

## Using Adobe Fill & Sign

2018-17-17

### Tool Bar Overview



-From right to left:

- The *Help* icon will activate the quick in-app tutorial.
- The *My Profile* icon will allow you to store data for quicker use.
- The *Signature* icon will allow you to create and use signatures.
- The *Export* icon will open the print or export options.

### Navigation

*Scroll* with one finger to move the page around.

*Pinch* or *stretch* with two fingers to zoom.

Note that you must be **fully zoomed out** to scroll to other pages of the document.

### Creating Text

Tap anywhere on the screen to create a text box.

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

Asthma Clinic Referral Form -

ENFANTS **NEO** KIDS

Asthma Education Clinic – Referral Form

| 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 #:       |                |  |

Asthma Clinic Referral Form - Done

ENFANTS **NEO** KIDS

Asthma Education Clinic – Referral Form

| 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 #:       |                |  |
| Parent/Guardian:                        |                     |                |  |

## Modifying Items

Tap an annotation or a text box to bring up the item options, which include the **resize**, **modify** and **delete** options.

Asthma Education Clinic – Ref

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| PATIENT INFORMATION: |            |
|----------------------|------------|
| Date of Referral:    | 2018-07-16 |
| Name:                |            |
| Home Address:        |            |

## Repositioning Items

Press and drag a text box or annotation to reposition it. A magnifying window will appear, allowing for visibility under your finger.

Asthma Clinic Referral Form - Done

ENFANTS **NEO** KIDS

Asthma Education Clinic – Referral Form

| PATIENT INFORMATION:                       |   |
|--|---|
| Date of Referral:                          | 2018-07-16                                      |
| Name:                                      |   |
| Home Address:                              |   |
| Gender:                                    | Date of Birth: ____ / ____ / ____<br>DD MM YYYY |
| Health Card #<br>(including version code): | SH# (if available):                             |
| Home Phone #:                              | Cell Phone #:                                   |

## Using Annotations

*Press and hold* one finger on the screen to create annotations.

|                               |   |
|-------------------------------|---|
| (including version code):     |   |
| Home Phone #:                 |   |
| Parent/Guardian:              |   |
| Preferred Language:           | English <input type="checkbox"/> French <input checked="" type="checkbox"/> |
| <b>REFERRING SOURCE:</b>      |   |
| Name of referral source:      |   |
| Telephone number:             |   |
| <b>HEALTH CARE PROVIDERS:</b> |   |



|                               |   |
|-------------------------------|---|
| (including version code):     |   |
| Home Phone #:                 |   |
| Parent/Guardian:              |   |
| Preferred Language:           | English <input type="checkbox"/> French <input checked="" type="checkbox"/> |
| <b>REFERRING SOURCE:</b>      |   |
| Name of referral source:      |   |
| Telephone number:             |   |
| <b>HEALTH CARE PROVIDERS:</b> |   |



*Also*, you can *tap* a checkbox to automatically mark it using the last used annotation.

## Better touch response

For a better touch response and accuracy when filling forms:

**Zoom in as much as is convenient while editing.** This creates larger spaces within the form for you to work, and the touch screen will be more efficient to use.