



ValleyCare
Information Systems
Query Report Request Form

Request#: Q10- ____

REPORT NAME: _____

REPORT DESCRIPTION: _____

LISTS FIELDS NEEDED (COMPLETE REVERSE SIDE TO INDICATE DESIRED LAYOUT):

SORT REQUIRED? NO YES IF YES, SPECIFY ORDER: By _____

COUNT REQUIRED? NO YES IF YES, SPECIFY ORDER: By _____

TOTALS REQUIRED? NO YES IF YES, SPECIFY ORDER: By _____

REPORT PROMPT: (FROM DATE: THROUGH DATE: FROM DX: FOR DATE: FOR NURSING UNIT: ETC.)

THIS SECTION IS FOR INFORMATION SYSTEM DEPARTMENT USE ONLY					
TYPE OF QUERY:	<input type="checkbox"/> AFFINITY	<input type="checkbox"/> CRYSTAL	<input type="checkbox"/> JETFORM	<input type="checkbox"/> QUANTIM	OTHER (PLEASE SPECIFY):
I.S. APPROVED BY:			DATE RECEIVED:		
ANALYST ASSIGNED:			ASSIGNED DATE:		
IS THE DATA AVAILABLE IN THE SYSTEM?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	WHICH SYSTEM:	
DATABASE: Master Visit File			APPLICATION:		
QUERY NAME:					
OPTION NAME ON USER MENU:					
PRE-QUERY QUESTIONS: TO, FROM (Dates)					
COMMENTS:					
DATE QUERY COMPLETED:			QUERY WRITER SIGNATURE:		
USER DEPARTMENT SIGN-OFF SIGNATURE:					