment

Prescription

Prescription Renewal

Prescription Renewal - eRequest

Pressure Ulcer

Preventive Care Visit

Primary Care PTSD Screen PC-PTSD

Probability of Readmission Questionnaire (PRA)

Procedure Consent Form

Procedure Consent Form - Template

Prolapse and Incontinence Questionnaire

Pruritus

PSS - (Perceived Stress Scale)

PTSD Checklist - Civilian Version (PCL-C)

Pulmonary Embolism Evaluation

Quick Inventory of Depressive Symptomatology (QIDS-SR16)

Quick Referral Form

Rash

Rash - Pediatric

Readiness to Change Scale for Drug Use

Reason for Visit

Reason for Visit - Family Medicine Comprehensive

Red Eye

Referral Notes

Reflux Symptom Index (RSI)

Restless Legs Syndrome

Review of Lab or Test Results

Rheumatology General Followup

Rheumatology Referral Form

Rivermead Post-Concussion Symptoms Questionnaire

Roland-Morris Low Back Pain and Disability Questionnaire

Rosacea - Initial Assessment



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

Rourke - Development Screen

Rourke - Education and Advice

Rourke - Routine Questions

Rourke (Old All-In-One Form)

Rubella Immunity Screen

S-LANSS Pain Questionnaire

SAD PERSONS Mnemonic for Assessing
Suicide Risk

Safety Plan for Suicidal Ideation

SCARED - Child Version

SCARED - Parent version

SCAT2 (Sport Concussion Assessment Tool)
Symptom Evaluation

SCAT3 (Sport Concussion Assessment Tool)
Symptom Evaluation

Schizophrenia

Scoliosis

Scrotal Swelling or Testicular Mass

Secure Message Reply

SEEK Parent Questionnaire

Seizure

Self-Regulation Questionnaire (SRQ)

Severity of Dependence Scale for
Benzodiazepines

Severity of Dependence Scale for Cannabis

Sexual Health Inventory for Men (SHIM)

Sexual History - Brief

SF36 Questionnaire

Shingles Vaccine

Shortness of Breath or Lung Problem

Shoulder Pain

Sinusitis, Rhinorrhea or Congestion

SLEDAI Selena Modification

Smoking

Smoking Screen

Smoking Screen - Extended

SNAP-IV 26 Teacher and Parent Rating Scale
for ADHD

SNAP-IV 30 Teacher and Parent Rating Scale
for ADHD

SNAP-IV 90 Teacher and Parent Rating Scale
for ADHD

Social History

Socioeconomic Status Screen

Somatoform Disorder

Sore Throat

Sore Throat - Child

Specialist Referral Form

Speech Language Pathology Pediatric Intake
Form

SPEED II Questionnaire for Dry Eye Disease

Spinal Cord Injury - Follow-up

Sports Medicine Intake

Standard Referral Form

Statin Decision Tool (for 10% Risk)

STI

Stimulant Treatment Agreement

STOP BANG Questionnaire for Obstructive
Sleep Apnea

Stridor - Pediatric

Stroke Followup Care

Suicidal Ideation

Surgical Oncology Family History
Questionnaire

Surgical Oncology Patient History



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304

Toronto ON, M4N 2M1

Syncope or Presyncope
Syrian Refugee Medical Intake
Test Form
Testicular or Scrotal Pain
Tetanus shot
TIA Evaluation
Tinnitus
TRACK - Test for Respiratory and Asthma Control in Kids
Travel Preparation
Tremor
Trillium Drug Benefit Calculator
Trillium Drug Benefit Calculator for Cystic Fibrosis
Tuberculosis Assessment
TWEAK Questionnaire
Update Patient Information - Additional
Update Patient Information Form
Upper Respiratory Infection - Adult
Upper Respiratory Infection - Pediatric
Urinary Incontinence - Female
Urinary or Prostate Problem
Urinary Problem or Urinary Tract Infection (Unisex)
Urticaria
Urticaria Activity Score (UAS)
Vaginal Bleeding in Pregnancy
Vaginal or Menstrual Problem
Vaginitis or Discharge
Varicella Immunity Screen - Women
VIDEO: CAMH Quitting Smoking is a Journey

VIDEO: Canadian Lung Association on How to Quit Smoking
VIDEO: CBCF Breast Cancer Screening
VIDEO: COPD & Exercise
VIDEO: COPD Inhaler Techniques Video Ellipta
VIDEO: COPD Inhaler Techniques Video Genuair
VIDEO: How to Use a Metered Dose Inhaler
VIDEO: How to use a puffer with a spacer (adult)
VIDEO: How to use Respimat inhaler
VIDEO: How to use your Breezhaler
VIDEO: How to use your Diskus
VIDEO: How to use your Handihaler
VIDEO: How to use your Turbuhaler
VIDEO: How to use your Twisthaler
VIDEO: Mike Evans - Do More Screening Tests Lead to Better Health?
VIDEO: Mike Evans - The Prostate Specific Antigen (PSA) Test
VIDEO: Mike Evans - Welcome to St. Mike's (Arabic)
Vision Problem
Visual Analog Scale (VAS) 0-10
Visual Analog Scale (VAS) 0-100
Vomiting - Pediatric
Walk-In Clinic Quick Entry Form
Walking Mobility Referral
Wart or Bump
WAST (Woman Abuse Screening Tool)
Waterloo Wellington Diabetes Referral
Weight Check
Weight Loss, Low Appetite or Cachexia



www.CognisantMD.com
Phone 888-864-8655
Email info@cognisantmd.com

Address
3335 Yonge Street Suite 304
Toronto ON, M4N 2M1

Wheezing - Pediatric

Whiplash

Women's Health - Cancer Screening

Wrist, Forearm or Hand Pain

WSIB Form 8 - Health Professional's Report
History

Yale-Brown Obsessive Compulsive Scale

YMRS (Young Mania Rating Scale)

Zung Self-Rating Anxiety Scale



www.CognisantMD.com

Phone 888-864-8655

Email info@cognisantmd.com

Address

3335 Yonge Street Suite 304
Toronto ON, M4N 2M1