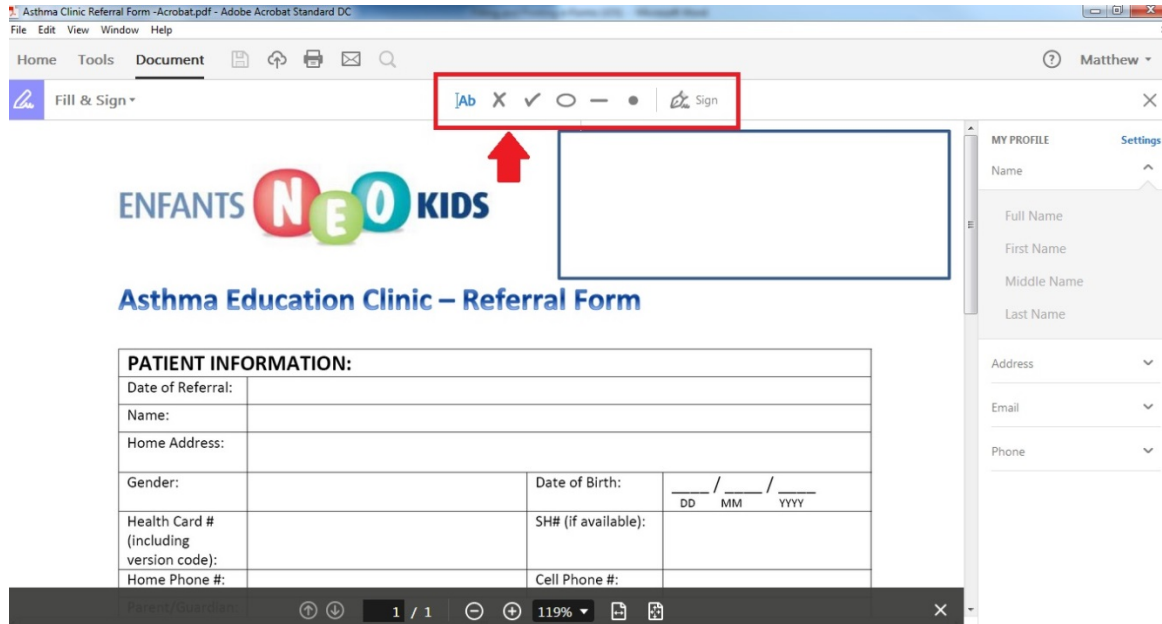


Using Form Fill Tools

2018-07-17

Notice the options on the overhead tool bar. These will be used for filling documents.



The screenshot shows the Adobe Acrobat Standard DC interface. The 'Fill & Sign' toolbar is highlighted with a red box, containing icons for text (T), text color (X), checkmark, circle, line, and a 'Sign' button. A red arrow points from the toolbar to a blue-bordered box on the form. The form is titled 'Asthma Education Clinic - Referral Form' and features the 'ENFANTS NEO KIDS' logo. Below the logo is a table for patient information.

PATIENT INFORMATION:			
Date of Referral:			
Name:			
Home Address:			
Gender:		Date of Birth:	___/___/___ DD MM YYYY
Health Card # (including version code):		SH# (if available):	
Home Phone #:		Cell Phone #:	

Text Boxes

Create text by clicking the text option from the overhead tool bar, and then clicking in the desired space for the text box to appear. You may now type and hit "enter" key to create a new line.

Note that creating a textbox above a horizontal line will automatically position the text onto the line.

File Edit View Window Help
Home Tools Document [Icons] [Ab] X ✓ ○ - • Sign
Fill & Sign

ENFANTS N E O KIDS

Asthma Education Clinic – Referral Form

PATIENT INFORMATION:
Date of Referral: [Type text here]
Name: [Red arrow 2]
Home Address:

Font Size

Change the font size of text by first selecting the text box. Then, within text options, select either the "A" or "A" icons to shrink or enlarge the font respectively.

PATIENT INFORMATION:
Date of Referral: 2018/07/2018
Name:
Home Address:

PATIENT INFORMATION:
Date of Referral: 2018/07/2018
Name:
Home Address:

Adjusting Text Box Location

Move a text box by clicking once on the text, and then *click and drag* in the space to the *left* of the text.

PATIENT INFORMATION:			
Date of Referral:	2018/07/16	2018/07/16	
Name:			
Home Address:			
Gender:		Date of Birth:	___ / ___ / ___ DD MM YYYY
Health Card # (including		SH# (if available):	

Creating Annotations

Create annotations by selecting one of the options from the overhead toolbar, and then clicking in the desired space.

gn ▾ [Ab X ✓ ○ - • Sign

Asthma Education Clinic – Referral Form

1.

PATIENT INFORMATION:			
Date of Referral:	2018/07/16		
Name:			
Home Address:			
Gender:		Date of Birth:	___ / ___ / ___ DD MM YYYY
Health Card # (including version code):		SH# (if available):	
Home Phone #:		Cell Phone #:	
Parent/Guardian:			
Preferred Language:	English <input checked="" type="checkbox"/> French <input type="checkbox"/>		
REFERRING SOURCE:			
Name of referral source:			

Deleting Items

Delete created text boxes or annotations by selecting the item, and then clicking the Trash Bin icon.

2.

PATIENT INFORMATION:	
Date of Referral:	2018/07/2018
Name:	
Home Address:	
Gender:	
Date of Birth:	

1.

Tip: Fixing unwanted text box placement

- Finish typing the desired information within the current text box.
- Create a text box in any location if necessary.
- Resize the font appropriately.
- Press and drag the text box to the desired location.