

H. H. GRAFF.
RECORDING, FILING, AND ACCOUNT KEEPING SYSTEM.
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1,010,895.

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2 SHEETS—SHEET 1.

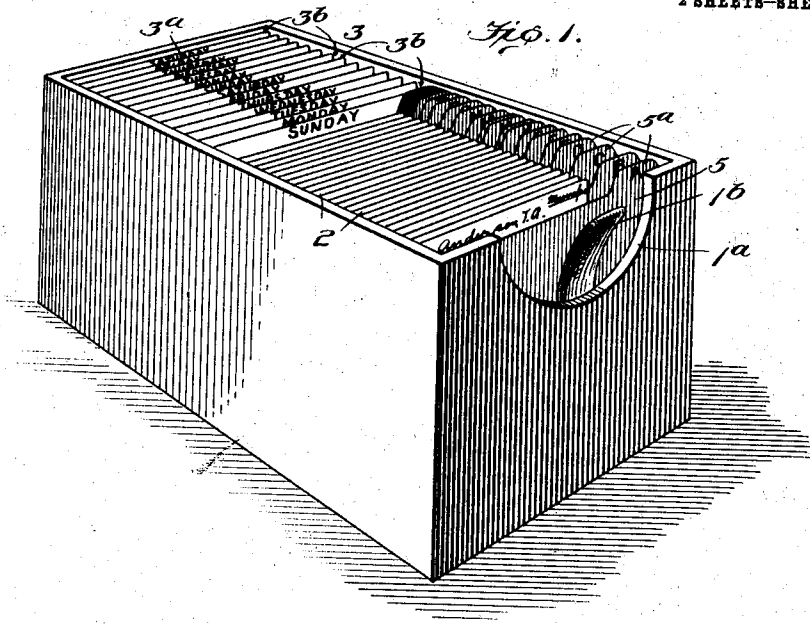


Fig. 2.

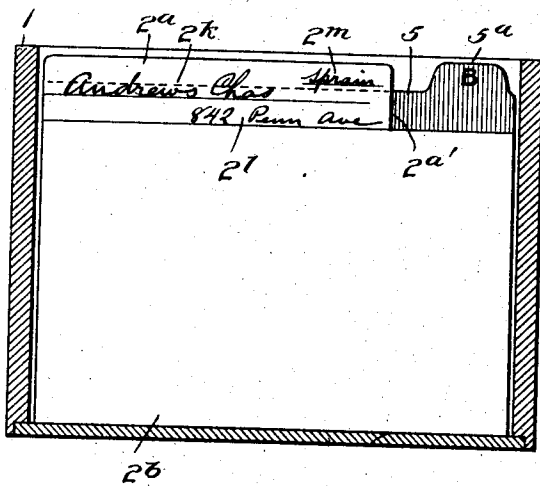
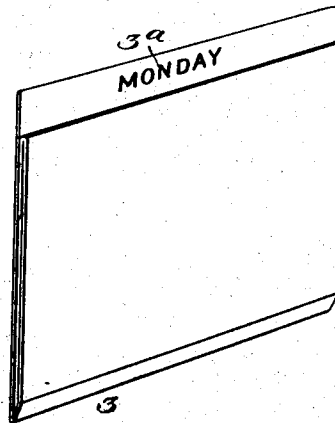


Fig. 3.



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2 SHEETS—SHEET 2.



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UNITED STATES PATENT OFFICE.

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RECORDING, FILING, AND ACCOUNT-KEEPING SYSTEM.

1,010,895.

Specification of Letters Patent.

Patented Dec. 5, 1911.

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To all whom it may concern:

Be it known that I, HARRY H. GRAFF, a citizen of the United States, residing at Winthrop, in the county of Suffolk and State of Massachusetts, have invented certain new and useful Improvements in and Relating to Recording, Filing, and Account-Keeping Systems, of which the following is a specification.

10 This invention relates to a recording, filing and account keeping system, wherein slips or sheets of paper are filed in improved holders and in classified order for convenient reference.

15 It consists in providing a system comprising series of combined account keeping and clinical recording and holding folders, which are systematically arranged in classes and sub-divided into groups, one class of holders serving to record and keep the records permanently in a manner permitting them to be inspected, and the other class of folders operating to hold memoranda temporarily.

For the purpose of illustration, I have, 25 in the accompanying drawings, shown and herein described one form of recording, filing and account keeping system embodying my invention.

Figure 1 is a perspective view of a system, mounted in a suitable casing embodying my invention. Fig. 2 is a transverse sectional view through the casing. Fig. 3 is a perspective view of a folder, opened. Fig. 4 is a similar view showing a number of slips attached to the back of the folder. 35 Figs. 5, 6 and 7 are side elevations of the folder, Fig. 5 showing a folder in normal position, Fig. 6 showing it partially expanded and Fig. 7 illustrating it completely collapsed before any record slips are filed within it.

The invention has been adapted to the recording and keeping of a physician's or surgeon's records relating to his patients. 45 In the following description of such application, I do not wish to be limited to such use, since its principle can be adapted to other fields.

