

BCIS REPORT REQUEST

Please Type All Report Requests.

Instructions for completion:

New Report -- Complete entire form.

Run an Existing Report -- Complete all items in Sections I and III.

Add Report to Menu -- Complete all * items in Section I and all items in Section III.

IS USE ONLY

IS# _____ / _____ Log# _____
Logged by _____ HD Database

Assigned to/Date: _____

New Requests:

Copy IS Director Date _____

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Create a New Report _____ Run existing Report DAS _____ MHS _____ PSP _____ Add Report to Menu* _____
(Enter Report Number) (Enter Report Number)

Report Title: _____

Report Frequency: _____ One-Time _____ Daily _____ Weekly _____ Monthly _____ Quarterly _____ Annually

Date Required: _____

Your Print Queue where this report will be printed _____ or Data File _____

Reporting Units to be included in this report: _____

What dates is the report to cover: _____ Will informal presentation be acceptable _____

If dates will vary, give date: _____

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II

Report Description and Purpose:

What items do you wish to appear on this report:

In what order should the items appear:

When the report has been finalized and prior to implementation, you will be contacted to provide a brief paragraph for the Reports Manual on how this report is to be used and by whom. You may refer to the Reports Manual for examples.

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III

Requested By: _____ Date: _____ QIC: _____
Please Print Name

Telephone: _____ Fax: _____

INSYST e-mail: _____ Internet e-mail: _____

Contact Person: _____ QIC: _____ Telephone: _____
Please Print Name

Authorized Signature: _____ Date: _____

***AOD/MH CBO-Program Liaison *Director Finance *Director County Adult Outpatient *Director County Children's and Youth Services**

RAP Action: Approved _____ Denied _____ Date _____

RAP Comments: _____

Forward Request to: **IS System Support Svcs.** Behavioral Health Care Information Systems
2000 Embarcadero Cove, #400, Oakland, CA 94606 County Only - QIC: 22711
Tel: (510)567-8160 or 3-8160 Fax: (510)567-8161 or 3-8161