

# CHADIS

CHILD HEALTH & DEVELOPMENT INTERACTIVE SYSTEM



## New User Request Form

Organization/office name: \_\_\_\_\_

Please fill out the information below for every person in your office/organization who will use CHADIS. This includes staff members or nurses who may manage patients in CHADIS. It is very important that the "type of user" field is completed properly. If you would like a staff member to have access to patient records/results, please check the appropriate box. Otherwise the staff member will not be able to review patient results. This is a privacy issue and up to each office to determine who can view patient records.\*

Title \_\_\_\_\_ First name: \_\_\_\_\_ Last name \_\_\_\_\_ M.I.\_\_\_\_

Degree \_\_\_\_\_ Job Title \_\_\_\_\_

Type of user:  Clinician (includes mental health practitioner)  Nurse or aide  Staff

Email address \_\_\_\_\_

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Title \_\_\_\_\_ First name: \_\_\_\_\_ Last name \_\_\_\_\_ M.I.\_\_\_\_

Degree \_\_\_\_\_ Job Title \_\_\_\_\_

Type of user:  Clinician (includes mental health practitioner)  Nurse or aide  Staff

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Degree \_\_\_\_\_ Job Title \_\_\_\_\_

Type of user:  Clinician (includes mental health practitioner)  Nurse or aide  Staff

Email address \_\_\_\_\_

*\* Please feel free to copy these forms to add additional personnel*