In the drawings, 1 indicates a casing, 50 which may be of any suitable or preferred form of construction. It is preferably of rectangular shape and may be adapted to guides in a housing or cabinet frame, if desired. As shown, the front of the casing 55 is preferably cut away at 1^a to expose the

front of the first index card and the upper edge of the first folder.

1^b indicates a hand gripping device by which the case can be pulled forwardly on its support.

2 indicates a series of folders or pockets adapted to receive entries and also inclose and hold record slips or blanks for filing, permanent reference and keeping purposes.

3 indicates a series of folders or pockets adapted to receive and hold memoranda temporarily.

Each folder or pocket 2 or 3 comprises a sheet of paper (preferably tag board) scored along sets of parallel lines to form a back 2^a, a front 2^b, top and bottom walls 2^c, and an auxiliary back 2^d. These walls are folded relative to each other to form a pocket or inclosure for record slips or blanks as will be later described. This form of construction also has the advantage of permitting the folders to be stored without taking up any more room than is required to accommodate the space actually occupied by their walls. The adaptability of a folder to occupy a minimum amount of space is clearly illustrated in Fig. 7. This form of construction has the further advantage of accommodating itself to the number of record slips contained within it. That is to say, when one or more slips are filed within a folder 2 or 3, it expands outwardly or adjusts itself to that number of slips, and when an additional slip or slips are placed within, it expands outwardly again. As a result of this operation, it will be understood that no more space in the case is necessary for a partially filled folder than that required for its walls plus the slips inclosed thereby. This is an important feature of the construction because in a system of this character a very small proportion of the folders will contain a maximum number of slips at any one time. The remaining folders will contain slips varying greatly in number.

Upon the inner faces of the walls 2^a and 2^b, of the folders 2, vertical lines are printed to form columns, to receive the total charges and the credits and other information as follows: The dates covered by the total charge; this is included in the first two columns, one being headed "From" and the other "To", as indicated at 2^e, 2^f. The third column from the left hand edge (as viewed in Fig. 110

3), represented at 2', is intended to receive a notation of the kind of treatment administered. Any sign or abbreviation may be adapted to indicate this information. The fourth column from the left, indicated at 2^s, receives the total charges for treatment or professional services and is headed "Dr." The second column from the right hand edge of the folder (as viewed in Fig. 3), indicated at 2^b, receives the credits or payments on account from time to time, while the last column, or the one adjacent to the right hand edge, indicated at 2', receives the amount of the balance, which may be figured up each time a charge or a credit is entered. Intermediate between the "Dr." and "Cr." column a date column is provided, as indicated at 2'. This arrangement permits one such column only for both the charge and credit columns. It will be understood that there is one of these folders for each patient. Above the columns for the charges and credits, the inner face of the wall 2^a is printed or ruled to provide spaces 2^k, 2^l, in which may be written the name and address of the patient, respectively, and also at 2^m the name of the disease or trouble with which the patient is suffering. The names of the patient and the disease are preferably arranged near the upper edge of the folder in order that they will be in full view when the folders are filed in the case (see Fig. 1.) The wall 2^a is preferably cut away, as indicated at 2^{a'} in order that the indexes carried by division cards 5 may be readily seen.

The folders 2 may be classified alphabetically, either according to the names of the patients or according to the names of the diseases. Each division card 5 is provided at one side with an index 5^a, which aligns with the cutaway portions of the folders 2. By this arrangement and construction, it will be seen that the indexes are all arranged one behind the other and that the openings in the folders expose them to full view.

4 indicate record blanks one of which is intended to be filled out each time a treatment or service is rendered by the physician. Part of the blank is ruled or printed to provide a space 4^a for the date on which the services are rendered, a space 4^b for the name of the patient and a space 4^c for the name of the person to whom the services are to be charged. A ruled column 4^d may also be provided to receive the financial account or charge for the visit. In this column is entered the amount carried forward from a previously filled out blank; also, below such amount is entered the charge, whereby the total of the account can be figured. Below such total may be entered the amount paid, when such transaction occurs, and the balance due, suitable abbreviations 4^e being provided to indicate these different entries. At 4' may be printed a list of names, such as

"Office visit", "Regular visit", etc., to indicate, as by a check mark opposite one of them, the place where the services were rendered. The remaining part of each blank is provided with suitable designated spaces 4^s in which is to be entered certain data showing the physical condition of the patient and other matters of interest for future reference in the case.

The record blanks may be arranged in tablet or book form, or otherwise secured together, which permits them to be detached, one by one. They may also be carbonized on one side as shown at 4' so that a duplicate record can be made each time a blank is filled out. Preferably, the blanks 4 are mounted in a book which carries a carbon sheet. In this manner a duplicate copy of the record is made. This is of importance particularly in the writing out of a prescription as it permits the physician to retain one copy for himself. This copy of the prescription is filed with the record blank and thus becomes a part of the physician's permanent records. The temporary record containing folders 3 are preferably arranged behind the permanent record containing folders 2. The temporary holders 3 may be divided and sub-divided into groups, one example in carrying out my system consisting of twelve groups, one for each month, and then sub-divided one for each day of each month. For ordinary purposes, I prefer to divide the folders 3 into groups of seven, as shown at 3^b, whereby one folder is provided for each day of the week in each group. As many groups 3^b are provided as may be found necessary to accommodate the calls set in advance from time to time. The name of the week day is shown at 3^a on the back wall of the folder. The memoranda for calls or visits may consist of the record blanks 4. When a call is to be made on a particular day or a request is received from a patient, a blank with a proper memorandum thereon is inserted in the folder set apart for that day. Since the physician turns to one of these folders 3 each day before starting on his daily rounds, his attention is directed to the memoranda contained thereon. It will be understood that these memoranda may also serve as a complete list of calls to be made each day, they being filed in the folders 3 from time to time, so that at the beginning of each day's work, the list of calls for that day will be all ready and complete. Separate casings 1 may be provided for active cases, that is, patients who have not been dismissed; open accounts or those wherein the patients have recovered but the accounts therefor have not been settled; and closed cases or those in which the patients have recovered and the charges therefor settled in full.

Each day before leaving his office the phy-

sician opens the folder 3 for that day and ascertains from the record blanks 4 therein what calls are to be made. At the bedside of each patient visited, he diagnoses the case and records upon a blank 4 (which may be the same one taken from the folder 3), in various spaces provided therefor, the condition of the patient, and other information, such as the patient's family history, which the physician may find of assistance to him. At the same time, he checks one of the names designating the kind of call made and enters the amount of his charge for the services rendered. When the physician returns to his office, he places each filled-in record blank 4 into its respective folder 2; he then brings forward the last charge or last total charge, entering it above the charge for the visit just made, adding the amounts together, to ascertain the present total charge which is written in opposite the abbreviation "Tot." The charges to date are thus totaled for carrying forward on the next blank. In case a remittance is received, the amount thereof is entered in the space opposite the abbreviation "Pd." and the balance due entered below it. This balance then becomes the amount to carry forward. The folders 2 are then filed in their respective places behind a division card 5.

6 indicates a device which serves to detachably secure the blanks in the folders. Additional securing devices 6 may be provided if necessary.

When a patient has completely recovered and been dismissed the financial account of the case is entered up on the inner face of the folder by inserting in the columns headed "From" and "To" the dates when the services commenced and ended; also inserting in the total charge and the date thereof in the columns 2^s, 2^d, respectively. The folder is then placed with those classified as "Open accounts". After the account is settled, the folder is placed in "Closed cases".

On the doctor's return to his office and, at the time the filled-in blanks are filed away in their respective folders, if another visit to the patient is to be made, an additional blank may be filled in with the name of the patient and filed in one of the temporary folders 3, that is in the one designated for the day when the next visit is to be made. If desired, the total charge may be carried forward on this blank in order that the physician will have this information with him when making the next call. By this operation, it will be understood that the call lists for each day will always be complete and ready for examination. It will also be understood that the data for each patient has to be written only once; that is to say,

when a call is to be made, the date, name and address is filled in on a blank 4 and the latter placed in the folder of the day of the week that the call is noted for. On that day the physician removes the blank from the folder 3 and carries it with him to the bedside of the patient. Here additional spaces relating to the patient's condition, the nature of the call and the charge are filled in. On the physician's return to his office, the remaining spaces relating to the account are filled in and the blank is then filed in a folder 2. Thus it will be seen that in carrying out the system in its complete form, no data or record is written more than once.

What I claim is:—

1. In a recording and filing system, a plurality of groups of folders adapted to inclose record slips or blanks, each of said folders being scored on sets of parallel lines to provide a front wall, a back wall, top and bottom walls and an auxiliary back and said back wall being formed with a cutaway portion, a series of division cards carrying indexes which are alined with said cutaway portions, and a device for detachably connecting record slips or blanks to said back wall.

2. In a recording and filing system, a plurality of groups of folders adapted to inclose record slips or blanks, each of said folders being scored on sets of parallel lines to provide a front wall, a back wall, top and bottom walls and an auxiliary back, and said back wall being formed with a cutaway portion, and a series of division cards carrying indexes which are alined with said cutaway portions, the said auxiliary back being folded downwardly parallel to the back wall and said back wall extending upwardly beyond the upper edge of the front wall and provided with entry spaces.

3. In a recording and filing system, a collapsible folder folded along sets of parallel lines to form a back wall, a front wall, top and bottom walls, and an auxiliary back, record receiving slips arranged within said walls, and a device for detachably connecting the record receiving slips to said rear wall, said rear wall extending upwardly above the top wall of the folder and the auxiliary back being folded downwardly parallel to said rear wall behind the record receiving slips.

In testimony whereof I affix my signature, in the presence of two witnesses.

HARRY H. GRAFF.

Witnesses:

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CHARLES W. VAREY.